

**TOWN OF DUANESBURG BUILDING DEPARTMENT
SEPTIC SYSTEM REPAIR APPLICATION**

OFFICE USE ONLY

Approved: Disapproved:
 Cost of Permit: \$ _____
 INITIALS _____

OWNER INFORMATION	CONTRACTOR INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Tax Map ID #: _____	

SITE INFORMATION
Address: _____
Describe Existing System: _____
Water Table Depth: _____

JOB INFORMATION
<input type="checkbox"/> New Septic System
<input type="checkbox"/> Tile/Leach Fields _____ length <input type="checkbox"/> Septic Tank _____ gal. <input type="checkbox"/> Dozing Tank _____ gal. <input type="checkbox"/> Distribution Box <input type="checkbox"/> Manhole/cleanout access
<input type="checkbox"/> Replacement of Septic Tank
Explanation _____
<input type="checkbox"/> Replacement of Leachfield
Explanation _____
PERC test results _____
Water Table Elevation _____

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ORDINANCES WILL BE COMPILED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

 APPLICANT'S SIGNATURE DATE

TOWN OF DUANESBURG
AS-BUILT SEWAGE DISPOSAL DIAGRAM

Owner: _____ Site Location: _____

Tax Map ID #: _____ Permit #: _____

Tank Size: new: _____ OR existing tank size (if known): _____

Drainfield: # laterals: _____ Length of laterals: _____ Width of Trench: _____

Final As-Built Diagram (refer to permit for requirements)

PROPERTY LINE
STREET

Installer's Certification (This month must be completed):

I certify that the information provided above is an accurate description of the work performed.

Date

Installer's Signature

For Office Use Only: Inspection Date: _____ Diagram Received On: _____
Comments: _____
Signature: _____