

Town of Horicon

Sewage Disposal System Application and Permit

Permit No. _____

\$80.00 Cash _____ Check # _____

Tax Map # _____

Owner Name: _____ Phone _____

Mailing Address: _____

911 Location Address: _____

Waste Water Treatment Engineer: _____

Note: Alternative System Disposal Designs require New York State Dept. of Health approval

Attach a carefully drawn scale of proposed sewage disposal system showing house, septic system, well's (including neighbors), streams, lakes and any other physical features. Include all dimensions.

A Percolation Test must be performed and results forwarded to the Zoning Office BEFORE an issuance of any septic and/or zoning compliance permit numbers.

Number of Bedrooms: _____ Residential () Commercial () Topography: 0-5% slope _____ 6-10% slope _____
11-15% slope _____ Greater than 16% _____

Septic Tank Size: _____ Gallons (Add 250 gallons and 7 sq. ft. for more than 6 bedrooms).
A garbage disposal and/or hot tub/spa is considered an additional bedroom for determining tank size.

Absorption (Tile) Field - Total length of absorption trenches (2 ft. wide) _____

A, B, C to be completed for all locations UNLESS plans have been approved by NYS Dept. of Health

A) Soil Percolation Rate _____ Minimum for 1" fall

B) Depth - Seasonal High Ground Water _____

C) Depth - Impervious layer _____

Pumping Station? YES NO Lift Pump Required? YES NO

Seepage Pits (cesspool/beehive): No. of Pits _____ Diameter _____ Depth _____

BEFORE BACKFILLING THE SEPTIC Call 494-4245

*******YOUR ARE REQUIRED TO NOTIFY THIS OFFICE A MINIMUM OF 24 HOURS
IN ADVANCE FOR THE FINAL INSPECTION*******

A Certificate of Occupancy (C.O.) will not be issued until Final Inspection approval.

The undersigned hereby applies for a Sewage Disposal System Permit and I, we or agent authorizes this application be made and that statements contained herein are true to the best of my/our knowledge and belief. The undersigned hereby makes application for a permit to perform the work shown on the drawing accompanying this application and described herein

Applicant's Signature

Date

*******FINAL INSPECTION APPROVAL (office use only)*******

Initial Site Review Date ____/____/20____

Date Installed ____/____/20____

Contractor: _____

Signature: _____

Zoning Administrator

Date