## 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.

## Application Checklist for Realty Subdivision and Development

(Please Type or Print the Following Information)

Name of Proposed Subdivision or Development:				Hamlet	Town	
Tax Map No.	Tax Map No. District(s)		5)	Block(s)	Lot(s)	
Name of Applicar		Name of Design Professional:				
S.C. Groundwater	K	Answer all questions with a checkmark  Key: Y- Required Attached, P – Required Pending, N/A – Not Applicable				

	Required Material			General Material		
Υ	N/A		Υ	N/A		
		Completed application form for Approval of Realty Subdivisions and Development (Form WWM-023)			For non-exempt maps w/ existing structures, certification of existing sanitary system and water supply (If system does not comply with standards an upgrade application must be submitted)	
		Four (4) prints of the realty subdivision or development map			Yield map (20,000 sf or 40,000 sf lots)	
		Completed S.C. short environmental assessment form with original signatures			Copies of existing covenants or easements	
		NYS certificate of authorization or disclaimer			Copies of road abandonments	

			Coordination Material	
Υ	Р	N/A		Comments/Explanation
			SEQRA determination from the Town/Village	
			Planning Board/Zoning approval from the Town/Village	
			Water availability Letter from the water district	
			Sewer district sewer availability letter (other than SCDPW)	
			SCDPW Sewer District Availability letter	
			SCDHS Pollution Control approval for sanitary abandonment (required when abandoning commercial/industrial sanitary systems as part of the subdivision)	
			Schedule test well sample with the SCDHS Water Quality Unit	
			NYS DEC wetlands permit	
			Town/Village wetlands permit	
			Board of Review variance application for proposals exceeding SC Sanitary Code Article 6 density or not meeting construction standards	
			For proposals exceeding density, A letter attached to the application indicating the proposed means to offset density (TDR, Pine Barrens Credits, etc.)	
			Completed Transfer of Development Rights (TDR) Data Sheet with required documents (Form WWM-121) if TDR proposed	
			Application submitted to upgrade existing sanitary and water supply (Use application form WWM-057)	

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	Map Information				
Υ	N/A		Υ	N/A	
		Location of existing structures, sanitary systems, and			For Residential subdivision – typical dwelling with
		water supplies depicted and labeled (indicate if none)			sanitary and water supply depicted on each lot
		Label sanitary systems, water supplies, or structures			Typical lot layout depicted
		that are to be removed			
		Metes and Bounds of proposed lot lines			Drainage shown in flag lot driveway or common driveways
		Tax map number stated			Water easement area labeled
		Lots labeled (i.e. Lot 1, Lot 2, etc.)			Water lines shown for flag lots
		Lot areas			For high groundwater – typical sanitary profile with invert and grade elevations depicted
		North arrow and Key map			Test Hole location/ data/ elevation/date/company depicted
		Scale (Engineering scale)			Soil classification based on unified soil Classification system
		SCDHS approval stamp language			Groundwater and highest expected groundwater elevation stated
		Neighboring water supplies stated (public water, private well, vacant) for all lots within 150ft of the subdivision			Corner elevations stated or 2ft contours
		Location of neighboring wells depicted for all lots within 150ft of the subdivision			Elevations based upon NAVD (1988), USC & GS Datum
		Location of existing and/or proposed water mains			For private wells, test well location depicted and labeled
		Location of existing and/or proposed sewer mains			For private wells, well detail depicted
		Location of surface waters/wetlands within 300ft of			Land Surveyor original signature and seal
		the property depicted			(Either the seal or signature must be original)
		For commercial subdivisions, allowable flow calculation stated for each lot			Design professional statement on the plan and signed
		For commercial subdivisions with existing buildings,			Design professional original signature and seal
		existing sanitary flow calculations provided			(Either the seal or signature must be original)

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THIS APPLICAT	ION, SURVEY(S) AND PLAN(S) SUBMITTED. WE CERTIFY THAT THE
INFORMATION ON ALL THE PAGES OF THIS CHECKLIST AND ALL THE ATTACHMENTS HAV	E BEEN REVIEWED BY US AND THAT, BASED ON OUR INQUIRIES, SITE
INVESTIGATION(S) AND/OR OTHER STUDY(IES), WE BELIEVE THAT THE INFORMATION IS	S 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'S SIGNATURE	
PRINT NAME	LICENSE #

**Additional Comments/Explanations:** 

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