

**APPLICATION FOR SEPTIC SYSTEMS
TOWN OF FENNER**

Code Enforcement Officer review _____

Date Acpt'd by Town Clerk _____

Fee Paid (Y/N)and amount _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE NO: _____ PERMIT NO: _____

FEE: _____ TAX MAP NO: _____

APPROVED BY: _____

LOCATIION ON PREMISES FOR WHICH PERMIT IS SOUGHT: _____

APPLICATION FOR (CHECK)

____ A. REPAIR OF EXISTING SYSTEM

____ B. REPLACEMENT OF EXISTING SYSTEM

____ C. CONSTRUCTION OF NEW SYSTEM

DESCRIPTION OF PREMISES FOR WHICH PERMIT IS SOUGHT;

A. NUMBER OF BEDROOMS: _____

B. METHOD OF GARBAGE DISPOSAL: _____

C. SIZE OF LOT: _____

D. PREDOMINANT SLOPE OF LAND: _____

E. WERE TEST HOLES PRESOAKED (WHEN AND AMOUNT): _____

F. PERCOLATION TESTS TAKEN BETWEEN JUNE 1 & OCTOBER 1,
SHALL BE DONE IN CONSULTATION WITH CODE ENFORCE-MENT OFFICER. DURING
UNREPRESENTATIVE DRY PERIODS, DEEP TEST HOLES MAY BE REQUIRED.