

**APPLICATION FOR SEWAGE DISPOSAL AND WATER SUPPLY FACILITIES
 FOR NEW SINGLE FAMILY DWELLING**

**REFER TO REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS
 AND PROPERTY OWNER/DEVELOPER'S AFFIDAVIT
 ALL SECTIONS OF THIS FORM MUST BE FILLED OUT
 Type or print firmly to ensure legible copy**

Name of Applicant:				Tel#:	
Mailing Address:		City	State	Zip	
Email Address:					
Name of Agent:				Tel#:	
Mailing Address:		City	State	Zip	
Email Address:					
Name of Current Property Owner:				Tel#:	
Mailing Address:		City	State	Zip	
Email Address:					
Name of Surveyor, Engineer, or Architect:				Tel#:	
Mailing Address:		City	State	Zip	
Email Address:					
Tax Map No.:	District	Section	Block	Lot	
Property Location: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W Side of _____, _____ Feet <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W of _____ or <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W Corner of _____ and _____					
Subdivision Name & Lot Number (if any)			Previous Health Department Reference No(s).		
Specify Method of Water Supply <input type="checkbox"/> Public Water <input type="checkbox"/> Private Well		Proposed Number of Bedrooms		City	
Specify Method of Sewage Disposal <input type="checkbox"/> Conventional Septic System <input type="checkbox"/> Public Sewers					
Are any of the following permits/approval required from other agencies? If yes, include copy of approval a) Wetland Permit – NYSDEC? Yes <input type="checkbox"/> No <input type="checkbox"/> a) Wetland permit – Town? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Zoning Variance – Town? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Zoning Variance - Village? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Application is hereby made for a permit to construct a water supply and sewage disposal system for a single family residence in accordance with this application, surveys and plans submitted. I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be completed in accordance with all applicable Town, County, State and Federal Laws and Codes. "Any false statement made herein is punishable as a misdemeanor pursuant to §210.45 of New York State Penal Law."					
Signature of Applicant or Agent				Date	
Print Name of Applicant or Agent				Title	
**Please initial here that you have read and understand the instructions on the reverse side of this form:					

Instructions for Application WWM-059

(Additional information and guidance documents can be found at www.suffolkcountyny.gov/health under "Documents and Forms")

