



DUTCHESS COUNTY
DEPARTMENT OF HEALTH
Environmental Health Services Division
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601
Phone: 845-486-3404 | Fax: 845-486-3545
Email: ehs@dutchessny.gov

The purpose of this form is to document your notice of intent to address a septic system failure and/or maintenance improvement and is not meant to assert that the septic system has been formally approved to meet current standards.

This program shall apply only to single-family residential properties having flows <1000 gpd containing no more than two (2) dwelling units. Commercial properties, mixed-use properties, and residential properties containing three (3) or more dwelling units (either in single or multiple dwellings) are not eligible under this program. It is also not applicable for the construction of new homes, bedroom additions or in cases where building permits are required. See Article 19 of the Dutchess County Sanitary Code.

Daniel Shedlo, PE of NYC Environmental Protection must be contacted at (914) 749-5266
dshedlo@dep.nyc.gov for properties located within the NYC drinking watershed area.

Residential Septic System Repair/Replacement/Refurbishment Registration & Notice of Intent Step 1 of Process

DBCH use only

Date reviewed: _____

DBCH Rep.: _____

Approved as to form: _____

NYC Watershed Area: Y/N Rec'd: _____

NYSDEC Permit Req'd: Y/N Rec'd: _____

DBCH Project #: _____

SECTION A. PROJECT LOCATION

Tax Map I.D.:

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visit https://gis.dutchessny.gov/parcelaccess/parcelaccess_map.htm to find tax map identification number

Project Address: _____

Name of Property Owner: _____

Owner Email Address: _____ 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: _____

Reason for work being performed: _____

Describe proposed repair/replacement & components (provide sketch on reverse side): _____

Depth to rock (ft.): _____ Depth to groundwater (ft.): _____ Percolation rate: _____ (min/in).
(where applicable) (where applicable) (where applicable)

Distance of wastewater disposal system to nearest well: _____ Number of Bedrooms: _____

SECTION D. CONSENT TO PERFORM WORK

It is hereby agreed that the wastewater disposal system repair/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.

A Step 2 (SAN36B) form will be provided to DBCH by the undersigned upon completion of the work.

(Property Owner Signature)

(Contractor Signature)

***** See reverse for instructions *****

Sketch (e.g. house, septic tank, distribution box, absorption fields, wells, wet areas, etc.):
Attach supplemental sheets as necessary and note deviations from design standards

Noted deviations from standards: _____

Reasons for deviations: _____

DBCH comments: _____

INSTRUCTIONS

1. If an engineered plan was previously approved by the DCHD, the repair/replacement should be in accordance with the terms and conditions thereof.
2. The property tax map I.D. can be obtained from your tax records, local municipality or County Real Property Tax Office.
3. Section "A" is name, address, phone # of person(s) who owns the property where the repair or replacement will occur.
4. Section "B" is name, address, phone # of the contractor who will complete the repair or replacement. If the property owner is completing work, then enter "same as Section A".
5. Section "C". Please describe the components of the existing system. Identify any components which will be retained.
Please describe the reason for this submittal.
Provide soil information in cases when a new absorption field is being proposed, otherwise mark as "N/A"
6. Prior to the repair/replacement, deep and percolation tests should be conducted to determine the elevation of rock, seasonal high groundwater and absorptive capacity of the soil.
7. Describe the proposed repair/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 material & depth that will be used.
8. Refer to contractor supplement for sketch examples and other helpful information.