

## PROCEDURE FOR ALL SEPTIC PERMITS

1. All systems are required by NY State law to be designed by a Professional Engineer or Architect.
2. A DETAILED site plan specific to the property must be included with the application (generic site plans will not be accepted). NO EXCEPTIONS.
3. Site Plan MUST SHOW SEPERATION DISTANCES and include the following:
  - a. House location
  - b. Well location (including neighbors)
  - c. Road
  - d. Lakes, Rivers, Streams, Ponds, Drainage Ditches, Culverts, ETC.
  - e. Property Lines
  - f. Septic System Components; Tank, D-box Pump station if applicable, Absorption Trenches, ETC.
4. ALL SYSTEMS MUST BE INSPECTED BY THE ENGINEER BEFORE BACKFILLING
5. Engineer must provide this office with either a letter stating system was installed according to plans or a notation on the plans indicating such.
6. Only after receiving ALL of the above will the Zoning Office issue a FINAL SEPTIC APPROVAL CERTIFICATE.

\*\*\*\*\*IF DURING EXCAVATION SITE CONDITIONS REQUIRE DEVIATION FROM ORIGINAL PLAN ENGINEER MUST BE NOTIFIED. "AS BUILT" PLANS WILL BE ACCEPTED PROVIDED ALL OF THE ABOVE IS INCLUDED AND SIGNED OFF BY ENGINEER\*\*\*\*\*

# *Town of Horicon Zoning Office*

PO Box 90

6604 State Route 8

Brant Lake, NY 12815

Phone: 518-494-4245 Fax: 518-494-5240

E-mail: [zoningplanning@horiconny.gov](mailto:zoningplanning@horiconny.gov)

Website: [horiconny.gov](http://horiconny.gov)

**March 25, 2015**

**To: All Onsite Wastewater Treatment (Septic) Installers**

**RE: Need for Licensed Design Professionals - Residential Onsite Wastewater Treatment Systems**

**This notice is to inform installers of onsite wastewater treatment systems (OWTS) or septic systems that the permitting process of these systems in the Town of Horicon will be changing, effective immediately.**

New York State Law requires that ALL residential onsite wastewater treatment systems (OWTSs) be designed by a licensed design professional (i.e. professional engineer or architect). OWTS design activities include the evaluation of surface and subsurface site conditions at a defined parcel of land, which include the investigation of soil characteristics, the performance of soil percolation tests, the determination of subsurface boundary condition and depths, the measurement and recording of existing surface features both natural and manmade, and the subsequent application of these data and the data related to proposed wastewater generation to design an OWTS. These activities generally fall within the scope of practice of professional engineering or architecture.

**New Residential Construction:** All new residential OWTSs must be designed by a licensed design professional.

**Additions or Alterations:** An OWTS evaluation must be performed and submitted by a licensed design professional for any home alterations resulting in an increase in the number of bedrooms, for complete home replacements (including those resulting in the same number of bedrooms) and for alterations resulting in significant increases in wastewater generation. This evaluation must document if the existing system complies with applicable State and local design standards, if the system and its components are in satisfactory condition and functioning properly and if the existing system can properly treat the proposed increase in wastewater generation. If the existing system does not comply with regulatory design standards or needs significant modification, the licensed design professional shall prepare plans and oversee the installation of the alterations to the system.

**Repairs and Replacements:** The repair or replacement of OWTS components "in kind" or "like-for-like" (i.e. replacement of septic tank or distribution box) 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 or innovative system design or technology.

Only **AFTER APPROVAL** by this office of submitted plans shall installation of the system proceed. **BEFORE BACKFILLING** of system components, the installer shall make arrangements with the Engineer or Architect who designed the system for inspection to verify the system was installed in accordance with the submitted approved plans and to provide this office with a letter verifying such signed by the Design Professional.

Only **AFTER** receipt of the signed letter verifying installation as planned shall the final septic permit be issued.

In addition, after consulting with the Town Attorney, it has been verified that the Zoning Administrator **DOES NOT** have the authority to approve alternative systems (including aerobic treatment units, i.e., NORWECO Systems) without the applicant first applying for and receiving a variance from the Town Board of Health (Town Board). This process requires a Public Hearing and Adirondack Park Agency approval and **MAY** take up to three (3) months to conclude.

Sincerely,

A handwritten signature in cursive script that reads "James Steen". To the right of the signature is a small circular stamp containing the number "92".

James Steen  
Zoning Administrator

# Town of Horicon

Sewage Disposal System  
Application and Permit

Permit No \_\_\_\_\_

\$80.00 Cash \_\_\_\_\_ Check # \_\_\_\_\_

Tax Map # \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

911 Location Address \_\_\_\_\_

 **REQUIRED** Waste Water Treatment Engineer \_\_\_\_\_  
~~Note:~~ Alternative System Disposal Designs require New York State Dept of Health approval

**Attach a carefully drawn scale of proposed sewage disposal system showing house, septic system, well's (including neighbors), streams, lakes and any other physical features. Include all dimensions.**

**A Percolation Test must be performed and results forwarded to the Zoning Office BEFORE an issuance of any septic and/or zoning compliance permit numbers.**

Number of Bedrooms \_\_\_\_\_ Residential ( ) Commercial ( ) Topography 0-5% slope \_\_\_\_\_ 6 10% slope \_\_\_\_\_  
11-15% slope \_\_\_\_\_ Greater than 16% \_\_\_\_\_

Septic Tank Size \_\_\_\_\_ Gallons (Add 250 gallons and 7 sq ft for more than 6 bedrooms)  
A garbage disposal and/or hot tub/spa is considered an additional bedroom for determining tank size

Absorption (Tile) Field - Total length of absorption trenches (2 ft wide) \_\_\_\_\_



A, B, C to be completed for all locations UNLESS plans have been approved by NYS Dept. of Health

A) Soil Percolation Rate \_\_\_\_\_ Minimum for 1" fall

B) Depth - Seasonal High Ground Water \_\_\_\_\_

C) Depth - Impervious layer \_\_\_\_\_

Pumping Station? YES NO Lift Pump Required? YES NO

**BEFORE BACKFILLING THE SEPTIC SYSTEM THE ENGINEER  
MUST BE NOTIFIED IN ORDER TO INSPECT THE SYSTEM  
 ENGINEER MUST SUPPLY THIS OFFICE WITH A LETTER OR   
NOTATION ON PLAN THAT IT WAS INSTALLED  
ACCORDING TO PLANS**

The undersigned hereby applies for a Sewage Disposal System Permit and I, wa or agent authorize this application be made and that statements contained herein are true to the best of my/our knowledge and belief. The undersigned hereby makes application for a permit to perform the work shown on the drawing accompanying this application and described herein.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*FINAL INSPECTION APPROVAL (office use only)\*\*\*\*\*

Initial site review Date \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Date installed \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ Contractor \_\_\_\_\_

Signature \_\_\_\_\_  
Zoning Administrator

Date \_\_\_\_\_

White copy: File

Yellow Copy: Applicant/Owner (After final inspection approval & signature)

Pink Copy: Applicant