

SEWAGE DISPOSAL SYSTEM APPLICATION

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Plans shall bear the seal and signature of a New York State licensed design professional.
- Sewage disposal system shall be designed to comply with the county-wide sanitary code (Local Law No. 1 as amended March 17, 1989), NYSDOH appendix 75-A Wastewater Treatment Standards – Residential Onsite systems & NYS Design Standards for Intermediate Sized Wastewater Treatment Systems.
- Make check payable to the **Town of Kingsbury**. This is a non-refundable application fee.
- Complete all pages of the application in INK. **Make sure that you have signed it.**
- Attach TWO copies of your plans and ONE application.
- Your plans NEED to be stamped by a NYS licensed architect or engineer if:
 - Your project does not meet the exceptions noted on the back of the application OR
 - It exceeds the design limits of the NYS Residential Code
- Insurance Requirements: **ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE**
 - Form C-105.2 or U-26.3: Certificate of Workers Compensation
 - Form DB-120.1 or DB-155: Certificate of Disability insurance
 - Form CE-200: Exemption of Workers' Compensation & Disability Benefits Insurance Coverage
 - Form BP-1: Affidavit of Exemption to show Specific Proof of Workers' Compensation Insurance Coverage for 1, 2, 3, 4 Family, Owner-occupied Residence
- Electrical inspections are to be performed by a third-party inspector.
- Construction of the proposed system shall not commence prior to permit issuance. Any deviation from the approved plan(s) must be authorized by the Code Enforcement Office and a licensed design professional prior to installation and inspection.
- Record drawing of the system shall be submitted to the Building Department once the final inspection has passed. Record drawings shall include, but not be limited to, triangulation distances to the septic tank covers, D-box, and the corners of the finished leach field.
- DIG SAFELY NEW YORK must be contacted prior to any digging and CALL 811 BEFORE YOU DIG
 - (<http://www.digsafelynewyork.com>)
- Alternative systems require construction observation by licensed design professional and written certification of completed system.

IF YOU ARE IN DOUBT - CALL THIS OFFICE

TOWN OF KINGSBURY
 Department of Code Enforcement
 6 Michigan Street
 Hudson Falls, NY 12839
 Phone: 518-747-2188 x. 3006 or 3008

SEWAGE DISPOSAL SYSTEM APPLICATION

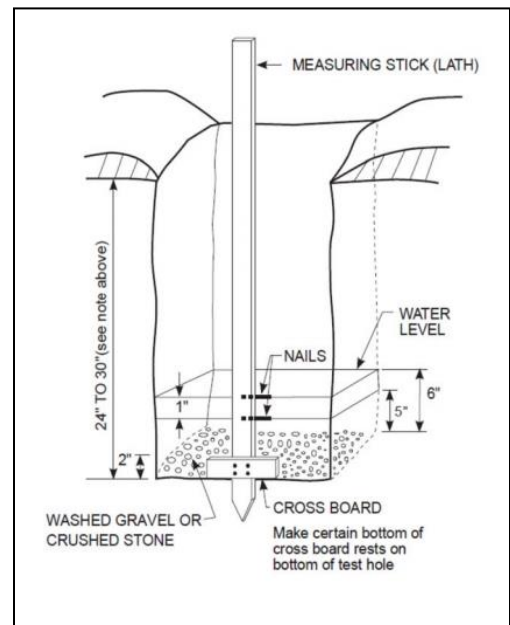
PROPERTY INFORMATION			
Owner's Name _____		Cell # _____	
Property Address _____ _____		Home # _____	
		Email _____	
Tax Map Section _____ Block _____ Lot _____			
APPLICANT			
Name _____		APPLICANT IS:	
Mailing Address _____ _____		<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
		<input type="checkbox"/> Lessee	<input type="checkbox"/> Architect/Engineer
		<input type="checkbox"/> Builder/Contractor	
Cell Phone # _____	Home # _____		
Email _____			
Name & Address of owner if different from Applicant _____ _____			
If Owner/Applicant is a Corporation, Give the name and title of two (2) officers _____ _____			
OCCUPANCY (Check all that apply):			Group
Structure: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	Description		
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Business	_____	B
<input type="checkbox"/> One-Family Dwelling (R3)	<input type="checkbox"/> Mercantile	_____	M
<input type="checkbox"/> Two-Family Dwelling (R3)	<input type="checkbox"/> Factory	_____	F
Multiple Dwelling:	<input type="checkbox"/> Storage	_____	S
<input type="checkbox"/> Permanent Occupancy (R2)	<input type="checkbox"/> Assembly	_____	A
<input type="checkbox"/> Transient Occupancy (R1)	<input type="checkbox"/> Institutional	_____	I
<input type="checkbox"/> Adult Residential Care (R4)	<input type="checkbox"/> Misc	_____	U
*Not more than 16 occupants	<input type="checkbox"/> Other	_____	
NATURE OF PROPOSED WORK (Check all that apply) Estimated			Cost
cost (Exclusive of land)	Description		
<input type="checkbox"/> Construction of a new disposal system	_____		
<input type="checkbox"/> Repair or Replacement of an existing disposal system	_____		
<input type="checkbox"/> Alteration to existing disposal system	_____		
<input type="checkbox"/> Other	_____		
Name (Engineer, Architect, and/or Sub-Contractor)	Phase of Work	Phone	Email

