

**Town of Oneonta
Code Enforcement Office**

**INDIVIDUAL HOUSEHOLD SEWAGE TREATMENT SYSTEM
PERMIT APPLICATION**

1. Permit Applicant: _____

Address: _____ Telephone: _____

2. Property Owner: _____

Address: _____ Telephone: _____

3. Project Location: _____ Tax Map No. _____

No. of Bedrooms: _____ Estimated Cost: _____ Estimated Start Date: _____

4. Contractor's Name: _____

Address: _____ Telephone: _____

5. Workmans Compensation secured by contractor? YES () NO () N/A () [If "YES" proceed to no. 6. If "NO" or "N/A" see Code Enforcement personnel]

6. Type of Septic Tank: Concrete Steel Fiberglass

7. Size of Septic Tank: _____ (1000 gallon minimum size)

8. Type of absorption field:

Leach Field - Size: _____

Seepage Pit - Depth: _____ Diameter: _____

9. Type of soil and it's condition: _____

10. Results from soil percolation test. (Attach a copy of test results)

*NOTE: STATE LAW REQUIRES THOSE ENGAGING IN HAZARDOUS EMPLOYMENT TO HAVE WORKERS
COMPENSATION/DISABILITY COVERAGE IN EFFECT. YOUR SIGNATURE AFFIRMS YOUR KNOWLEDGE AND
UNDERSTANDING OF THIS LAW.*

Signature of Applicant: _____ Date: _____

*****PLEASE COMPLETE THE SEPTIC SYSTEM INSTALLATION SKETCH ON THE ATTACHED SHEET*****

Code Enforcement Use Only - Do not write below this line

_____ Approve	Fee's Rec'd \$ _____
	Date Rec'd _____
_____ Denial Reason: _____	Rec'd By _____

CEO Signature: _____ Date: _____

KEY:

ST - SEPTIC TANK **AF** - ABSORPTION FIELD **DW** - DRY WELL (TO BE USED FOR FOOTER, ROOF
& FLOOR DRAINS ONLY)
SP - SEEPAGE PIT **DB** - DISTRIBUTION BOX **P** - POND **W** - WELL

ALSO INCLUDE STREAMS/CREEKS AND ALL BUILDINGS ON THE PROPERTY. PROPERTY
BOUNDARIES ARE TO BE SHOWN WITH DISTANCES INDICATED.

******SEPTIC INSTALLATIONS MUST MEET ALL REQUIREMENTS SET FORTH BY THE NEW
YORK STATE DEPARTMENT OF HEALTH******