

# TOWN OF FORESTPORT

ONEIDA COUNTY  
STATE OF NEW YORK

## APPLICATION FOR SEWAGE DISPOSAL SYSTEM REVIEW & APPROVAL USE IN COMPLIANCE WITH THE NYS DEPT. OF HEALTH WASTEWATER TREATMENT STANDARDS A copy of the Standard can be obtained from the NYS Dept. of Health by calling (315) 798-5064 web site: [townofforestport.org](http://townofforestport.org)

Applicant's Name: \_\_\_\_\_

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

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

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

Plans Prepared By: \_\_\_\_\_

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

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

Property Owner(s) if different than Applicant

Owner Name: \_\_\_\_\_

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

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

Contractor: \_\_\_\_\_

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

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

Design Professional: \_\_\_\_\_

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

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

Tax Map: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Lot size (square feet or acres) \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Completion Date(not to exceed 12 months): \_\_\_\_\_

List All State & Federal Permits Required & Issuing Authority

This Application is For:

- A New System  
 Modification and/or renovation of an existing system  
 Replacement of an existing system

Engineered Plans By: \_\_\_\_\_

Type of System Proposed:

- Septic Tank with Leach Field  
 Alternative system  
 Holding Tank

(Design Criteria must be provided & sealed by a  
Design Professional Engineer)

1. Water Supply: Well Town Water Other \_\_\_\_\_
2. Waterfront Lot: Yes No
3. Location of current water supply to proposed sewage system: \_\_\_\_\_
4. Location of neighbors' well(s) (if applicable) to proposed sewage system: (1) \_\_\_\_\_ ft (2) \_\_\_\_\_ ft (3) \_\_\_\_\_ ft
5. Soil condition: Sand Clay Rock Other \_\_\_\_\_

RETURN APPLICATION TO:

TOWN OF FORESTPORT  
Department of Codes  
PO Box 137  
Forestport, NY 13338

**PLAN SKETCH:** On a separate sheet, draw a scaled sketch including all dimensions of the proposed sewage system and its relation to all buildings, property lines, water supply, roads, bodies of water, etc.

Office use only:  
Date Received: \_\_\_\_\_  
Check # \_\_\_\_\_

Office use only:  
Permit Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_