

Town of Warrensburg Application for Septic Disposal Permit

1. Contact Information:

Same as Applicant

Same as Applicant

	Applicant	Owner	Contractor
Name			
Company			
Address			
City/State/Zip			
Telephone			
Email			

2a. Location of Property: _____

b. Is the proposed work being done solely on the property belonging to the owner listed above? Yes ____ No ____

3. Description of Project (check those that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Complete Replacement | <input type="checkbox"/> Replacement of Absorption Field |
| <input type="checkbox"/> Replacement of Septic Tank | <input type="checkbox"/> Replacement of Distribution Box | <input type="checkbox"/> Replacement of Sewer Line |

4. Current Use of Property: _____

5. Number of Bedrooms (including dens, etc.): _____

6. Daily Design Flows (Age of Plumbing Fixtures):

- | | |
|--|--|
| <input type="checkbox"/> Waterless Toilet (75 gpd) | <input type="checkbox"/> Pre-1980 (150 gpd) |
| <input type="checkbox"/> Pre-1994 (130 gpd) | <input type="checkbox"/> Post-1994 (110 gpd) |

7. Site Topography: _____

8. Garbage Disposal: No Yes

9. Soil Type (check those that apply):

- | | | |
|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Sand | <input type="checkbox"/> Loam | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Silt | <input type="checkbox"/> Clay | |

10. Domestic Water Supply: Municipal Well

11. Is depth to groundwater/bedrock 2 or more feet?

- Yes No

12. Separation from absorption field to well: _____ ft.

13. Type of Absorption:

- | | |
|---|--|
| <input type="checkbox"/> Absorption Trench System | <input type="checkbox"/> Raised System |
| <input type="checkbox"/> Gravelless Absorption (infiltrators) | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Absorption Bed System | <input type="checkbox"/> Non-Waterborne Systems: _____ |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Other: _____ |

14. Septic Tank: _____ gal

15. Drainage-trenches: each _____ ft. total _____ ft.

16. Seepage Pit(s): #of _____

each _____ X _____

17. Percolation Test:

Rate: _____ min/inch

Signature of Applicant: _____ **Date:** _____

Tax Map #: _____
Location: _____

Application #: SEP 202__ - ____
Date Submitted: ____ / ____ / ____