

# OTSEGO LAKE WATERSHED SEPTIC PERMIT APPLICATION

1. Job Location \_\_\_\_\_ Township \_\_\_\_\_

Tax Number \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4. Architect or Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Existing Wastewater System: \_\_\_\_\_

Proposal

6. Tank replacement only\_\_ Replacement Septic System\_\_

New System\_\_

7. Type of Septic Tank: concrete\_\_ polyethelene\_\_

Aerobic System: Model \_\_\_\_\_ Size \_\_\_\_\_

Other System: Model \_\_\_\_\_ Size \_\_\_\_\_

8. Soil Absorption System:

Type	# of lines	total length
___ Trad. leachfield	_____	_____
___ Leaching bed	_____	_____
___ Raised system	_____	_____
___ Sand filter	_____	_____
___ Mound system	_____	_____
___ Other	_____	_____

Note: 12" of concrete sand is recommended beneath each Eljen mat in an Eljen absorption field.

9. Distance to nearest waterbody \_\_\_\_\_

Distance to nearest well: \_\_\_\_\_

10. Bedrooms at this site: \_\_\_\_\_

11. Results from soil percolation test: \_\_\_\_\_

Results from deep hole test: \_\_\_\_\_

Please attach a copy of perc test and deep hole test results.

Note: Consulting engineers must provide a letter to WSC at completion of installation confirming that the septic system was installed as approved or provide "as built" drawings if there were any modifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE RECEIVED 10 DAYS PRIOR TO WSC MEETING**