



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

Application #: _____
Received: _____
Amt. Paid: _____

Application for Septic Wastewater Treatment System

Owner's Name: _____

Mailing Address: _____

Phone #: _____
Home Work Cell

Installer's Name: _____

Phone #: _____
Home Work Cell

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

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:

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

Number of bedrooms (residential only): _____

Total daily flow (compute @ 110 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)

Tile 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

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: _____