



TOWN OF LENOX /VILLAGE OF WAMPSVILLE Code Enforcement Office

205 S. Peterboro St. Canastota, NY 13032
Josh Stagnitti / Code Enforcement Officer
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SEPTIC SYSTEM PERMIT (ON SITE WASTE WATER TREATMENT SYSTEM)

OFFICE USE ONLY

Permit Number: _____ Date: _____
Referred to MCDOH For Review of Waste Water Treatment System: [Y] [N]
Date Referred: _____/_____/_____
FEE: _____ Approved By: _____

Applicants Name: _____

Address: _____

Phone Number: _____ Tax Map # _____

Location of premises for which permits is sought:

Application is for:

[] New system [] Repair to existing system [] Replacement of existing system
[] Residential [] Commercial [] Other _____

Please answer the following:

A. Number of bedrooms: _____ B. Size of lot: _____

C. Use of garbage disposal: [Y] [N] D. Slope of land: _____

E. Type of water system: _____

Address: _____

Engineer Information:

Name: _____ Phone # _____

Address: _____

Contact Person: _____

Percolation Test Hole #1: _____

Percolation Test Hole #2: _____

Deep Hole Test Results: _____

Date of tests: ____/____/____ Weather Conditions: _____

Description of Proposed Work:

Finding of the percolation test must be sketched on at least a minimum size of 8 ½ X 11 paper attached to this application and bear the signature of the engineer conduction the test. Show the location of all structures and location of the well if applicable.

The design and installation of the Waste Water Treatment System must conform to the Appendix 75-A of New York State Sanitary Code.

Tests are required to be made by a Licensed Design Professional registered with the State of New York.

NO PART OF THE WASTE WATER TREATMENT SYSTEM SHALL BE COVERED UNTILL THE REQUIRED INSPECTIONS HAVE BEEN CONDUCTED AND APPROVED BY THE AUTHORITY HAVING JURISDICTION. TOWNNILLAGE INSPECTOR MUST BE NOTIFIED AT LEASE 24 HRS BEFORE PLANNED COVERING.

Applicants Signature: _____

I have read the requirements of the application.