TOWN OF URBANA AND VILLAGE OF HAMMONDSPORT APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM REPAIR PERMIT

FEE $_____

This application is being made for a permit to repair a wastewater treatment system at the property described below. Applicants are advised that construction and repair to wastewater treatment systems are subject to regulation by the wastewater management regulations of the municipalities of The Village of Hammondsport and the Town of Urbana, and their mutual agreement in the Keuka Watershed Improvement Cooperative as well as the New York State Public Health Law. Instructions/explanations are on the back of this application.

Applicant Information: *(Please Print Clearly)*

_____ *Business Name* _____ *Business Phone* _____ *Cell Phone*

_____ *Last Name* _____ *First Name* _____ *Home Phone* _____ *Email*

_____ *Street Address* _____ *City* _____ *State* _____ *Zipcode*

_____ *Property Street Number* _____ *Property Street* _____ *Municipality* _____ *Tax Map No.*

Application Type: *(Check One)*

☐ Tank Replacement/ Increase Water Demand ☐ Major Repair ☐ Minor Repair

Structure Information: *(Check all that apply)*

Building Type:_____Bedroom Equivalents:_____Gallons per day flow:_____Bathroom No._____
Building Age:_____years Lot Size:_____acres

Use: *(Circle or Highlight one)* {Residential, Seasonal/Rec, Rental, Commercial, Industrial, Institutional, Multi residential, Shared, Other}

Interior: *(Check all that apply)*

☐ Garbage Grinder ☐ Water-saving Fixtures ☐ All Wastewater to System ☐ Water Softener
☐ High Water Demand Fixtures (Surround Shower, Hot Tub, Sauna, Jacuzzi, Whirlpool, etc.) ☐ Last known occupancy date greater than 60 days

Basement: ☐ Full ☐ Partial ☐ Crawl Space ☐ Slab

Water Supply & other information: *(Check all that apply)*

☐ Public Water ☐ Lake ☐ Private well 50 ft deep or less ☐ Private well over 50 ft deep ☐ Neighbors Well within 200 ft
☐ Regularly Used Medications (e.g. chemotherapy, dialysis) ☐ Buried Utilities ☐ Land Slopes 15% or greater

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be installed and maintained in accordance with the local wastewater management regulations. I further acknowledge that the dwelling and the system must be open so that proper inspection and approval can be made by the design professional and the watershed inspector and that the system cannot be put into operation until a permit to operate has been issued.

_____ *Applicant or Agent Authorized By Owner* _____ *Date* _____ *Expected Construction Date*

_____ *Owner* _____ *Date*

***(Official Use Only** Site & Soil Analysis, System Requirements)*

Site & Soil Analysis

Soil Name:_____Soil Symbol:_____
Depth to Limiting Layers (in.):_____Kind:_____
_____ Kind:_____
Depth to Seasonal High Water Table (in.): ___
Perc Test (Min/In.):_____ Loading Rate (g/sq. ft.): _____

System Requirements

Septic Tank Size (gal.):_____
Type of System:_____
System Notes: _____

Official's Initials: _____ ☐ Zoning & Steep Slopes Permit Required

Town Of Urbana and Village Of Hammondsport

Keuka Watershed Improvement Cooperative
Contract Manager:
Yates County Soil and Water Conservation District
417 Liberty Street, Penn Yan, NY 14527
ph. 315.536.5188 fax 315.536.5136

Instructions for filling out the application form:

Applicant Information Box

1. Business name and business phone only apply to any business, institution, or other organization applying for an onsite wastewater construction permit.
2. Cell phone, Home phone, and Email are not mandatory, but aid in contacting the applicants if there are questions.
3. Last name, first name, street address, city, state, zip code is for your contact address or mailing address.
4. Property street number, property street, municipality and tax map number are for the property requesting the permit for construction, repair or inspection. The tax map number is on your tax bill sometimes referred to as tax ID. In Steuben County the number is 11 to 13 digits with two dashes (for example 103.10-02-012.122).

