

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

1. Name & address of applicant: _____

Email: _____ Phone: _____
2. Name of Project: _____ 3. Location: T/V/C _____
4. Project Engineer _____ 5. Address _____
Email: _____
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: _____