SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
OFFICE OF WASTEWATER MANAGEMENT
360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov

FOR OFFICE USE ONLY
Health Department Ref. No.

APPLICATION FOR SEWAGE DISPOSAL AND WATER SUPPLY FACILITIES FOR AN ACCESSORY APARTMENT

REFER TO REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS
PLEASE COMPLETE ALL SECTIONS OF THIS FORM. ALL SIGNATURES MUST BE ORIGINAL.

Name of Applicant:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Surveyor, Engineer, or Architect:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Current Property Owner:	Tel#: ( ) -
Mailing Address:	
Email Address:	
Name of Agent:	Tel#: ( ) -
Mailing Address:	
Email Address:	

Tax Map No.:	District	Section	Block	Lot

Property Address:

Briefly describe the purpose of this application: _____

Total Number of Bedrooms After Construction:_____	Specify Method of Water Supply ☐ Public Water ☐ Private Well
Specify Method of Sewage Disposal: ☐ Conventional Septic System ☐ Public Sewer	Are you proposing to reuse any existing sanitary components? (If yes, submit completed form WWM-072) ☐ No ☐ Yes (explain) _____

Are any of the following permits/approvals required from other agencies? If yes, include copy of approval

a) Wetland permit – NYSDEC Yes ☐ No ☐ b) Wetland permit - TOWN? Yes ☐ No ☐

a) Zoning variance – TOWN Yes ☐ No ☐ b) Zoning Variance - VILLAGE? Yes ☐ No ☐

Application is hereby made for a permit to construct a water supply and sewage disposal system for a single family residence in accordance with this application, surveys and plans submitted. I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be completed in accordance with all applicable Town, County, State and Federal Laws and Codes. "Any false statement made herein is punishable as a misdemeanor pursuant to §210.45 of New York State Penal Law."

Signature of Applicant or Agent	Date
Print Name of Applicant or Agent	Title

****Please initial here that you have read and understand the instructions on the reverse side of this form: _____**

The Village/Town hereby verifies that this application is being made in conformance with its accessory apartment law or other town ordinance.

Signature of Village/Town Building Official	Date
Print Name of Village/Town Building Official	Title

Instructions

(Additional information and guidance documents can be found at www.suffolkcountyny.gov/health under "Documents and Forms")

1. Submit this form completed in full, along with 3 original prints of a site plan or survey (up to and including 11"x17") containing an architect, engineer or surveyor's original stamp and/or signature. Photocopied plans are not acceptable. The approved site plan/survey must be on site during construction. The survey/site plan must contain the following:
   A. Lot location, distance to nearest cross street, lot dimensions/metes & bounds, Suffolk County Tax Map Number and if applicable, subdivision name, subdivision reference number and lot number.
   B. Location of all surface waters and/or wetlands within 300' of the applicant's plot.
   C. Elevations of all property corners, center-line street elevations and first floor elevation of dwelling and garage. Include 1 foot contour lines showing proposed final grade for a 20ft radius around the proposed sanitary system if applicable.
   D. Show any and all proposed structures to be installed on the property including but not limited to: Dwelling/building structure, proposed sewage disposal system and water supply, sewer lines, water lines, driveway, sidewalk, swimming pool, patio/deck, drywells, storm drains & all drainage structures, geothermal wells, etc.
   E. Show any and all existing structures on the property including but not limited to: Dwelling/building structure, sewage disposal system and water supply, sewer lines, water lines, driveway, sidewalk, swimming pool, patio/deck, drywells, storm drains & all drainage structures, geothermal wells, etc. Be sure to indicate if any structures are to be abandoned or removed.
   F. Show any unusual site conditions that may affect the design or operation of the sewage disposal system or water supply (swales, bluffs, hollows, slopes in excess of 15%, etc.)
   G. Indicate the method of drinking water supply of neighboring properties within 150 feet of the subject lot. If any neighbor within 150 feet uses a well, show the exact location of that well and the separation distance to any sanitary structures on the subject lot. State if surrounding lots within 150 feet use public water or are vacant.
   H. If you are proposing to use a well as your source of drinking water supply, show the exact locations of any sanitary systems within 150 feet of your well. Be sure to include any sanitary systems on neighboring lots.
   I. Distance to, and location of, nearest public water main. If the subject lot is proposing to use a well as the source of drinking water supply, submit a "water availability letter" from the local water company detailing the exact distance to the nearest water main.
   J. Have a clear area at least 3"X5" for the Department's approval stamp.
   K. If you are proposing to install a new leaching structure, submit test hole data showing soil conditions to a depth of 6 feet in excess of the proposed leaching pool bottom or, until a strata of 6 feet of virgin sand and gravel acceptable to the Department is encountered. Test holes shall be a minimum of 17 feet deep and 6 feet into coarse sand and gravel, or to 6 feet below groundwater. Provide grade elevation at test hole site. Indicate the date of the test and supplier of test hole data. Geographic location of lot may require Health Department witnessed test hole in addition to your submitted information.
2. In areas where there is less than 7 feet from existing grade to groundwater, or a slope greater than 5%, a grading plan showing the sewage disposal system location and proposed grading is required. A grading plan may also be required under other conditions. Any proposed sanitary system retaining walls must be designed by an architect or engineer.
3. If the lot is to be served by public water and sewers, submit 3 prints of a plan by a licensed design professional/surveyor containing Items A through J, Paragraph 1 described above. In addition to the information listed above, the plan should also include the location of the sewer stub in the street and show the house connection. In addition, written approval from the sewer district granting permission to connect is required. If a temporary sewage disposal system is necessary, a test hole is required as described in Paragraph 1, Item K of this form.
4. If any other permits or approvals that may affect the site design are required from other agencies having jurisdiction over your project, you must submit a copy of that permit/approval for review (Village/Town variance, NYSDEC permit, Town Natural Resources permit, Trustees permit, etc.). These approvals must be obtained by the applicant and submitted to this Office before a Health Department permit can be granted.
5. Submit floor plans no larger than 11"x17" for **all** structures on the property. Clearly label each room as to its intended use and indicate whether it is an existing or proposed room. Please show all structures in their entirety and include all areas finished or unfinished such as the basement, attic, bonus room, etc. Floor plans may be hand drawn as long as all information is provided.
6. Submit a completed Application Checklist for a Single-Family Residence (Form WWM-202).
7. FEES – When the staff determines the submission to be acceptable it will be assigned a reference number and A letter will be prepared and sent to the applicant, owner, and design professional requesting the application fee. Fees may be paid by a check or money order, payable to 'Suffolk County Environmental Health' or credit card (VISA or MasterCard). Please see current fee schedule for applicable fees. **RETURNED CHECKS ARE SUBJECT TO A PROCESSING FEE. CREDIT CARD PAYMENTS ARE SUBJECT TO PROCESSING FEES.**
8. If it is determined that a covenant and/or easement is required for the project, the processing of that covenant/easement must be completed prior to the issuance of a permit from this Department.
9. If you are proposing to utilize any existing sanitary system components and/or water supply, submit Certification of Existing Subsurface Sewage Disposal and Water Supply Facilities for a Single Family Residence (Form WWM-072) completed by your architect or engineer. If you are proposing to use an existing well, provide a Well Driller's Certificate indicating the depth of water in the well, and a full water analysis taken no more than one year ago. Once a Health Department Reference Number has been assigned, you **must** contact the Department prior to performing any repairs/replacement for your existing system.