



Town of Moreau

Building Department
351 Reynolds Road
Moreau, NY 12828-9261
Phone: (518) 792-4762
Fax: (518) 792-4615

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 on-site 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 _____	Tax Map ID# _____
Owner Information	
Owners Name _____	Phone # _____
Address _____	Email _____
_____	_____
	Owner's signature _____ Date _____
INSTALLER'S INFORMATION (if applicable)	
Applicant _____	Phone # _____
Address _____	Email _____
_____	_____
	Contractor's Signature _____ Date _____

SYSTEM INFORMATION:

Type of System Installed:	New _____ Addition _____	Replacement _____
	Component 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 given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

Applicant _____ Applicant _____
Name (print): _____ Name (signed): _____

Official Use Only		
Received: _____	Issued on: _____	Permit #: _____
Permit Fee: \$ 25.00	Expires on: _____	
Building Inspector: _____	Date Approved: _____	