

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
239 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401
845-340-3010

APPLICATION FOR AND REPORT OF INSPECTION OF COMMERCIAL/INSTITUTIONAL/INDUSTRIAL
SEWAGE DISPOSAL SYSTEM

THIS IS NOT A PERMIT TO CONSTRUCT

Please complete the following:

Date: _____

Name of Property Owner/Buyer _____

Present Mailing Address _____

Telephone _____

Location of Property _____

Township _____ Tax Map # _____

Type of Establishment _____

Engineer/Architect Name _____

Mailing Address _____

Telephone _____

Size of Parcel of Land _____

Feet Wide _____ Feet Deep _____

Depth of Bedrock _____

Depth of Groundwater _____

Stabilized Percolation Rate _____

Approximate Flow _____

Describe Proposed Treatment System _____

NOTE: AN ORIGINAL APPLICATION AND SIGNATURE IS REQUIRED

Please submit appropriate application fee:

_____ Daily flows less than 1,000 gallons. \$400.00

_____ Daily flows 1,000 gallons – 10,000 gallons * \$500.00

(Daily flows more than 10,000 gallons - plans to be submitted to the NYSDEC for review & approval)

* only applies to facilities permitted by DOH under Part 6, 7, 14, 15 or 17 of the NYS Sanitary Code.

Payable by Check or Money Order to: **Ulster County Commissioner of Finance**

Note: Application for Permit to Construct will not be processed without payment.

ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE

OWNER'S SIGNATURE _____

SEWAGE DISPOSAL SYSTEM REQUIREMENTS

Include scaled drawings prepared by a New York State Licensed Professional Engineer or Registered Architect showing the proposed locations and details of the sewage disposal system, 100% sewage reserve area, parking area(s), driveway(s) and well(s) on this property. The drawings must also include locations of well(s) and septic(s) on adjacent properties.

NOT TO BE COMPLETED BY APPLICANT

Inspected by: _____ on _____ 20__

Accompanied by: _____

The Sewage Disposal System is to be installed as per plans which were approved on _____

by the Ulster County Department of Health.

INSPECTOR'S COMMENTS

FOR USE BY THE ULSTER COUNTY DEPARTMENT OF HEALTH

It is the opinion of the Ulster County Department of Health that this Sewage Disposal System _____
expected to function satisfactorily and is _____ likely to create an unsanitary condition, with reasonable
usage and proper maintenance.

DATE _____ SIGNATURE _____