Application Type Box (check one box only)

1. **Septic Tank Replacement or Increased Water Demand** is defined as; replacing a septic tank for the failure of an existing septic tank. Adding a bedroom to an existing house; adding water fixtures in a bathroom such as surround shower, hot tub, Jacuzzi, whirlpool or similar water demands; change of use that requires an increase in water demand.
2. **Major Repair** is for the repair of a tank or leach field of an existing system.
3. **Minor Repair** is for repairs to an approved, working, existing system.(pipe repair, lid repair/replacement, distribution box)

Structure Information Box (check all that apply if they exist and fill in the blanks)

1. **Building Type** refers to house, office, shop, business, multi residential dwelling, etc.
2. **Bedroom Equivalents** relates to residential homes where bedrooms dictate the size of the wastewater system. A garbage grinder is the same as a bedroom. A hot tub or other high water demand fixture (Jacuzzi, surround shower, oversize tub, sauna, etc.) is the same as a bedroom. Bedroom equivalents can in the Keuka Watershed range from 110 gallons to 150 gallons per bedroom. This number is the number of bedrooms plus any of the high water demand fixtures or garbage grinder added together.
3. **Gallons per day flow** this item may need to be filled in by your engineer or KWIC. It is calculated based on information in your plans.

Use circle or highlight one use listed between the brackets. This information is critical to the system design.

Interior

1. **Garbage Grinder** adds an additional bedroom to the tank size. Garbage grinders add undigested organic matter to the septic tank, which the anaerobic bacteria have a harder time digesting causing the tank to not function as efficiently as designed.
2. **Water-saving fixtures** reduce water demand by 20-25% in the design calculations. It is important to know if water-saving fixtures exist or are planned for the size of the absorption area (treatment area).
3. **All Wastewater to System** is important to know that all of the wastewater of the structure is treated.
4. **Water Softener** we do not include water softener backwash into septic systems in the watershed. There is presently quite a controversy over its harmful effects on the functioning of the wastewater treatment system.
5. **High Water Demand Fixtures** such as surround showers, hot tub, sauna, Jacuzzi, whirlpool increase the number of bedroom equivalents in calculating the size of the absorption area.
6. **Last Know Occupancy date greater than 60 days** is important, if the system has not been used in the last 60 days any inspection is not valid due to non-use. Sometimes the only failure evidence might be high ground water.

Water Supply & other information Box (check all that apply)

1. **Public Water** refers to municipal water systems and private systems regulated by New York State Department of Health.
2. **Lake** is the source for many cottages and homes and the intake line is important in separation distances.
3. **Private well 50 ft deep or less** this includes dug wells, springs and drilled wells where the water bearing strata is less than 50 feet deep.
4. **Private well over 50 ft deep** there is less separation distances for deep wells with water bearing strata over 50 feet deep.
5. **Neighbors well within 200 feet** this is important for the engineer to show on the plans any neighboring wells within 200 feet.
6. **Regularly Used Medications** is a concern due to the effects of chemotherapy; dialysis and heavy anti biotic have a detrimental effect on the functioning of the wastewater treatment system.
7. **Buried Utilities** is for the engineer to show on the plans for contractor information to avoid damages to underground utilities.
8. **Land Slopes 15% or greater** is important for steep slope permits in some municipalities.

Official Use Only Boxes (Site & Soil Analysis, System Requirements)

These boxes are shaded and are met for watershed and municipal staff use only.

Processing Permit Applications

Permit applications are to be submitted to your Municipalities' Local Contact Person:

Village of Hammondsport	Mike Slowinski	PO Box 186 Hammondsport, NY 14840	ph 607-569-3743 ext 5
Town of Urbana	Mike Slowinski	PO Box 425 Hammondsport, NY 14840	ph 607-569-3743 ext 5