

**ALBANY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

APPLICATION FOR APPROVAL OF PLANS FOR A WASTEWATER DISPOSAL SYSTEM OR PUBLIC SEWER EXTENSION

1. NAME OF APPLICANT		2. LOCATION OF WORKS (City, Village, Town)		3. COUNTY	
4. ENTITY OF AREA SERVED(SPECIFIC AREA)		5. TYPE OF OWNERSHIP			
		<input type="checkbox"/> Commercial <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial		<input type="checkbox"/> Private - Other <input type="checkbox"/> Private - Institutional <input type="checkbox"/> State <input type="checkbox"/> Authority <input type="checkbox"/> Federal	
6. TYPE AND NATURE OF CONSTRUCTION			7. TYPE OF SEWER EXTENSION OR TREATMENT/DISPOSAL SYSTEM		
Collection System <input type="checkbox"/> New <input type="checkbox"/> Additions or Alterations	Treatment and/or Disposal <input type="checkbox"/> New <input type="checkbox"/> Additions or Alterations		Collection System <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure Sewer <input type="checkbox"/> Other _____	Treatment and/or Disposal <input type="checkbox"/> Conventional <input type="checkbox"/> Alternative <input type="checkbox"/> Other _____	
9. NAME OF RECEIVING TREATMENT WORKS (IF PUBLIC SEWER EXTENSION)		10. POINT OF DISCHARGE			
		Surface Water: (Name of Watercourse)		Class	
		Ground Water: (Name of Watercourse to Which Ground Water is Tributary)		Class	
11. IS PROJECT UPSTREAM OF COMBINED SEWER OVERFLOW <input type="checkbox"/> Yes <input type="checkbox"/> No		11. IS PROJECT UPSTREAM OF COMBINED SEWER OVERFLOW <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES PROVIDE JUSTIFICATION OF SEWER EXTENSION	
		LOCATION (City, Village, Town)	TYPE OF PERMIT <input type="checkbox"/> GENERAL <input type="checkbox"/> SPDES	PERMIT NO.	DATE ISSUED
12. NAME OF DESIGN ENGINEER				NEW YORK STATE LICENSE NO.	
ADDRESS _____				TELEPHONE NO.	
13. WATER CONSUMPTION (GPD) (SPECIFIC AREA)					
PRESENT		FUTURE		DESIGN YEAR	
14. POPULATION SERVED(SPECIFIC AREA)					
PRESENT		FUTURE		DESIGN YEAR	
15. AVERAGE DAILY FLOW FOR NEW OR EXISTING TREATMENT WORKS (GPD) (MGD)(IF PUBLIC SEWER EXTENSION)					
PRESENT		FUTURE		DESIGN YEAR	
16. SOURCE OF WATER SUPPLY (If private well, give location, type, depth, and character of soil)					
17. GIVE NUMBER, CHARACTER AND DISTANCE OF ANY BUILDINGS WHICH MAY BE AFFECTED BY THE PROPOSED TREATMENT WORKS			18. DESCRIBE PROPOSED OR EXISTING STORM WATER DISPOSAL		
19. INDICATE ON U.S.G.S. TOPOGRAPHIC MAP EXACT LOCATION OF SEWAGE TREATMENT WORKS AND ADJACENT BUILDINGS. SHOW LOCATION OF ALL WELLS OR OTHER SOURCES OF WATER SUPPLY WITHIN 200' OF THE PROPOSED WORKS. GIVE DESCRIPTION OF THESE SOURCES AND CHARACTER OF SOIL.					
20. STATE DEPTH BELOW EXISTING GROUND SURFACE AT WHICH GROUND WATER IS ENCOUNTERED		21. DESCRIBE SOIL AT SITE OF PROPOSED WORKS. GIVE DESIGN BASIS AND OBSERVED SOIL PERCOLATION RATE DATA (USE ADDITIONAL SHEET, IF NECESSARY)			
DATE:					

NOTE: All applications must be accompanied by plans, specifications and engineers report. The submission must conform to the engineering report describing the system in detail. The plans and reports must be stamped with the designing engineer's seal and must be of sufficient clarity and eligibility to permit satisfactory microfilming. Only white prints will be accepted because of the difficulty of microfilming blue prints. There must be a blank area, at least 4" x 7", in the lower right corner of each sheet so that approval stamp may be placed on the face of the plans.

Any deviation from the Department's standards for wastewater collection and treatment facilities must be explained in detail.

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: _____

Date of Application: _____

REMARKS: