

Town of Moreau

Building Department 351 Reynolds Road Moreau, NY 12828-9261 **Phone:** (518) 792-4762

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Matt Dreimiller
Building Inspector/CEO
Kathy Perez
Building Department Clerk

APPLICATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) REQUIREMENTS

Please keep this coversheet for your convenience

No construction activities may commence until an approved permit is issued

TWO SETS OF THE FOLLOWING ARE REQUIRED (ONE ORIGINAL AND ONE COPY):

- 1. **APPLICATION MUST BE FILLED OUT COMPLETELY.** Signature of the owner and/or contractor is required. Detailed drawing(s) & description of the proposed on-site wastewater treatment system shall accompany this application. Plans shall bear the seal and signature of a New York State licensed design professional.
- 2. A survey, as required for new construction, or a to-scale plot plan must accompany this application & must show: (a) lot configuration & dimensions; (b) all buildings or structures on the lot & the distances to each other and to the lot lines; (c) location of & distance to any water systems/disposal systems, any existing or proposed wells, any waterways, ponds, etc., on this site or on contiguous sites; (d) all onsite testing, including percolation & deep hole, shall be witnessed by the building inspector.
- 3. Insurance requirements: Owner, applicant, or contractor: (One of the following)
 - a. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
 - b. Certificate of Workers Compensation: Form C-105.2 or U-26.3
 - c. Certificate of Disability insurance: Form DB-120.1 or DB-155
 - d. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: Form CE-200 found at www.wcb.state.ny.us
- 4. Construction of the proposed system shall not commence prior to permit issuance. Any deviation from the approved plan(s) must be authorized by the licensed design professional and the Building Department prior to installation and inspection.
- 5. Record drawing of the system shall be submitted to the Building Department once the final inspection has passed.
- 6. The record drawings shall include, but not be limited to, triangulation distances to the septic tank covers, D-box, & the corners of the finished leach field.
- 7. ALL ASPECTS OF CONSTRUCTION SHALL COMPLY WITH APPENDIX 75-A OF THE NEW YORK STATE DEPARTMENT OF HEALTH WASTEWATER TREATMENT STANDARDS RESIDENTIAL ON-SITE SYSTEMS.
- 8. Fee as per fee schedule (Collected when application is approved)

REQUIRED INSPECTION: 24 HOUR NOTICE REQUIRED

**** Please do **NOT** leave requests for inspections on voicemail.

Inspections requested via voicemail may not be scheduled. ****

Inspection by the Building Department is required prior to any portion of the system being covered or backfilled.

TOWN OF MOREAU ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

Location Information					
Job Site Address		Тах Мар	Tax Map ID#		
Owner Information					
Owners Name		Phone #	Phone #		
Address		Email	Email		
					
			signature	Date	
INSTALLER'S INFORMATION (if applicable)		Owner 3	Owner 3 signature Dute		
Applicant		Phone #			
			Email		
Address		EIIIdII			
					
		Contract	or's Signature	Date	
SYSTEM INFORMATION:					
Type of System Installed:	e of System Installed: New Addition		Replacement		
	Compon	ent Size and Material	Component Size	and Material	
Type of Absorption System:					
Conventional					
Gravelless Absorption System					
Alternative					
Design Criteria:					
No. of Bedrooms					
Garbage Grinder					
Spa Tub					
Bonus Space					
Equipment to be installed:					
Septic Tank Size and Material					
Distribution Box					
Total Ft. of Absorption Field					
No. of lines/Ft. per line					
Seepage Pit					
Water Source: Well / Municipal					
I affirm that, the information I've give	en on this ap	plication is correct and co	mplete and I understa	and that the	
Town will rely on this information in	making its de	ecision.			
Applicant		Applicant			
Name (print):		Name (signed):			
Official Use Only					
	ued on:	P	ermit #:		
Permit Fee: \$ 25.00 Exp	oires on:				
Building					
Inspector:		Date Approved:			