Soil Percolation Test Procedure

The procedures noted below should be followed in performing a soil percolation test:

1. Make sure proper construction safety practices are followed.
2. Dig a hole with vertical sides approximately 12 inches wide on all four (4) sides or 12 inches in diameter. The depth of the test holes should be 24 to 30 inches below final grade or at the projected bottom of trenches in shallower or deeper systems. Holes shall be hand dug; the use of a backhoe to excavate the upper soils is not acceptable. It is necessary to place washed aggregate in the lower two (2) inches of each percolation test hole or employ another method that will reduce scouring and silting action when water is poured into the hole. The sides of percolation holes should be scraped to avoid smearing.

3. Pre-soak the test hole by periodically filling the hole with water and allowing the water to seep away. This procedure should be performed for at least four (4) hours and should begin one (1) day before the test, except in clean, coarse sand and gravel. After the water from the final pre-soaking has seeped away, remove any loose soil that has fallen from the sides of the hole. Pre-soaking saturates the surrounding soil and allows for clay in the soil to swell, simulating when a system is in operation and receiving wastewater effluent.
4. Pour clean water into the hole, with as little splashing as possible, to a depth of six (6) inches above the bottom of the test hole.



5. Observe and record the time in minutes required for the water to drop from the six (6) inch depth to the five (5) inch depth.
6. Repeat the test a minimum of three (3) times until the time for the water to drop from six (6) inches to five (5) inches for two (2) successive tests is approximately equal (i.e., ≤ 1 minutes for 1 – 30 min./inch; ≤ 2 minutes for 31-60 min./inch). The longest time interval to drop one (1) inch shall be taken as the stabilized rate of percolation and shall serve as the basis of design for the absorption system. Note that except for sandy soils, properly pre-soaking a percolation test hole will typically shorten the time spent for successive percolation rates to become equal.

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Soil and Site Appraisal

Topography: Flat Rolling Sloped Other: _____

Within 200 feet:

Waterbodies None Wetland Pond/Lake Stream/River Intermittent Drainage

Existing Water Supplies No Yes (if yes, identify on plan)

Deep Test Pit (attached additional pages if more room is required):

Test Depth – Minimum 5' and 2' below proposed absorption systems; minimum 5' below deepest seepage pit.

Depth	-	"	Soil Description
0"	-	"	
"	-	"	
"	-	"	
"	-	"	
"	-	"	
"	-	"	
"	-	"	

Groundwater: _____ " Mottling Depth: _____ " Bedrock, shale, impervious boundary depth: _____ "

Proposed depth of absorption system below existing grade: _____ " (use + indicate an elevated system)

Percolation Tests (attached additional pages if more room is required):

Test Hole Size: 12" square or 12" diameter circle.

- Test Depth:**
1. In-ground absorption systems: 20-30 inches deep or projected trench depth
 2. Elevated absorption systems: 12 inches into existing grade
 3. Seepage pits: half-depth and full depth of proposed pit depth
 4. Privy/Outhouse: full depth of proposed pit

Percolation Test #1:

Percolation Test #2

Percolation Test Depth _____ Inches

Percolation Test Depth _____ inches

Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____

Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____

WASHINGTON COUNTY SANITARY CODE, LOCAL LAW #1, 1988, requires a minimum of two (2) percolation tests and one (1) deep test hole be performed in the area of each proposed absorption field or in the case of seepage pits at the site of each seepage pit.

