



DUTCHESS COUNTY DEPARTMENT OF HEALTH  
 85 Civic Center Plaza – Suite 106  
 Poughkeepsie, NY 12601  
 845-486-3404/845-486-3545 (fax)

# Wastewater Disposal System Registration & Notice of Intent

Addition/Replacement for Existing Residential Home < 1000 GPD  
 Not applicable for construction of new homes or cases where building permits  
 are required. Article 19 of Dutchess County Sanitary Code.

*Danny Shedlo, P.E. of NYC Environmental Protection must be contacted at  
 (914) 742-2055 for properties located within NYC watershed area.*

**DCHD use only**

Date reviewed: \_\_\_\_\_  
 DCHD Rep.: \_\_\_\_\_  
 Approved as to form: \_\_\_\_\_  
 NYC Watershed Area: \_\_\_\_\_

**SECTION A. PROJECT LOCATION**

Tax Map I.D. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**SECTION B. CONTRACTOR**

Name of Contractor: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION C. WORK SCOPE**

Describe existing system and components: \_\_\_\_\_  
 \_\_\_\_\_  
 Describe proposed addition/replacement & components: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: If an engineered plan was previously approved by the DCHD, the addition/replacement should be in accordance with the terms and conditions thereof.

Distance of wastewater disposal system to nearest well: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
 (See NYCRR Appendix 75A)

Sketch:

It is hereby agreed that the wastewater disposal system addition/replacement will be installed in accordance with generally accepted standards: Appendix 75-A, New York State Sanitary Code, and NYS Department of Health Individual Residential Wastewater Treatment Systems Design Handbook and Dutchess County Construction Standards.

Verification by Subscription and Notice Under Penal Law Section 210.45: It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

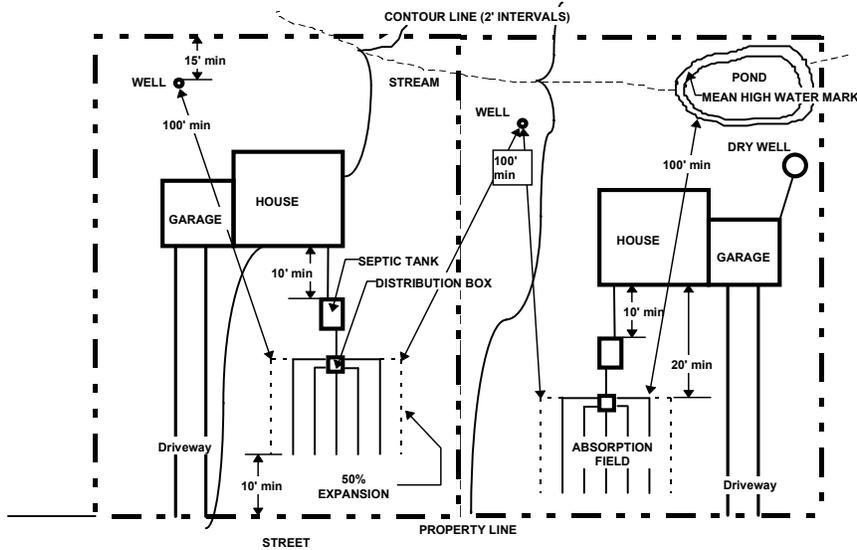
\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
(Contractor Signature)

**INSTRUCTIONS**

1. The property tax map I.D. can be obtained from your tax records, local municipality or County Real Property Tax Office.
2. Section "A" is name, address, phone # of person(s) who owns the property where the addition or replacement will occur.
3. Section "B" is name, address, phone # of the contractor who will complete the addition or replacement. If the property owner is completing work, then enter "same as Section A".
4. Section "C". Please describe the components of the existing system. Identify any components which will be retained.
5. Prior to the addition/replacement, deep and percolation tests should be conducted to determine the elevation of rock, seasonal high groundwater and absorptive capacity of the soil.
6. Describe the proposed addition/replacement components. Example, 1000 gal. septic tank, followed by a distribution box and three 50 foot laterals, six feet on center and 30 inches deep. Indicate any fill that will be used.
7. Sketch example.

**ABSORPTION FIELD SEPARATION REQUIREMENTS**



**SEEPAGE PIT SEPARATION REQUIREMENTS**

