



TOWN OF HARRIETSTOWN
39 MAIN STREET
SARANAC LAKE, NY 12983
PHONE: 518-891-1470 HARRIETSTOWN.ORG

SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

This packet contains all the information needed to obtain a construction permit and certificate of approval from the Town of Harrietstown as required by Article III, 102-7 of the Town of Harrietstown Sanitary Code and Individual Residence Wastewater Treatment Systems Design Handbook 1996 NYS Department of Health, Appendix 75-A of the New York State Sanitary Code.

New or Replacement System - \$80.00
Make Checks payable to – Town of Harrietstown

INSTRUCTIONS:

- (1) Fill out the Permit Form. Please include all the relevant information about your proposed or existing home.
- (2) Consult the Town of Harrietstown whether the septic system is a new or replacement system.

(3) A NEW SYSTEM:

If your lot is in a Realty Subdivision approved by the Town of Harrietstown, your soil evaluation has already been done for you. Proceed to Step 5.

If your lot is not in a Realty Subdivision, you will need a Professional Soil Evaluator to conduct the soil tests on your site. Make arrangements for the Soil Evaluator to come to your site and perform the tests. Inform the Soil Evaluator of the location of the proposed system and have him/her indicate on the Plot Plan exactly where the tests were performed. The Soil Evaluator will fill out the Soil and Site Data Sheets.

Provide two (2) sets of engineered blueprints stamped by a New York State licensed design professional.

HOMEOWNER RESPONSIBILITIES

- 1. Determine location of the individual sewage treatment system.
- 2. Arrange for all necessary excavations.
- 3. Supply an adequate amount of water for Percolation tests.
- 4. Obtain completed Soil & Site Data Sheets From the Soil Evaluator

SOIL & SITE EVALUATOR RESPONSIBILITIES

- 1. Conduct all soil & site evaluations according to NYS Sanitary Code, Appendix 75-A Standards.
- 2. Conduct deep-hole test and use test data to determine proper depth for percolation tests.
- 3. Conduct percolation tests.
- 4. Fill out Soil & Data Sheets with test results. Mark test locations on Plot Plan Sheet.

* The Soil & Site Evaluator is not responsible for the actual design of the septic system. The Town of Harrietstown can provide technical assistance and shall reserve the right to present any soil and site evaluation.

INSTRUCTIONS CONTINUED:

B: REPLACEMENT SYSTEM

Fill out the “Determination of Status” from page 3 and have this form reviewed by the Town of Harrietstown. Once the Town of Harrietstown determines that the system is a replacement system, you may continue with these replacement system instructions; otherwise, you must follow the instructions for a new system.

You will need soil tests conducted on your site. For replacement systems, these test may be performed by either by a Soil Evaluator your chosen contractor or yourself. Whoever is chosen as “Soil Evaluator” must fill out the Soil & Site Data Sheets.

Engineered blueprints stamped by a New York State licensed design professional may be required by the New York State Department of Health.

Before any construction, complete and submit the Construction Permit Application form along with the Soil & Site Data Sheets to the Town of Harrietstown. For lots in an approved subdivision, the Soil & Site Data Sheets are not necessary as the soil and site information is taken from the approved subdivision plan on file at the Town of Harrietstown.

Only with an approved Construction Permit in your possession may you proceed with the installation of the sewage treatment system. You should also contact any other agencies which may have jurisdiction to ensure compliance with their regulations. The system must be installed as specified on the Construction Permit. It, in the course of installing the system, field changes become necessary, the Town of Harrietstown must be notified. The Town of Harrietstown must approve the proposed changes and revise the approved Construction Permit before changes can be made to the system.

When the sewage treatment system has been completed, but not covered, notify the Town of Harrietstown at least 24 hours in advance that you are ready for final inspection. An inspector will visit the site sometime between 8 a.m. and 4 p.m. to check the installed system against the Town of Harrietstown’s copy of the approved Construction Permit.

If the final inspection is satisfactory, a Certificate of Acceptance for the individual sewage treatment system will be issued to the owner. Possession of a copy of the Certificate of Acceptance is your assurance that the system has been installed in accordance with New York State Standards, and if well maintained, will function properly.

