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

FOR OFFICE USE ONLY

Health Department Ref. No.

APPLICATION FOR SEWAGE DISPOSAL AND WATER SUPPLY FACILITIES FOR A RESIDENTIAL ACCESSORY APARTMENT

REFER TO REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. ALL SIGNATURES MUST BE ORIGINAL.

Name of Applicant:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Surveyor, Engineer, or Architect:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Current Property Owner:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Agent:	Tel#: ( ) -
Mailing Address:	
Email Address:	

Tax Map No.:	District	Section	Block	Lot	Property Address:

Total Number of Bedrooms After Construction:_____	**Specify Method of Water Supply** [ ] Public Water [ ] Private Well
Specify Method of Sewage Disposal: [ ] Conventional Septic System [ ] Public Sewer [ ] I/A OWTS Treatment Unit	Are you proposing to reuse any existing sanitary and/or water supply components? (If yes, submit completed form WWM-072) [ ] No [ ] Yes (explain)_____

Are any of the following permits/approvals required from other agencies? If yes, include copy of approval

a) **NYSDEC** Waterways/Coastlines/Wetlands Permit Yes [ ] No [ ]
b) **Town/Village** Zoning Variance Yes [ ] No [ ]
c) **NYSDEC** Dewatering Yes [ ] No [ ]
d) **Town** Natural Resources/Wetlands permit Yes [ ] No [ ]
e) **Town/Village** Building Permit (e.g. electric) Yes [ ] No [ ]
f) **Town**/Engineering/Other Environmental Permit(s) Yes [ ] No [ ]

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, 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. I also agree to obtain any additional permits or approvals deemed necessary by other agencies providing jurisdiction over this project. "Any false statement made herein is punishable as a misdemeanor pursuant to §210.45 of New York State Penal Law."

Signature of Applicant, Agent or Design Professional:	Date
Print Name of Applicant, Agent or Design Professional:	Title

****Please initial here that you have read and understand the instructions on the reverse side of this form: _____**

A VILLAGE/TOWN BUILDING OFFICIAL MUST SIGN BELOW PRIOR TO SUBMITTING THIS FORM TO THE HEALTH DEPT.

The Village/Town hereby verifies that this application is being made in conformance with its accessory apartment law or other local ordinance.

Signature of Village/Town Building Official	Date

Print Name of Village/Town Building Official	Title

Instructions

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 prints of a site plan containing a NYS licensed design professional's original stamp and/or signature. Photocopied plans are not acceptable. The plans should be reasonably sized based on the property size and prepared using an engineering scale of 1:20, 1:30, 1:40 or 1:50. The approved site plan must be on site during construction. The site plan must contain the minimum information listed below:
   A. Lot location, distance to nearest cross street, lot dimensions/metes & bounds, Suffolk County Tax Map Number, North arrow, 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— indicate if none.
   C. Elevations of all property corners, center-line street elevations and first floor elevation of dwelling/garage/basement. Include 1' contour lines showing proposed final grade for 20' radius around proposed sanitary system if applicable (steep slopes/high groundwater). Include top/bottom retaining wall elevations for walls within 20ft of sanitary system.
   D. Show any and all proposed structures to be installed on the property including but not limited to: Dwelling/building structure(s), building additions, driveway, sidewalk, swimming pool, patio/deck, drywells, storm drains & all drainage structures, geothermal wells, building utilities, gas, electric, etc. **Clearly articulate the proposed means of sewage disposal and water supply for all structures on the property. If any structure does not contain plumbing, structure should be labeled as such**. All sanitary system and water supply components must be shown including tanks, leaching structures, treatment units, piping, covers, etc. Include any related sanitary system control panels, sanitary system electrical supply, sanitary system venting schematic, etc.
   E. Show any and all existing subsurface and/or visible structures on the property (dwellings, buildings, pools, decks, water meters, sanitary, etc.). Indicate if any structures are to be abandoned or removed or modified in any way.
   F. Show any unusual site conditions on the subject property or adjacent properties 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(s), the plan must contain appropriate soil investigation data that conforms with Section 5-106 of the Suffolk County Residential Construction Standards. The appropriate leaching system design calculations must also be provided on the site plan.
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. Sanitary system retaining walls must include a profile design by an architect or engineer.
3. If the lot is to be served by connection to a sewer system, the submitted site plans may contain only items A through J, Paragraph 1 described above. In addition, the plan should also include the location of the sewer stub and main in the street. In addition, written approval from the sewer district granting permission to connect is required. If a temporary sewage disposal system is necessary, soil data 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 wetland permit, Town Natural Resources permit, Trustees permit, NYSDEC Dewatering permit, etc.). These approvals must be obtained by the applicant and submitted to this Office before a Health Department permit can be granted. It is the applicant's responsibility to secure any additional agency approvals/inspections related to this project that might apply (electrical, plumbing, etc.).
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. 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. Submit a completed Application Checklist for a Single-Family Residence (Form WWM-202).
7. FEES – Each application is to be accompanied by a check or money order, payable to 'Suffolk County Environmental Health'. VISA & MasterCard are also accepted online. A non-refundable convenience fee is applied to all credit card transactions. Please see current fee schedule for applicable fees. **RETURNED CHECKS AND CREDIT CARD PAYMENTS ARE SUBJECT TO A PROCESSING FEE.**
8. 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.
9. If you are proposing to utilize any existing sanitary system and/or water supply components, submit Certification of Existing Subsurface Sewage Disposal and Water Supply Facilities for a Single Family Residence (Form WWM-072) completed by an architect or engineer. If you are proposing to use an existing well, provide a Well Driller's Certificate indicating the depth of water in the well, and a full water analysis taken no more than one year ago. Once a Health Department Reference Number has been assigned, you **must** contact the Department prior to performing any repairs/replacement for your existing sanitary system.