Signature of New York State licensed design professional	Printed Name	Date
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Proposed Sewage System Information:

Residential # of Bedrooms	x		GPD = 0.0	Daily
Non-Residential # of Occupants	x		GPD = 0.0	Design
Other	x		GPD = 0	Flow

Non-Waterborne System:

- Composter (NSF 41)
 Incinerator Toilet
 Chemical and recirculating Toilets
 Closed Vault Privy/Outhouse
 Open Vault Privy/Outhouse

Holding Tank (shall not be used for new construction. High level alarm and water supply shutoff required):

Tank Size (min 5 days' flow) _____ Gallons Tank Material _____

Septic Tank: In-sink garbage disposal? No Yes (if yes, add 250 gallons to tank size)

Tank Size _____ Gallons Dual compartment No Yes Tank material _____

Absorption Field (Distribution Box Required):

Trench Type: Stone & Pipe Gravel-less System Other

Trench Width: _____ inches Trench Bottom Depth: _____ inches

Number of Laterals: _____ Length of Laterals: _____ feet (60' max length for Gravity Systems)

Total System Length: _____ feet

Note: All laterals must be of equal length

Absorption Bed (Pressure/dosing Distribution Required):

Bed Type: Stone and Pipe Gravel-less System Other

Bed Width: _____ feet (20' Max Bed Width) Bed Length: _____ feet

Total System Area: _____ square feet Bed Bottom Depth: _____ inches

Seepage Pit(s) (multiple pits require the use of a distribution box; stone size min 3/4" to max 2 1/2"):

Effective Pit Diameter (in feet):

_____ Perforated Vault Ø + _____ Aggregate Thickness + _____ Aggregate Thickness = _____ Total Effective Ø ft.

Effective Pit Depth (in feet):

_____ Aggregate Thickness Under Vault + _____ Perforated Vault to Inlet Pipe = _____ Total Effective Depth in feet

Effective Side Wall Area (in square feet):

_____ Effective Pit Diameter X 3.14 X _____ Effective Pit Depth = _____ Effective Side Wall Area

Total Effective Area (in square feet):

_____ Effective Side Wall Area X _____ Number of Pits = _____ Total Effective Side Wall Area

Alternative Systems: Raised Mound Intermittent Sand Filter Evaporation-Transpiration & Evapo-Transpiration Absorption

- Site Modification:** Clay Barrier Protecting Bedrock Recharge Aquifers Limited Surficial Usable Soil
- Very Fast Percolating Soils Sloping Sites In-situ Absorption Trenches on Sloped Sites

SEWAGE DISPOSAL SYSTEM APPLICATION CHECKLIST

Plans submitted shall include the following information:

- House location
- Location of driveways, garages, swimming pools, or any other structures.
- Location of well or public water main and house connection.
- Location of any water courses, ponds, lakes, wetlands, etc., on or within 100' of the property lines.
- Location of all deep test holes and percolation test holes. A minimum of one (1) deep test hole and two (2) percolation tests holes required.
- Location of all wells and sewage disposal systems within 200' of the proposed system.
- Location and details of the proposed sewage disposal system; must include a 50% future expansion area.
- Location of discharge points for gutters, footing drains, storm and curtain drains.
- Design Criteria to include number of bedrooms, soil percolation rate, application rate, etc.
- Plans shall be drawn to scale.
- Site location, north arrow, plot plan, including major physical features.
- Plan and cross sections of the Sewage disposal system, including the 50% expansion area, and construction details of all system components.
- Two (2) foot contours of the property. If ground is to be cut or filled, both existing and proposed contours must be shown.
- Title box indicating owner and location of property, mailing address of owner, name and address of Designer of the proposed system, date of drawing, any revisions made, and scale of drawing.

APPLICATION is hereby made to the Town of Kingsbury Department of Code Enforcement for the issuance of a sewage disposal permit pursuant to the provisions of the WASHINGTON COUNTY SANITARY CODE, LOCAL LAW #1, 1988, as Amended March 17, 1989. Applicant agrees to comply with all applicable provisions of said law as well as all applicable local, county, and State laws and/or ordinances and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT'S SIGNATURE

APPLICANT NAME (PRINT)

DATE

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying, or compensating in any way, the individual(s) that is performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners' insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

HOME OWNER'S SIGNATURE

HOME OWNER'S NAME (PRINT)

DATE

HOME PHONE

CELL PHONE

EMAIL

Property Address that requires the building permit

State of New York; County of _____ On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

Once notarized, the BP-1 form serves as an exemption for both worker's compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR
2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - is performing all the work for which the building permit was issued him/herself,
 - is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied residence** (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.