

TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

Box 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION FOR INSTALLATION OF A NEW OR REPLACEMENT SEWAGE DISPOSAL SYSTEM

For Official Use Only

Date Application Received _____
Application No. _____

Applicant:

Part I – General Information:

ADDRESS OF SITE: _____ Tax ID: _____
Number Street Section Block Lot

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NO.: _____

NO OF BEDROOMS (if applicable): _____ WATER SUPPLY: PUBLIC WELL

SOIL CONDITIONS: _____ PERCOLATION RATE: _____

SEWAGE SYSTEM DESCRIPTION:

SEPTIC TANK SIZE _____ DISTRIBUTION METHOD: GRAVITY PUMPED

TYPE OF SUBSURFACE DISPOSAL (check one):

The following descriptions are based upon Appendix 75-A of the NYS Sanitary Code.

Conventional Systems

- Absorption Field
- Gravelless Absorption System
- Deep Absorption Trenches
- Shallow Absorption Trenches.
- Cut and Fill System
- Absorption Bed System
- Seepage Pits.

Alternative Systems

- Raised System
- Mound
- Intermittent Sand Filter
- ET/ ETA System
- Other System

Part II – Plan Requirements:

All new and replacement sewage disposal systems must be accompanied by a site plan showing the location of all system components relative to property lines, house/buildings and other relevant boundary conditions as well as any necessary construction details and specifications necessary for completion of construction.

Part III – Applicant Information:

APPLICANT INFORMATION (if not owner):

Applicant's Name

Address _____
Number Street City State Zip Code

Phone # _____ Fax # _____ Cell# _____

e-mail address: _____

Applicant's Signature Date

OWNER INFORMATION:

Owner's Name

Address _____
Number Street City State Zip Code

Phone # _____ Fax # _____ Cell# _____

e-mail address: _____

DESIGN PROFESSIONAL INFORMATION:

[Note: All systems are required by law to be designed by a professional engineer, exempt licensed surveyor or architect educated, experienced and trained in the design and construction of on-site waste water treatment systems (OWTS's), all as defined by the NYS Education Law and accepted by the NYS Department of Health.]

Check One: Professional Engineer Exempt Surveyor Registered Architect

Name: _____

Address: _____
Number Street City State Zip Code

Phone # _____ Fax # _____ e-mail address: _____

NYS Professional License # _____

INSTALLER INFORMATION:

Name: _____

Address: _____
Number Street City State Zip Code

Phone # _____ Fax # _____ Cell# _____

e-mail address: _____

For Official Use Only	
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Building Inspector/Code Enforcement Officer
	_____ Date
If denied, bases for denial: _____	
