

Town of Glenville Building Dept.
18 Glenridge Road, Glenville, NY 12302
Phone: (518) 688-1200 ext. 8
Fax: (518) 384-0140
www.townofglenville.org



Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____

New Septic Disposal System Application

Plot plans & plans of the proposed repairs /
replacement **MUST** be submitted with this application.

Site Address: _____

(Must Be Completed)

Property

Owner's Name: _____

Address: _____

Day Phone: _____

Email: _____

(Must Be Completed)

Installer's

Name: _____

Address: _____

Day Phone: _____

Email: _____

No. of bedrooms : _____ Water supply (circle one): Private well or Public

Soil conditions: _____

Perc and/or soil test results: _____

Witnessed by: _____ Date: _____

Description of work to be done:

Septic Tank _____ Type and size: _____

Drain Field _____

No. of laterals: _____ Length of each: _____ Trench width: _____ Trench depth: _____

Total l/f of laterals upon completion: _____

Other Information: _____

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

An "As Built" drawing **MUST be submitted after completion of work.**

A minimum of 24 hours notice **MUST be provided for all inspection requests.**

Inspections are performed Monday – Friday 9:30AM – 4:00PM (9:30AM – 3:00PM July & August).

Percolation test is **required as witnessed by Schenectady County Dept. of Health and Town of Glenville.**

NOTES:

TABLE 3 MINIMUM SEPTIC TANK CAPACITIES		
Number of Bedrooms	Minimum Tank Capacity (gallons)	Minimum Liquid Surface Area (ft ²)
1, 2, 3	1,000	27
4	1,250	34
5	1,500	40
6	1,750	47
NOTES:		
a) Tank size requirements for more than six (6) bedrooms shall be calculated by adding 250 gallons and seven (7) square feet of surface area for each additional bedroom.		
b) A garbage grinder shall be considered equivalent to an additional bedroom for determining septic tank size.		
c) A whirlpool bath or spa (connected to house plumbing) should be considered equivalent to an additional bedroom for determining septic tank size.		

TABLE 4A REQUIRED LENGTH OF ABSORPTION TRENCH (IN FEET) (BASED UPON 2 FOOT WIDE TRENCH)															
Percolation Rate min/inch	Daily Flow Rate (gallons per day)														
	2 bedrooms			3 bedrooms			4 bedrooms			5 bedrooms			6 bedrooms		
	220	260	300	330	390	450	440	520	600	550	650	750	660	780	900
1 - 5	92	108	125	138	162	187	184	216	250	230	270	312	275	325	374
6 - 7	110	130	150	165	195	225	220	260	300	275	325	375	330	390	450
8 - 10	123	145	167	184	217	250	245	290	333	306	360	417	367	433	500
11 - 15	138	162	188	207	244	281	275	325	375	344	406	469	413	488	563
16 - 20	158	186	214	236	279	321	315	372	429	393	464	536	472	557	643
21 - 30	184	217	250	275	325	375	367	433	500	459	542	625	550	650	750
31 - 45	220	260	300	330	390	450	440	520	600	550	650	750	660	780	900
46 - 60	245	290	333	367	433	500	489	578	667	612	722	833	734	867	1000
Dosing required if there is 500-feet or more of total trench length															
* Alternate Dosing required if there is 1000-feet or more of total trench length															

TABLE 2

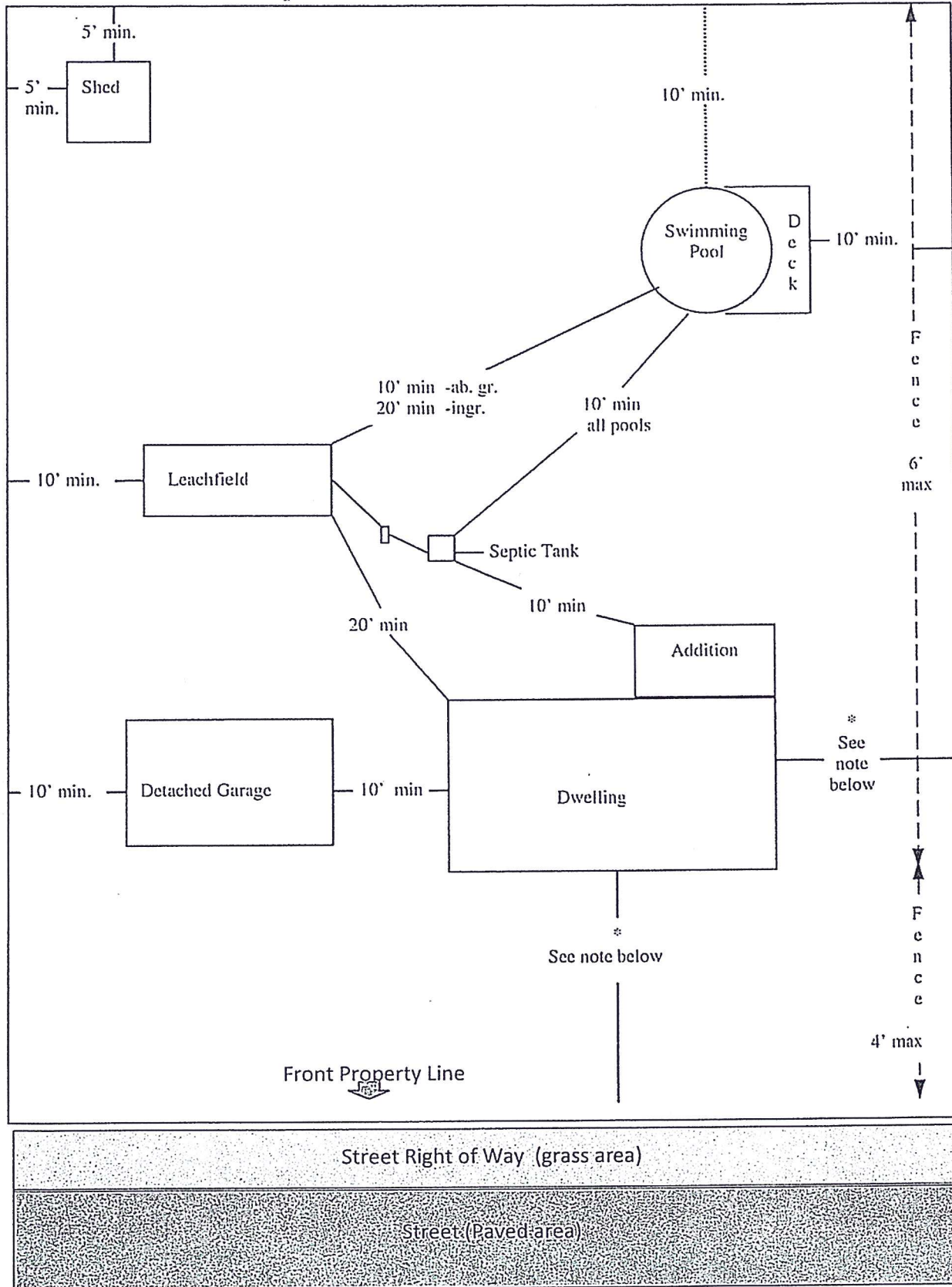
REQUIRED SEPARATION DISTANCES FROM WASTEWATER TREATMENT SYSTEM COMPONENTS
(FEET)

