



Town of Chester
 Planning and Zoning
 P.O. Box 423
 Chestertown, NY 12817
 Telephone: (518) 494-7369

Application #: SP20____ - ____
 Date Received: ____/____/____
 Amt. Paid: _____

Application for Septic Wastewater Treatment System

Contact Information:

Property Owner's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Applicant's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Engineer's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Contractor's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Instructions for Completion of Septic Permit Application:

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

1. "For Construction" (Not Preliminary) Engineered Septic Plans, including site plan drawn to scale (see Page 2);
2. Authorization Form. If the Application and plans are being submitted by someone other than the owner of record, the Authorization Form **must be** completed and attached with this Application; and,
3. Fee, as per Fee Schedule. Checks to be made payable to: **Town of Chester**.

General Property Information:

Physical Address (911 Location): _____ **Tax Map #:** _____

Proposed System Information:

Description of Project: New Construction Alteration/Repair Replacement System Septic Tank Replacement

Number of Bedrooms: _____ **Garbage Grinder?** ____ **Spa or Hot Tub?** ____ **Total Daily Design Flow:** _____

Septic Tank Size: _____ **A garbage grinder or spa/hot tub is considered equivalent to an additional bedroom for determining tank size.*

Type of System:

<input type="checkbox"/> Conventional Absorption Trench System	<input type="checkbox"/> Absorption Bed System	<input type="checkbox"/> Non-Waterborne System _____
<input type="checkbox"/> Gravelless Absorption System	<input type="checkbox"/> Raised System _____	
<input type="checkbox"/> Deep Absorption Trenches	<input type="checkbox"/> Mound _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Shallow Absorption Trenches	<input type="checkbox"/> Holding Tank _____	

Absorption Field: Each Trench: _____ ft.; Total System Length: _____ ft.

Holding Tank: Tank Size: _____ Number of Tanks: _____

Soil Type: Sand Loam Clay Other: _____ **Topography:** % of Slope _____

Depth to: Groundwater: _____ Impervious Material: _____ Bedrock: _____

Soil Investigation Results and Dates Conducted: Percolation Test #1: _____ min/in. Date: _____
Percolation Test #2: _____ min/in.

Name of individual who performed soil test: _____

Domestic Water Supply: Municipal Well

- If domestic water is a well, indicate separation distance from well to absorption field: _____ ft.

All applications for septic system installations, alterations or repairs, as required by the Town of Chester On-Site Wastewater Treatment Local Law, are to be submitted to the Zoning Administrator before start of construction. Applications shall include a site plan (drawn to scale) showing the following, as a minimum:

1. Title Box indicating property owner and location of property, tax map parcel number, name and address of designer of the proposed system, date of drawing and any revisions made, and scale of drawing (minimum scale is 1"=10'. Draw to a scale divisible by 10);
2. Lot dimensions, site location and north arrow;
3. The proposed location of the system, along with replacement area indicated for any new construction;
4. Location and distance of proposed system to:
 - a. Property lines and road/street;
 - b. Any existing and/or proposed structures (i.e. dwelling, detached garage, swimming pool, etc.);
 - c. Water supply on property and water supply of all adjoining properties within 200 ft.;
 - d. Surface waterbodies or wetlands within 200 ft.;
5. Size and dimensions of all tanks, distribution boxes, and 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; and,
7. Indication of slope.

All new individual or replacement on-site conventional and alternative wastewater systems, as described in the New York State Individual Residential Wastewater Treatment Systems 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 system 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 the Planning and Zoning Office before further construction.**

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

1. Final Accurate "As Built" Plot Plan, and;
2. Letter from Engineer confirming system was properly installed according to Plans.

Any permit or approval granted under this local law which is based upon or is granted in reliance upon any material misrepresentation, or failure to make a material fact or circumstance known, by or in behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Chester On-Site Wastewater Treatment Local Law.

Signature of Applicant

Date

Engineered Plans are attached: _____ APA Permit, if required, is attached: _____
Any permit, other than the Town of Chester, that is required (NYSDOH), is attached: _____

AUTHORIZATION FORM
“TO ACT AS AGENT FOR”

I, _____, owner of the premises
located at: _____ in the Town of Chester,
identified by Tax Map Parcel #: _____,
hereby designate: _____,
to act as my AGENT regarding my Zoning Permit for:

Owner's Signature

Date

Agent's Signature

Date