

TOWN OF LENOX
Septic System Permit
(On Site Waste Water Treatment System)

205 S. Peterboro St. Canastota, NY 13032
315 - 697- 5575 / Fax 315 - 697- 5514 / E-mail tolscott@cnyemail.com

OFFICIAL USE ONLY

Permit Number: _____ Date: _____
Referred to MCDOH For Alternate Waste Water Treatment System: [Y] [N]
Date Referred: _____ / _____ / _____
FEE: _____ Approved By: _____

Applicants Name: _____

Address: _____

Phone Number: _____ Tax Map # _____

Location Of Premises For Which Permit Is Sought:

Application is for:

- [] New System [] Repair to existing system
[] Replacement of existing system [] Residential [] Other

Answer the following:

- A. Number of bedrooms: _____ B. Size of lot: _____
C. Use of Garbage disposal _____ D. Slope of Land: _____
E. Type of water system: _____

Contractor Information:

Name: _____ Phone #: _____

Address: _____

Engineer Information:
Name: _____ Phone #: _____
Address: _____
Contact Person: _____
Percolation Test Hole #1: _____
Percolation Test Hole #2: _____
Deep Hole Test Results: _____
Date of tests: ____/____/____ Weather Conditions: _____

Description of proposed work:

Findings of the percolation tests must be sketched on at least a minimum size of 8 1/2 X 11 paper attached to this application and bear the signature of the engineer conducting the test. Show the location of all structures and location of the well if applicable.

The design and installation of the Waste Water Treatment System must conform to the Appendix 75-A of the New York State Sanitary Code.

Tests are required to be made by a person certified and registered by the State Of New York.

NO PART OF THE WASTE WATER TREATMENT SYSTEM SHALL BE COVERED UNTILL THE REQUIRED INSPECTIONS HAVE BEEN CONDUCTED AND APPROVED BY THE AUTHORITY HAVING JURISDICTION.

Applicants Signature: _____
I have read the requirements of the application.