

TOWN OF BALLSTON

APPLICATION FOR REPLACEMENT SEWAGE DISPOSAL SYSTEM PERMIT

Owner's Name: _____ Date: _____

Address: _____

LOCATION:

House No. & Street: _____

WATER SUPPLY

Municipal water _____ well _____

SEPTIC SYSTEM:

Depth to Water Table and/or Impervious Soil: _____

Percolation Test Results (minutes per inch): _____

Number of bedrooms in dwelling _____ Garbage Disposal: Yes _____ No _____

Size of Tank proposed (gallons) _____

Width of Trench: _____

No. of Laterals: _____ Length of Laterals: _____

Total Linear Feet: _____

Provide drawing of proposed system.

NOTE: Pursuant to Section 73-2 A, Code of the Town of Ballston, system shall be designed by a licensed design professional.

Owner: _____ Phone: _____

Contractor: _____ Phone: _____

Signature of Owner: _____

<i>Office Use</i>			
Approved by: _____	Date: _____	Permit No. _____	
Fee: _____	Section: _____	Block: _____	Lot: _____