

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES OFFICE OF WASTEWATER MANAGEMENT 360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980 (631) 852-5700 Healthwwm@suffolkcountyny.gov	FOR OFFICE USE ONLY Health Department Ref. No.
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**Application Checklist for
Single Family Residential**
(Please Type or Print the Following Information)

Residence Location:		Hamlet	Town	
Tax Map No.	District(s)	Section(s)	Block(s)	Lot(s)
Name of Applicant(s):			Name of Design Professional/Surveyor:	
Answer all questions with a checkmark <i>Key: Y- Required Attached, P – Required Pending, N/A – Not Applicable</i>				

Required Material			General Material		
Y	N/A		Y	N/A	
		Completed application form for Approval of Single Family Residences (Form WWM-057, WWM-059, or WWM-105) containing original signatures			Existing private well water analysis of the raw water current within the past 12 months, prepared by a NYS approved lab
		Number of bedrooms indicated on the application			Copies of road abandonments
		Three (3) original prints of surveys/site plans			Copies of existing covenants or easements
		Lot appears as single and separate on 1981 SCTM, is part of a Health Dept. approved map, or separate subdivision application has been submitted to this Dept			Certification of existing sanitary system and water supply completed by Design Professional (Form WWM-072 or WWM-073)
		Accessory apartment application signed by Village/Town official (Form WWM-105)			
		Floor plans for all buildings on the site (all floors including basement/attic) N/A if connected to sewers			

Coordination Material				Comments/Explanation
Y	P	N/A		
			Zoning approval from the Town/Village	
			Water availability Letter from the water district	
			Sewer Availability Letter from the sewer district (Other Than SCDPW)	
			SCDPW sewer district availability letter	
			NYS DEC wetlands permit	
			Town wetlands permit	
			Village wetlands permit	
			Board of Review variance application for proposals not meeting standards	
			SCDHS Water Quality test well results	
			Private laboratory well water sample results	
			SCDHS Vector Control approval	
			SEQRA determination from the Town/Village	

Survey/Site Plan Information					
Y	N/A		Y	N/A	
		Metes and Bounds of property lines			Location of surface waters/wetlands within 300 ft of the property depicted
		Tax map number stated			Location of existing structures, sanitary systems, and water supplies depicted and labeled
		Scale (Engineering Scale)			Label sanitary systems, water supplies, or structures that are to be removed
		North arrow			Location of proposed structures, sanitary systems, and water supplies depicted and labeled
		Lot area			Gross floor areas of existing/proposed buildings
		Distance to the nearest cross street			Number of stories of each building and building dimensions
		Survey/site plan signed and sealed (Either the seal or signature must be original)			State the 1st floor and garage finished floor elevation
		3x5 clear space for approval stamp			State the number of bedrooms and size of sanitary system
		Elevations based upon NAVD (1988), USC & GS Datum			50% leaching pool expansion area
		Corner elevations stated or 2 ft contours			Setbacks maintained in accordance w/ Table 1 of the residential standards
		Test Hole location/ data/ elevation/date/company depicted			Location of existing and/or proposed water mains and service lines
		Soil classification based on Unified Soil Classification system			Location of existing and/or proposed sewer mains and house connections
		Groundwater and highest expected groundwater elevation stated			Grading profile of sanitary system with inverts and grade elevations for high groundwater conditions
		Neighboring water supplies stated (public water, private well) for all lots within 150 ft of the property			Retaining wall details w/ elevations signed and sealed by a design professional (Either the seal or signature must be original)
		If proposing to utilize a well for any purpose (drinking, geothermal, etc.) provide location of neighboring sanitary systems for all lots within 150 ft of the property			Location of drainage structures (existing and proposed)
		Location of neighboring wells depicted for all lots within 150 ft of the property			Location of existing/proposed easements labeled
		Indicate if neighboring lots vacant or improved			Existing subdivision name, lot number, filing date

Additional Comments/Explanations:

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THIS APPLICATION, SURVEY(S) AND PLAN(S) SUBMITTED. WE CERTIFY THAT THE INFORMATION ON ALL THE PAGES OF THIS CHECKLIST AND ALL THE ATTACHMENTS HAVE BEEN REVIEWED BY US AND THAT, BASED ON OUR INQUIRIES, SITE INVESTIGATION(S) AND/OR OTHER STUDY(IES), WE BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. WE UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

APPLICANT'S SIGNATURE(S), (AGENT, ETC. NOT ACCEPTABLE) _____ DATE _____

PRINT APPLICANT'S NAME (S) _____

DESIGN PROFESSIONAL/SURVEYOR'S SIGNATURE _____ DATE _____

PRINT NAME _____ LICENSE # _____