## TOWN OF GREENE

INSTALLATION OR REPAIR

APPLICATION FOR APPROVAL OF SEWAGE DISPOSAL SYSTEM

Permit #

(Include Street/Road)\_\_\_\_

6. SOURCE OF WATER SUPPLY:

PERK TEST RESULTS:

SIGNATURE:

Sanitary Inspector, Town of Greene

(By owner, builder, contractor)

ABSORPTION TEST/SLICE CUT RESULTS: 9. SEPTIC TANK CONSTRUCTED OF CONCRETE

LENGTH OF EACH TRENCH

Under the provisions of Section #2 of the Town of Greene Sewage Disposal Regulation,

application is hereby made for construction, alteration, or repair of a sewage disposal system that is or will serve property as herein after described.

APPLICANT MUST COMPLETE ITEMS 1-7 AT TIME OF APPLICATION

PHONE NUMBER:

3. CONTRACTOR: PHONE:
4. LOT DIMENSIONS: LAND USE:
5. NO. OF BEDROOMS BATHROOMS (FULL) (1/2 BATHS)

8. SOIL: CLAY\_\_LOAM\_\_GRAVEL\_\_SAND\_\_BOULDER\_\_\_ROCK\_\_ SURFACE: FLAT SLOPING STEEP
SOIL & SURFACE DRAINAGE: GOOD FAIR POOR NONE

LIQUID CAPACITY \_\_\_\_(MIN 750 gal. - shall not be less than G.P.D)

FIELD REQUIRED:

C. PERK TEST FAILS- GET ENGINEER TO DESIGN SYSTEM \*\*\*\*\* D. ALL SYSTEMS MUST GET FINAL INSPECTION BEFORE SYSTEM IS APPROVED. (INCLUDING ALTERNATIVE)

WIDTH OF EACH TRENCH

Date:

ZIP:

TAX MAP NO:

2. LOCATION OF PROPERTY:

ADDRESS:

DISTANCE TO NEAREST WATER COURSE AND/OR SUPPLY: WATERSHED ON WHICH SYSTEM IS LOCATED (IF ANY): 7. DAILY SEWAGE FLOW: NO. OF BEDROOMS x 150 G.P.D. =

10. ABSORPTION TREATMENT: TOTAL LINEAR FEET OF LEACH

"D" BOX LEVELING DEVICE

12. PROCEDURE: A. PERK TEST RESULTS TO THIS FORM

THIS SECTION TO BE COMPLETED BY SANITARY INSPECTOR

DEPTH OF WASHED GRAVEL BELOW BOTTOM OF PIPE DEPTH TYPE OF PIPE USED TYPE & MATERIAL OF DISTRIBUTION BOX

LEACH PITS: NO. OF LEACH PITS DISTRIBUTION BOX SAME. 11. ALTERNATIVE SYSTEM (PROFESSIONAL ENGINEER DESIGN REQUIRED):

B. PERK TEST OK - INSTALL SYSTEM

A sketch is to be placed on reverse side describing the location of the components of the system in relation to the location of property boundaries, water courses, water supplies and all other pertinent data for the purpose of record and future reference. Dimensions of size and distances of system to permanent landmarks or structures must be included. Certificate of approval will not be issued without the completion of this sketch. A FEE OF \$75.00 MUST ACCOMPANY THIS APPLICATION (\$50.00 for Repairs to Existing Systems)

SYSTEM INSPECTED AND APPROVED [ ] DISAPPROVED [ ] BY:

OWNER:

## PROCEDURE FOR COMPLETING APPLICATION FOR APPROVAL OF SEWAGE DISPOSAL SYSTEM:

- 1. FILL OUT APPLICATION, REMIT FEE OF \$75. TO "GREENE TOWN CLERK".
- 2. SCHEDULE "PERK TEST" WITH ORDINANCE OFFICER.
- 3. IF PERK TEST IS <u>ACCEPTABLE</u>, INSTALL SYSTEM WITH REQUIRED ABSORPTION TREATMENT.
- 4. IF PERK TEST IS <u>UNACCEPTABLE</u>, CONTACT A PROFESSIONAL ENGINEER TO DESIGN AN ALTERNATIVE SEPTIC SYSTEM.
- 5. SCHEDULE A FINAL INSPECTION OF THE SYSTEM BY THE ORDINANCE OFFICER. (BEFORE SYSTEM IS COVERED.)

## \*\*\*\*\* <u>ALL</u> SYSTEMS MUST BE INSPECTED BEFORE COVERING.

IT IS THE RESPONSIBILITY OF THE OWNER TO INSURE THE FINAL INSPECTION IS COMPLETE FOR ALL SYSTEMS, STANDARD AND ALTERNATIVE.

FAILURE TO DO SO WILL RESULT A DISAPPROVED SYSTEM, AND MAY ALSO RESULT IN THE SYSTEM BEING UNCOVERED TO OBTAIN FINAL APPROVAL.