

# 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 \_\_\_\_\_ Email \_\_\_\_\_  
Mailing - Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Property Location Where Work Will Take Place \_\_\_\_\_ Municipality \_\_\_\_\_ Tax Map No. \_\_\_\_\_

### 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