

CODE AND PERMIT FOR SEPTIC SYSTEMS

TOWN OF FENNER

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE NO.: _____ PERMIT NO: _____

FEE: _____ TAX MAP NO: _____

APPROVED BY:; _____

LOCATION ON PREMISES FOR WHICH PERMIT IS SOUGHT: _____

APPLICATION FOR: (CHECK)

- ____ A. REPAIR OF EXISTING SYSTEM
- ____ B. REPLACING OF EXISTING SYSTEM
- ____ C. CONSTRUCTION OF NEW SYSTEM

DESCRIPTION OF PREMISES FOR WHICH PERMIT IS SOUGHT:

A. NUMBER OF BEDROOMS: _____

B. METHOD OF GARBAGE DISPOSAL: _____

C. SIZE OF LOT: _____

D. PREDOMINANT SLOPE OF LAND: _____

E. WERE TEST HOLES PRESOAKED (WHEN & AMOUNT): _____

F. PERCOLATION TESTS TAKEN BETWEEN JUNE 1 AND OCTOBER 1, SHALL BE DONE IN CONSULTATION WITH THE ZONING ENFORCEMENT OFFICER. DURING UNREPRESENTATIVE DRY PERIODS, DEEP TEST HOLES MAY BE REQUIRED.

TESTS MADE

***1 BY:** _____

2. DATE OF TEST: _____

***TEST MUST BE MADE BY PERSON CERTIFIED AND REGISTERED BY THE STATE OF NEW YORK OR AUTHORIZED BY THE TOWN BOARD. FINDINGS OF PERCOLATION TESTS MUST BE SKETCHED IN DUPLICATE ON PAPER 8 1/2 X 11 AND ACCOMPANY THIS APPLICATION FOR PERMIT.**

NO PART OF SEPTIC SYSTEM FOR WHICH A PERMIT HAS BEEN ISSUED MAY BE COVERED UNTIL INSPECTED AND APPROVED BY THE PROPER OFFICIAL.

APPLICANT'S SIGNATURE: _____