

TOWN OF JOHNSBURG
PO Box 7
North Creek, NY 12853

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

APPLICANT: _____ PROPERTY OWNER: _____
ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____
TAX MAP# _____
TYPE OF USE: _____ NEW SYSTEM: _____
(Residence, multi-family dwelling, commercial, etc.) ALTERATION / REPAIR: _____

WATER SUPPLY - TYPE AND LOCATION: _____

ESTIMATED SEWAGE FLOW: _____ GAL/DAY
PERCOLATION TEST RESULTS: _____ MINUTES TEST #1
PERCOLATION TEST RESULTS: _____ MINUTES TEST #2
DEPTH TO GROUNDWATER: _____ FEET DATE OBSERVED _____
DEPTH TO BEDROCK: _____ FEET DATE OBSERVED _____

TYPE OF SYSTEM	CAPACITY	DIMENSIONS
_____ SEPTIC TANK WITH LEACH FIELD	_____	_____
_____ SEPTIC TANK WITH SEEPAGE PIT	_____	_____
_____ SANITARY PRIVY	_____	_____
_____ FILL SYSTEM	_____	_____
_____ HOLDING TANK	_____	_____
_____ ALTERNATIVE SYSTEM	_____	_____

All systems must be designed by a licensed engineer. Please include a copy of your stamped plans with this Application. Be sure they include distance to lot lines and water supply.

APPLICATION APPROVAL DATE: _____
ZONING ENFORCEMENT OFFICER: _____