



COUNTY OFFICE BUILDING 197 MAIN STREET COOPERSTOWN, NEW YORK 13326-1129  
CODE ENFORCEMENT OFFICE TELEPHONE: (607) 547-4320 FAX: (607) 547-7597

SEPTIC PERMIT APPLICATION  
For Individual Household Sewage Treatment System

1. Job location \_\_\_\_\_ Township \_\_\_\_\_  
Tax Number: \_\_\_\_\_
2. Owners Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
3. Contractors Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
4. Architect or Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

Tank replacement only\_\_ New Septic system\_\_ Replacement septic system\_\_

5. Type of Septic Tank: ( ) Concrete ( ) Steel ( ) \* Fiberglass-**Special approval required**
6. Size of Septic Tank: \_\_\_\_\_ (1000 gallon minimum size)
7. Type of Absorption Field: ( ) Leach Field - size: \_\_\_\_\_  
\* **Special approval required** ( ) Drywell Size - Depth: \_\_\_\_\_ Diameter \_\_\_\_\_  
( ) Leach Bed -size: \_\_\_\_\_
8. Distance to nearest well \_\_\_\_\_ Distance to nearest lake, pond \_\_\_\_\_
9. Bedrooms at this site: \_\_\_\_\_ Results from soil percolation test \_\_\_\_\_
11. Results from deep hole test (5' deep visual) \_\_\_\_\_  
Please attach a copy of perc test results and deep hole tests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Contact Otsego County Soil & Water for your perc test @ 607-547-8337\*\*