



TOWN OF CHESTER  
P.O. BOX 423  
CHESTERTOWN, NY 12817  
TELEPHONE: (518) 494-7369

APPLICATION #: \_\_\_\_\_  
RECEIVED: \_\_\_\_\_  
INSPECTED: \_\_\_\_\_

## APPLICATION FOR SEPTIC WASTEWATER TREATMENT SYSTEM

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Home Work Cell

Tax Map Parcel #: \_\_\_\_\_ Physical Address (911 Location): \_\_\_\_\_

Installer's Name: \_\_\_\_\_

Installer's Phone #: \_\_\_\_\_  
Home Work Cell

### INSTRUCTIONS FOR COMPLETION OF SEPTIC PERMIT APPLICATION:

It is imperative that **ALL** applicable spaces be completed and application is **SIGNED**. Other items that must be submitted with this form are:

- ONE PLOT PLAN**
- PERCOLATION TEST RESULTS (THIS IS A REQUIRED TEST).**
- FEE**, as per Fee Schedule. Checks to be made payable to: **Town of Chester**.

Number of bedrooms (residential only): \_\_\_\_\_

Total daily flow (compute @ 150 gal. per bedroom): \_\_\_\_\_

Topography: (✓ check one): Flat:\_\_\_ Rolling:\_\_\_ Slope:\_\_\_ % of Slope \_\_\_\_\_

Soil Investigation Results and Dates Conducted:

Percolation Test #1: \_\_\_\_\_ min/in. Date: \_\_\_\_\_

Percolation Test #2: \_\_\_\_\_ min/in.

Depth to: Groundwater: \_\_\_\_\_ Mottling: \_\_\_\_\_

Impermeable Soil or Bedrock: \_\_\_\_\_ Date: \_\_\_\_\_

Name of individual who performed soil test: \_\_\_\_\_

Phone # of test performer: \_\_\_\_\_

Domestic Water Supply: (  check one): MUNICIPAL: \_\_\_\_\_ WELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

If domestic water is a well, list separation from Septic absorption field: \_\_\_\_\_ feet

Proposed System: Septic Tank: \_\_\_\_\_ (Minimum 1,000 gal. Concrete)

Title Field: Each trench: \_\_\_\_\_ / Total system length: \_\_\_\_\_ feet

**Note: Size of stone to be used must be #3.**

All applications for Septic system installations, alterations or repairs, as required by the Town of Chester On Site Wastewater Treatment Local Law, shall be submitted to the Zoning Administrator at least twenty-four (24) hours before start of construction, and shall include a plot plan showing, as a minimum:

1. The proposed location (properly staked) of the system, along with replacement area indicated for any new construction.
2. Location and distance to lot lines.
3. Location and distance to structures.
4. Location and distance to water supply on property **AND** water supply of direct property adjoiners.
5. Size and dimensions of all tanks, distribution boxes, and the fields. Seepage pits shall not be permitted.
6. Two (2) soil perc tests and one (1) deep hole test pit at site of proposed absorption area.
7. Please list on Plot Plan all new equipment to be installed.

**All new individual or replacement on-site conventional and alternative wastewater systems, as described in NYS Individual Residential Wastewater Treatment System Design Handbook, shall be designed or approved by a licensed professional engineer.**

- No system shall be covered before inspection and approval by the applicant's chosen engineer. Failure to comply may result in the uncovering of the systems by the installer, and levy of a fine.
- Should unforeseen problems during construction prevent proper installation, alteration, or repair of an approved system, **a new proposal must be submitted to Sanitary Code Enforcement Officer before further construction.**

**The documents listed below must be provided before a Permit and Certificate of Occupancy is issued:**

1. Final Accurate Plot Plan
2. Final "For Construction" (Not Preliminary) Engineered Septic Plans
3. Letter from Engineer confirming system was properly installed according to Plans

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*I have read the regulations above and agree to abide by these and all requirements of the Town of Chester On-Site Wastewater Treatment Local Law.*

\_\_\_\_\_  
Signature of responsible person  
(Owner, Installer, or Other)

\_\_\_\_\_  
Date

Engineered Plans are attached: \_\_\_\_\_

Adirondack Park Agency Permit, if required, is attached: \_\_\_\_\_

Any permit, other than the Town of Chester, that is required (i.e. NYS DOH), is attached: \_\_\_\_\_