1. Submit this form completed in full, along with 3 original prints of a site plan or survey (up to and including 11"x17") containing an architect, engineer or surveyor's original stamp and/or signature. Photocopied plans are not acceptable. The approved site plan/survey must be on site during construction. The survey/site plan must contain the following:
 - A. Lot location, distance to nearest cross street, lot dimensions/metes & bounds, Suffolk County Tax Map Number and if applicable, subdivision name, subdivision reference number and lot number.
 - B. Location of all surface waters and/or wetlands within 300' of the applicant's plot.
 - C. Elevations of all property corners, center-line street elevations and first floor elevation of dwelling and garage. Include 1 foot contour lines showing proposed final grade for a 20ft radius around the proposed sanitary system if applicable.
 - D. Show any and all proposed structures to be installed on the property including but not limited to: Dwelling/building structure, proposed sewage disposal system and water supply, sewer lines, water lines, driveway, sidewalk, swimming pool, patio/deck, drywells, storm drains & all drainage structures, geothermal wells, etc.
 - E. Show any and all existing structures on the property including but not limited to: Dwelling/building structure, sewage disposal system and water supply, sewer lines, water lines, driveway, sidewalk, swimming pool, patio/deck, drywells, storm drains & all drainage structures, geothermal wells, etc. Be sure to indicate if any structures are to be abandoned or removed.
 - F. Show any unusual site conditions that may affect the design or operation of the sewage disposal system or water supply (swales, bluffs, hollows, slopes in excess of 15%, etc.)
 - G. Indicate the method of drinking water supply of neighboring properties within 150 feet of the subject lot. If any neighbor within 150 feet uses a well, show the exact location of that well and the separation distance to any sanitary structures on the subject lot. State if surrounding lots within 150 feet use public water or are vacant.
 - H. If you are proposing to use a well as your source of drinking water supply, show the exact locations of any sanitary systems within 150 feet of your well. Be sure to include any sanitary systems on neighboring lots.
 - I. Distance to, and location of, nearest public water main. If the subject lot is proposing to use a well as the source of drinking water supply, submit a "water availability letter" from the local water company detailing the exact distance to the nearest water main.
 - J. Have a clear area at least 3"x5" for the Department's approval stamp.
 - K. If you are proposing to install a new leaching structure, submit test hole data showing soil conditions to a depth of 6 feet in excess of the proposed leaching pool bottom or, until a strata of 6 feet of virgin sand and gravel acceptable to the Department is encountered. Test holes shall be a minimum of 17 feet deep and 6 feet into coarse sand and gravel, or to 6 feet below groundwater. Provide grade elevation at test hole site. Indicate the date of the test and supplier of test hole data. Geographic location of lot may require Health Department witnessed test hole in addition to your submitted information.
2. In areas where there is less than 7 feet from existing grade to groundwater, or a slope greater than 5%, a grading plan showing the sewage disposal system location and proposed grading is required. A grading plan may also be required under other conditions. Any proposed sanitary system retaining walls must be designed by an architect or engineer.
3. If the lot is to be served by public water and sewers, submit 3 prints of a plan by a licensed design professional/surveyor containing Items A through J, Paragraph 1 described above. In addition to the information listed above, the plan should also include the location of the sewer stub in the street and show the house connection. In addition, written approval from the sewer district granting permission to connect is required. If a temporary sewage disposal system is necessary, a test hole is required as described in Paragraph 1, Item K of this form.
4. If any other permits or approvals that may affect the site design are required from other agencies having jurisdiction over your project, you must submit a copy of that permit/approval for review (Village/Town variance, NYSDEC permit, Town Natural Resources permit, Trustees permit, etc.). These approvals must be obtained by the applicant and submitted to this Office before a Health Department permit can be granted.
5. Submit floor plans no larger than 11"x17" for **all** structures on the property. Clearly label each room as to its intended use and indicate whether it is an existing or proposed room. Please show all structures in their entirety and include all areas finished or unfinished such as the basement, attic, bonus room, etc. Floor plans may be hand drawn as long as all information is provided.
6. FEES - Each application is to be accompanied by a check or money order, payable to 'Suffolk County Environmental Health'. If **any** new sanitary and/or water supply components are to be installed, you must pay the full residential permit fee applicable to your project. If no new sanitary and/or water supply components are to be installed, you are certifying existing components already on site, and field inspections are not required, you may submit the "miscellaneous" fee. Please see current fee schedule for applicable fees. **RETURNED CHECKS ARE SUBJECT TO A PROCESSING FEE** Additional fees may be required; if during the review process it is determined that field inspections are necessary. We also accept credit cards at our counter during the hours of 9am-4pm and online for certain residential applications. All credit cards are subject to a non-refundable convenience fee.
7. If it is determined that a covenant and/or easement is required for the project, the processing of that covenant/easement must be completed prior to the issuance of a permit from this Department.
8. Property Owner/Developer signs the Affidavit Form if lot is proposed to be developed under an Article 6 density exemption.



Suffolk County Department of Health Services
Office of Wastewater Management
360 Yaphank Avenue, Suite 2C
Yaphank, NY 11980
(631) 852-5700 or Healthwwm@suffolkcountyny.gov

Please sign and submit the affidavit with Design Plans to Office of Wastewater Management

Tax Map ID #: District: _____ Section: _____ Block: _____ Lot: _____

Affidavit by Owner/Developer Attesting to Article 6 Exemption

I hereby affirm to the Suffolk County Department of Health Services that I have not owned or had an interest in more than four substandard lots (in my own name, corporate name, or another name) within the last 3 years that are located wholly or partially in the County of Suffolk, any point on the boundary line of which is less than one-half mile from any point on the boundary line of this substandard lot for which I am claiming an exemption from Article 6 density. "Any false statement made herein is punishable as a misdemeanor pursuant to § 210.45 of New York State Penal Law."

Signature of Property Owner/Developer _____ **Date** _____

Print Name of Property Owner/Developer _____ **Title** _____