

DUTCHESS COUNTY DEPARTMENT OF HEALTH  
APPLICATION FOR APPROVAL OF PLANS FOR A WASTEWATER DISPOSAL SYSTEM

1. Name & address of applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Name of Project: \_\_\_\_\_
3. Location: T/V/C \_\_\_\_\_
4. Project Engineer \_\_\_\_\_
5. Address \_\_\_\_\_  
\_\_\_\_\_
6. Type of Project  Private/Residential     Camp     Commercial     Apartments  
 Institutional     Mobile Home Park     Office Building  
 Food Service     Other (specify) \_\_\_\_\_  
 Realty Subdivision
7. Is this project subject to State Environmental Quality Review (SEQR)?  
Type status (check one)     Type I     Type II     Exempt     Unlisted
8. Is a Draft Environmental Impact Statement (DEIS) required? \_\_\_\_\_
9. Has a DEIS been completed and found acceptable by the Lead Agency? \_\_\_\_\_
10. Name of Lead Agency: \_\_\_\_\_
11. Is this project in an area under the control of local Planning, Zoning or other officials, ordinances? \_\_\_\_\_
12. If so, have plans been submitted to such authorities? \_\_\_\_\_
13. Has preliminary approval been granted by such authorities? \_\_\_\_\_
14. Type of sewage disposal system discharge:  Surface waters     Ground waters
15. If surface water discharge, what is the stream class designation? \_\_\_\_\_
16. Waters index number (surface) \_\_\_\_\_
17. Is project located near a public water supply system? \_\_\_\_\_
18. If yes, name of water supply: \_\_\_\_\_ Distance to water supply: \_\_\_\_\_
19. Is project site near a public sewage collection or disposal system? \_\_\_\_\_
20. Name of sewage system: \_\_\_\_\_ Distance to sewage system: \_\_\_\_\_
21. Were subsurface soil tests observed by a Health Department representative? \_\_\_\_\_
22. Date observed: \_\_\_\_\_
23. Name of Health Inspector: \_\_\_\_\_
24. Project design flow (gallons per day) \_\_\_\_\_
25. Is an application for State Pollutant Discharge Elimination System (SPDES) required? \_\_\_\_\_

26. Has application been submitted to local NYSDEC office? \_\_\_\_\_
27. Is any portion of this project located within a designated wetland? \_\_\_\_\_
28. Is a Wetland Permit required? \_\_\_\_                      29. Has application been made to local DEC office? \_\_\_\_
30. Does project require a Stream Disturbance Permit? \_\_\_\_
31. Is project located within 1000 feet of existence of abandoned landfill, hazardous waste site, salt stockpile or any other potential known source of contamination? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Does this project involve discharge or storage of industrial or hazardous wastes? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Is there a local master plan on file with the Town, Village, City? \_\_\_\_\_
34. Are community water, sewer facilities planned to be developed within 15 years? \_\_\_\_\_
35. Are any sewage disposal areas in excess of 10% slope? \_\_\_\_\_
36. Tax Map I.D. Number: \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
37. Approved plans are to be returned to: \_\_\_\_ Applicant                      \_\_\_\_ Engineer

If the application is signed by a person other than the applicant shown in Item 1, the application must be accompanied by a letter of authorization. Failure to comply with this provision may be grounds for the rejection of any submission.

I hereby affirm, under penalty of perjury, that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Signatures and official titles: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_