

TOWN OF WAYNE

ONSITE WASTEWATER TREATMENT SYSTEM APPLICATION NO. _____

This application is being made for a permit to construct a wastewater treatment system at the property described below. Applicants are advised that construction of wastewater treatment systems are subject to regulation by the wastewater management regulations of the municipalities of Barrington, Hammondspport, Jerusalem, Milo, Penn Yan, Pulteney, Urbana, Wayne and their mutual agreement in the Keuka Watershed Improvement Cooperative as well as the New York State Public Health Law. Instructions/explanations are on the back of this application.

Applicant Information: *(Please Print Clearly)*

Business Name	Business Phone	Cell Phone
Last Name	First Name	Home Phone
Mailing - Street Address	City	State
Property Location Where Work Will Take Place	Municipality	Tax Map No.
		Zip code

Application Type: *(Check One)* **Holding Tank Replacement** **Septic Tank Replacement**

New Construction or Increased Water Demand **Replacement System** **Existing System Replacement Dwelling or Increased**

Structure Information: *(Check all that apply)*

Building Type: _____ Bedroom Equivalents: _____ Gallons per day flow: _____ Bathroom No. _____
 Building Age: _____ years Lot Size: _____ acres

Use: *(Circle or Highlight one)* {Residential, Seasonal/Rec, Rental, Commercial, Industrial, Institutional, Multi residential, Shared, Other}

Interior: *(Check all that apply)*

Garbage Grinder Water-saving Fixtures All Wastewater to System Water Softener

High Water Demand Fixtures (Surround Shower, Hot Tub, Sauna, Jacuzzi, Whirlpool, etc.) Last known occupancy date greater than 60 days

Basement: Full Partial Crawl Space Slab

Water Supply & other information: *(Check all that apply)*

Public Water Lake Private well 50 ft deep or less Private well over 50 ft deep Neighbors Well within 200 ft

Regularly Used Medications (e.g. chemotherapy, dialysis) Buried Utilities Land Slopes 15% or greater

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be installed and maintained in accordance with the local wastewater management regulations. I further acknowledge that the dwelling and the system must be open so that proper inspection and approval can be made by the design professional and the watershed inspector and that the system cannot be put into operation until a permit to operate has been issued.

Applicant or Agent (Agent must have legal representation form) _____ Date _____ Expected Construction Date _____

(Official Use Only) Approved ___ Denied ___ Official Signature _____

Site & Soil Analysis

Soil Name: _____ Soil Symbol: _____
 Depth to Limiting Layers (in.): _____ Kind: _____
 _____ Kind: _____
 Depth to Seasonal High Water Table (in.): _____
 Perc Test (Min/In.): _____ Loading Rate (g/sq. ft.): _____

System Requirements

Septic Tank Size (gal.): _____
 Type of System: _____
 System Notes: _____
 Official's Initials: _____ Zoning & Steep Slopes Permit Required