**SEWAGE TREATMENT SYSTEM
DETERMINATION OF STATUS
REQUIRED FOR REPLACEMENT SYSTEMS ONLY**

	YES	NO
Is this new construction on previously undeveloped property?	_____	_____
Is a new Certificate of Occupancy required by the Town?	_____	_____

CHANGE IN SIZE / INTENDED USAGE:

Is there an addition of one or more bedrooms compared with the pre-existing structure?	_____	_____
Is this a seasonal dwelling converted to year-round use?	_____	_____

PRIOR SYSTEM:

Was there a previous septic system installed on this lot?	_____	_____
Has it been in use for the past 5 years?	_____	_____
Was it approved by the Town of Harrietstown?	_____	_____

OCCUPANCY:

Has the lot been continuously occupied in present?	_____	_____
Has the lot been unoccupied for 5 years or more?	_____	_____
Is there a prior Certificate of Occupancy granted by the Town Codes Officer?	_____	_____
What year was the house build / structure placed on lot? _____		
What year was sewage system installed? _____		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE:

_____	_____
OWNER'S SIGNATURE	DATE

TOWN OF HARRIETSTOWN USE ONLY		
Based on the above criteria the system is:	New	Replacement
Duty Officer / Program Supervisor _____	Date: _____	



**TOWN OF HARRIETSTOWN
SEWAGE TREATMENT SYSTEM
CONSTRUCTION PERMIT APPLICATION**

(Please print or type all information below)

Date: _____

Property Owner _____

Owner Telephone Number: (day) _____ **(evening)** _____

Mailing Address _____
(Street) (City / Town) (State) (Zip)

(Please circle / enter the description that applies)

E-911 Address of Property _____

Tax Map # _____ **Estimated Construction Cost \$** _____

Lot Type: Private Lot / Approved Subdivision **Subdivision Name** _____ **Lot #** _____

Wetlands: Is there a DEC regulated wetland on-site? **Yes / No** If yes, is the wetland permit attached? **Yes / No**

APA: Is an APA permit required? **Yes / No** If yes, is the permit attached? **Yes / No**

Building Type: Wood frame / Mobile Home / Double-Wide Mobile Home / Other _____

Number of Bedrooms: 1 / 2 / 3 / 4 / 5 / Other _____

Foundation: Full Basement / Half-Basement / Slab / Block Supports / Other _____

Type of Septic System: New / Replacement / Engineered (Consult Health Dept. for definitions)

Water Supply: Drilled Well / Dug Well / Public Water Supply / Other _____

If not on public water, indicate type of water pump: Submersible (pressure) / Siphon-jet (suction)

Will low-flow fixtures (1991 or newer, 1.6 gallons / flush toilets) be installed in the home? **Yes / No**

Will a garbage disposal be installed? **Yes / No** (if so you will need a dual compartment tank with gas deflection baffle)

Will a several-person hot tub or spa be installed? **Yes / No**

Leach Field Type: Crushed Stone Trenches / Plastic Chambers / Eljen Units / Other _____

Septic Tank Size: 1000 gal / 1250 gal / 1500 gal / 2000 gal

System to be Installed by: _____

Owner's Signature: _____ **Date:** _____

TOWN OF HARRIETSTOWN USE ONLY	
Final Approval By: _____ Date: _____	Fee Paid _____ Date _____ Permit # _____ ALL APPLICABLE FEES ARE NON-REFUNDABLE



TOWN OF HARRIETSTOWN

SEWAGE TREATMENT SYSTEM INSPECTION

OWNER: _____ **PERMIT #** _____

<u>ITEM</u>	<u>REQUIREMENT</u>	<u>NOTES</u>
Septic Tank	_____ Gallons _____ Level, 2" drop inlet to outlet _____ Baffled/Tees installed _____ 1/4" thickness wall pipe _____ inlet pipe 1/4" per foot slope _____ Outlet pipe 1/8" per foot slope _____ Pipes sealed _____ 10' from foundation _____ 50' from well(s) _____ Multi-compartment _____ Gas/Deflection baffle _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
D-Box	_____ Level (on crushed stone/pea gravel) _____ 1/4" thickness inlet pipe _____ Pipes sealed _____ 2" drop inlet to outlet _____ 2" outlet above bottom _____ Baffled (if slope over 1/2" per foot) _____	_____ _____ _____ _____ _____ _____ _____
Pipes to trenches	_____ Solid for first 5' _____ All outlet pipes at same level _____	_____ _____
Trenches	_____ Stone trench / SB-2 pipe _____ Feet Total _____ No water in trench _____ No mottling _____ Not in too deep _____ 1/16" – 1/32" per foot slope _____ End Caps _____ Crushed Stone _____ Hay/Paper/Cover _____ 10' to property lines _____ 20' to basement _____ 100' to all wells _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Subdivision Specs/other	_____	_____

WAIVER NEEDED? YES / NO _____ **WAIVER GRANTED? YES / NO** _____

Inspected by: _____ **Date:** _____

Remarks: _____

Re-inspected by: _____ **Date:** _____

Remarks: _____

Conditions of Approval: _____

SYSTEM APPROVED FOR BACKFILLING? YES / NO

By: _____ **Date:** _____

