

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR APPROVAL OF PLANS FOR
A WASTEWATER TREATMENT SYSTEM**

1. Name and address of applicant: _____

2. Name of Project: _____
3. Location: T/V: _____

4. Design Professional: _____
5. Address: _____

6. Drainage Basin: _____

7. Type of Project:
_____ Private/Residential _____ Food Service _____ Commercial
_____ Apartments _____ Institutional _____ Mobile Home Park
_____ Office Building _____ Realty Subdivision _____ Other (specify) _____

8. Is this project subject to State Environmental Quality Review (SEQR)?..... Yes/No _____
Type Status (check one)..... Type I _____ Exempt _____
Type II _____ Unlisted _____

9. Is a Draft Environmental Impact Statement (DEIS) required?..... Yes/No _____

10. Has DEIS been completed and found acceptable by Lead Agency?..... Yes/No _____

11. Name of Lead Agency _____

12. Is this project in an area under the control of local planning, zoning, or other officials,
ordinances? Yes/No _____

13. If so, have plans been submitted to such authorities? Yes/No _____

14. Has preliminary approval been granted by such authorities? _____ Date granted: _____

15. Type of sewage treatment system discharge _____ surface water _____ groundwater

16. If surface water discharge, what is the stream class designation? _____

17. Waters index number (surface) _____

18. Is project located near a public water supply system? Yes/No _____

19. If yes, name of water supply _____ Distance to water supply _____

20. Is project site near a public sewage collection or treatment system? Yes/No _____

21. Name of sewage system _____ Distance to sewage system _____

22. Date test holes observed _____
23. Name of Health Inspector _____

24. Project design flow (gallons per day) _____

25. Is State Pollutant Discharge Elimination system (SPDES) Permit required? ... Yes/No _____

26. Has SPDES Application been submitted to local DEC office? Yes/No _____

27. Is any portion of this project located within a designated Town or State wetland?... Yes/No _____
28. Wetlands ID number _____
29. Is Wetlands Permit required? Yes/No _____
 Has application been made to Town or Local DEC Yes/No _____
30. Does project require a DEC Stream Disturbance Permit? Yes/No _____
31. Is or was project site used for agricultural activity involving application of pesticides to orchards or other crops, solid or hazardous waste disposal, landfilling, sludge application or industrial activity? Yes/No _____
32. Is project located within 1,000 feet of existing or abandoned landfill, hazardous waste site, salt stockpile, landfill, sludge disposal site or any other potentially known source of contamination? Yes/No _____
 DESCRIBE: _____

33. Is there a local master plan on file with the Town or Village? Yes/No _____
34. Are community water and/or sewer facilities planned to be developed within 15 years in or adjacent to project site? Yes/No _____
35. Are any sewage treatment areas in excess of 15% slope? Yes/No _____
36. Tax Map ID Number Map _____ Block _____ Lot _____
37. Approved plans are to be returned to Applicant _____ Design Professional _____

NOTE: All applications for review and approval of a new SSTS to be located within the NYC Watershed shall be sent to the Department, and need not be sent in duplicate to the DEP, although the project may require DEP approval of the SSTS prior to final approval by the Department. Projects within the watershed may also require DEP review and approval of other aspects of a project, such as stormwater plans or the creation of impervious surfaces, and the project applicant should obtain the appropriate forms for such activities from DEP and submit those forms to DEP for review and approval.

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 (Form LA-97). 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 & OFFICIAL TITLES: _____

Mailing Address: _____