System Components	Well or Suction Line (e)(g)	Stream, Lake, Watercourse (b), or Wetland	Dwelling	Property Line	Drainage Ditch or Rain Gardens (h)
House Sewer Drain (watertight joints)	25 if cast iron, 50 otherwise	25	3	10	10
Septic Tank, Dosing Tank or watertight ETU	50	50	10	10	10
Effluent Line to Distribution Box/Drop Box	50	50	10	10	10
Distribution Box/Drop Box	100	100	20	10	20
Absorption Field (c)(d)	100 (a)	100	20	10	20
Seepage Pit(d)	150 (a)	100	20	10	20
Raised System or Mound (c)(d)	100 (a)	100	20	10	20
Intermittent Sand Filter (d)	100 (a)(f)	100 (f)	20	10	20
Non-Waterborne Systems with offsite residual disposal	50	50	20	10	10
Non-Waterborne Systems with onsite discharge	100	50	20	10	20

Notes:

- When wastewater treatment systems are located upgrade and in the direct path of surface water drainage to a well, the closest part of the treatment system shall be at least 200 feet away from the well.
 - Mean high water mark. Wetland or watercourse determinations should be addressed with the LHD or other agency having jurisdiction and the applicable NYSDEC regional office.
 - For all systems involving the placement of fill material, separation distances are measured from the toe of the slope of the fill, except for some shallow absorption trench systems as described in Section 9.12.2 of this Handbook.
 - Separation distances shall also be measured from the edge of the designated additional useable area (i.e., reserve area), when available.
 - The closest part of the wastewater treatment system shall be located at least ten (10) feet from any water service line (e.g., public water supply main, public water service line or residential well water service line).
 - When intermittent sand filters are designed to be watertight and collect all effluent, the separation distance can be reduced to 50 feet.
 - The listed water well separation distances from contaminant sources shall be increased by 50% whenever aquifer water enters the water well at less than 50-feet below grade. If a 50% increase cannot be achieved, then the greatest possible increase in separation distance shall be provided with such additional measures as needed to prevent contamination.
 - Recommended; use site evaluation to avoid OWTS short-circuiting to the surface or groundwater and to minimize impacts on OWTS functionality.
- Embankment or very steep slope: It is recommended that system components be located a minimum of 25 feet and the absorption field be located a minimum of 50 feet from an embankment or very steep slope. Maximize separation distances and use site evaluation to avoid short-circuiting to surface (breakout or seepage).
- Swimming pools (above or below ground): It is recommended that system components be located a minimum of 20 feet and the absorption field be located a minimum of 35 feet from swimming pools. Maximize separation distances and use site evaluation to minimize impacts on OWTS accessibility and functionality.

Sample Plot Plan - Lot dimensions must be provided



* Setback varies according to zoning district.

INSURANCE REQUIREMENTS

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance.

- 1) **Form BP-1 (9-07) Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence** (This is the Only Form Available from the Town of Glenville) **OR**,
have the general contractor provide the Town with the information described in numbers 2 and/or 3 below.

- 2) An Certificate from Group A attesting no need for both Workers Compensation and Disability Benefits Coverage (Note: If the Certificate does not exclude the need for BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the Workers Compensation and / or Disability Benefits Coverage) ,
OR,

- 3) A form from **Group B and C**.

The ONLY ACCEPTABLE forms are as follows: (See below sheet " NYS Workers' Compensation Board page 5 dated December 1, 2008")

Group	Form No.	Description
A	<u>CE-200</u>	Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required.
B	C-105.2 (9/07)	Certificate of Workers' Compensation Insurance.
	<u>SI-12</u> (10/03)	Certificate of Workers' Compensation Self Insurance.
	GSI-105.2 (2/02)	Certificate of Participation in Workers' Compensation Group Self Insurance.
	U-26.3	New York State Insurance Fund Certificate of Workers' Compensation Insurance.
C.	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance.
	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance.

"NYS Workers' Compensation Board page 5 dated December 1, 2008"

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. OR

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR

- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that for building permits **ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, www.wcb.state.ny.us, under the heading "Forms.")

<http://www.wcb.state.ny.us/content/main/forms/bp-1.pdf>

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.