

Evaluation _____ Date _____ Draft _____ Date _____
Engineer _____ Date _____ Inspection _____ Date _____

File 4 5 6 7
Municipality _____
Log # _____

SCHUYLER COUNTY WATERSHED PROTECTION AGENCY Fee \$ _____
910 S. Decatur St. Watkins Glen, NY 14891 Work Order _____
Phone: 607-535-6868 Fax:607-535-6867

APPLICATION FOR WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT

Type (check one)

New Construction Conversion Replacement Repair Tank Only Holding Tank/Privy

Applicant _____ Phone _____ Fax _____

Mailing Address _____ Email _____

Owner _____ Phone _____ Fax _____

Mailing Address _____ Email _____

Former Owner _____ Lot Acquired in (year) _____ Lot Created _____

Property Location _____ Lot size ___ x ___ and/or _____ acres

In Non Residential, list wastewater source _____ Tax Parcel ID _____ - _____ - _____

Structure Type _____ Foundation Type _____ Basement Fixtures _____

Total # of: Bedrooms _____ Occupants _____ Kitchens _____ Garbage Disposal _____ # Bath _____

Water Supply: { Existing Or Proposed Type: { Drilled Well Spring Surface
Dug Well Public Other _____
If proposed, attach well application form

Water Supply Depth _____ ft Depth Casing _____ ft Depth Grouted _____ ft

Additional Permits Required: yes no if so, list _____

Will construction activity (total project plan, including clearing, grading, excavating, access roads, etc.) disturb greater than one acre? yes no unknown

If yes, NYS DEC stormwater discharge permit coverage is required and SWPPP/NOI must be registered with this Agency prior to permit issuance and any ground disturbance. If unknown, additional clarification and information is required.

"I hereby certify that the above listed is true to the best of my knowledge. I agree to be responsible for the payment of the permit. Any modification from the information provided above shall be brought to the attention of the Agency."

Signature _____ Date _____

Additional Notes:

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