

Town of Bethel
Building Department
P.O. Box 300
White Lake, NY 12786
845-583-4649 Ext 15
845-583-4710 Fax

Application for Septic System

Private Septic: _____ Municipal Septic: _____

Name: _____ Bethel Tax Map #: _____

Address: _____

Location Address: _____

No. of Bedrooms: _____ Daily Flow: _____

Septic Tank Capacity: _____ Length of Absorption Field: _____

Percolation Rate: _____

Contractor Name & Address: _____

Contractor Telephone #: _____

Note: A septic system design by a professional engineer must be submitted with this application. No system may be covered until an inspection has been conducted.

Signature of Applicant or Agent

For Office Use Only:

Approved _____

Rejected _____

Received: _____

Fee \$20.00: _____