



# Town Of Wilmington

## Sewer Disposal System Building Permit Application

Applicant Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is: (Check all that apply)     Property Owner     Contractor     Other (Specify) \_\_\_\_\_

Type of Use: \_\_\_\_\_ New System \_\_\_\_\_ Ateration/Repair \_\_\_\_\_  
(Residence, Multi-Family Dwelling, Commercial, etc.)

Water Supply: Type and location: \_\_\_\_\_

Estimated Sewage Flow: \_\_\_\_\_ gal./day

Percolation Test Results: \_\_\_\_\_ minutes-Test 1  
\_\_\_\_\_ minutes -Test 2

Depth of Groundwater \_\_\_\_\_ feet. Date Observed \_\_\_\_\_

Depth to Bedrock \_\_\_\_\_ feet

TYPE OF SYSTEM	CAPACITY	DIMENSIONS
_____ Septic tank with leach field	_____	_____
_____ Septic tank with seepage pit	_____	_____
_____ Sanitary privy	_____	_____
_____ Fill System	_____	_____
_____ Holding tank	_____	_____
_____ Alternative system	_____	_____

The NYS Dept. of Health requires all new Septic Systems to be designed by a licensed design professional. The repair or replacement of Septic System components "in kind" or "like-for-like" may not require the involvement of a licensed design professional. However, repair or replacement of any type of absorption field that involves relocating or extending an absorption area to a location not previously approved for such does require a licensed design professional. A licensed design professional is required when repair or replacement involves installation of a new subsurface treatment system at the same location or the use of an alternative system (i e, raised system, mounds, or sand filter) or innovative system design or technology.