



Town of Queensbury

742 Bay Road, Queensbury, NY 12804-5902

P: 518-761-8256 www.queensburyny.gov

SEPTIC DISPOSAL APPLICATION

Project Location: _____

Tax Map #: _____

Office Use Only

Permit #: _____

Permit Fee: \$ _____

Fee Paid: Y N

BOH Variance: _____; N

Flood Zone? Y TYPE: _____; N

Wetlands? Y N

Reviewed By: _____

STRUCTURE INFORMATION				
Year Built	Gallons Per day	# of Bedrooms	X gallons per Bedroom	= total daily flow
1980 or older	150			
1981-1992	130			
1992-Present	110			

Garbage Grinder	Yes	No
Installed?		
Spa or Hot Tub		
Installed?		

BOH VARIANCE APPROVAL MUST BE SUBMITTED ON PLANS

PARCEL INFORMATION	
TOPOGRAPHY	___ Flat Rolling ___ Steep Slope ___ % Slope
SOIL NATURE	___ Sand ___ Loam ___ Clay ___ Other, explain:
GROUNDWATER	At what depth:
BEDROCK/IMPERVIOUS MATERIAL	At what depth:
DOMESTIC WATER SUPPLY	___ Municipal ___ Well ___ Lake (if well or lake, water supply from any septic system absorption is ___ feet)
PERCOLATION TEST	Rate: _____ per minute per inch (test to be completed by a licensed engineer/architect)

PROPOSED SYSTEM INFORMATION		
TANK SIZE	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub)	
SYSTEM	Absorption field w/ #2 stone	Total length _____ ft. Each trench _____ ft.
	Seepage pit w/ #3 stone	How many: _____; Size: _____
	Alternate system	Bed or other type: _____
	Holding tank system	Total required capacity: _____; tank size: _____; # of tanks: _____

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **Applicant:**

Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _____ Land Line: _____

Email: _____

• **Primary Owner(s):**

Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _____ Land Line: _____

Email: _____

Check if all work will be performed by property owner only

• **Contractor:**

Contact Name(s): _____

Contractor Trade: _____

Mailing Address, C/S/Z: _____

Cell Phone: _____ Land Line: _____

Email: _____

****Workers' Comp & Liability docs must be submitted with this application****

• **Engineer(s):**

Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _____ Land Line: _____

Email: _____

Contact Person for any questions regarding this project: _____

Cell Phone: _____ Land Line: _____

Email: _____

Declaration: Any permit or approval granted which is based upon or is granted in reliance upon any material representation or failure to make a material fact or circumstance known by or on behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Queensbury Sanitary Sewage Disposal Ordinance.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____