

Town of Glenville

18 Glenridge Road
Glenville, NY 12302
518- 688-1200, Ext. 405
518- 384-0140 Fax

Application for Repairs/Replacement - Existing Septic Disposal System

Plans of the proposed repairs/replacement must be submitted as part of this application

Site Location: _____

Owner Name and address if different than site location: _____

Number of Bedrooms or rooms with potential to be used as bedrooms: _____

Water Supply (circle one): Private Well or Public

Soil Conditions: _____

Perc and/or soil test results: _____

Witnessed by: _____ on: _____

Description of work to be done:

_____ Replace septic tank. New tank type and size: _____

_____ Replace dry well. NOTE: This must be pre-approved by the TOG and County Health.

_____ Drain field (circle one): remove and replace or adding to existing

Number of laterals: _____ length of each: _____

Trench width: _____ Trench depth: _____

Total l/f of laterals upon completion: _____

_____ Other repairs: Describe: _____

Installer Name, Address & Phone: _____

Work may not begin until plans have been reviewed and a permit has been issued.

A minimum of 24 hours notice must be provided for all inspection requests.
Inspections are performed Monday – Friday 9 AM – 3 PM (9AM – 2PM June-Sept).

Date: _____ Applicant's Signature: _____

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\_\_\_\_\_  
Signature of TOG approval

\_\_\_\_\_  
Date