



# ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3010, Fax (845) 334-3045

**MICHAEL P. HEIN**  
*County Executive*

**CAROL M. SMITH, MD, MPH**  
*Commissioner of Health*

## INSTRUCTIONS FOR SEWAGE DISPOSAL SYSTEMS

- Complete enclosed application
- Enclose a check or money order for the appropriate application fee
- Mail application, drawings and fee to:

**Ulster County Department of Health  
Environmental Health Services Division  
239 Golden Hill Lane  
Kingston, NY 12401**
- Make appointment for inspection and deep test holes after application is submitted to this Department.
- Engineering design drawings shall include at a minimum the following information:
  1. An inset site location map
  2. PE/AIA stamp with signature
  3. Deep-hole and percolation test locations and results within the primary and reserve areas (include separate completed NYSDOH Form DOH-1327, "Percolation Test Data")
  4. Field contours shall be shown, using two (2) feet maximum interval in the location of the house or facility sewage system and water well. Contours elsewhere shall be a maximum of five (5) feet
  5. Sizing calculations for the proposed system
  6. Overall footprint on the plat and typical elevation cross section detail for the proposed system. Show system components, quantities and sizes.
  7. Details for all tanks, boxes and manholes.
  8. Dosing system calculations with pump/flout/siphon details, including chamber dimensions, on/off/alarm /reserve volume settings, flout draw and siphon settings.
  10. 100% reserve system; note proposed technology, number & length of laterals, area for absorption beds, seepage pits and sand filters (or note "same as primary" if applicable). Show overall footprint on plat.
  11. Water well; show required setback radius to absorption field, neighboring septic systems and waterways.
  12. Include a typical well system detail with the statement ("Well shall be constructed per NYSDOH Appendix 5-B, "Standards for Water Wells, latest edition")
  13. Applicable general construction notes
  14. A minimum of two copies shall be submitted for UCDOH approval.

***Please see reverse side for Supplemental Instructions on  
Residential and Commercial Sewage Disposal System***

### **Supplemental Instructions for Residential:**

The processed application will be valid for a period of five (5) years from receipt by the UCDOH.

In accordance with the State Education Law, plans for residential (individual) subsurface sewage disposal systems must be prepared by a design professional (professional engineer or registered architect) licensed to practice in New York State by the State Education Department (SED).

New York State Department of Health's (NYSDOH) standard 10NYCRR Appendix 75-A, "Wastewater Treatment Standards –Residential Onsite Systems", and the UCDOH Sanitary Code shall apply to all residential (individual) subsurface sewage disposal systems designed and constructed in Ulster County.

The UCDOH recommends that these standards be used in conjunction with the NYSDOH "Residential On-Site Wastewater Treatment System Design Handbook", latest edition.

This handbook and NYSDOH Appendix 75-A apply to systems discharging residential wastewater flows of 1,000 gallons per day (gpd) or less from year-round and seasonal dwellings.

### **Supplemental Instructions for Commercial:**

The processed application will be valid for a period of five (5) years from receipt by the UCDOH.

In accordance with the State Education Law, plans for commercial sewage disposal systems must be prepared by a design professional (professional engineer or registered architect) licensed to practice in New York State by the State Education Department (SED).

New York State Department of Environmental Conservation (NYSDEC) published standards under 6 NYCRR Part 750, entitled, "Design Standards for Wastewater Treatment Systems for Intermediate-Sized Facilities", latest edition, shall apply to commercial and institutional systems.

For systems with flows of 1,000 gallons per day (gpd) or more, a copy of an approved NYSDEC SPDES permit or pending SPDES Application shall be submitted with the design package.

Projects requiring the addition of, or a modification to, a Public Water System (PWS), NYSDOH form DOH-348 ("Application for Approval of Plans for Public Water Supply Improvement"), shall be submitted with the required fee and design.

**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 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 \_\_\_\_\_  
 SBL Number \_\_\_\_\_ Township \_\_\_\_\_  
 Lot Size (acres) \_\_\_\_\_  NYCDEP Watershed Area  
 Renewal  Re-Name (Formerly) \_\_\_\_\_  
 Engineer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Residential:**  
 Existing Realty Subdivision Name/ Lot # \_\_\_\_\_  
 Total Number of Bedrooms \_\_\_\_\_  
 Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_

**Commercial:**  
 Type of Establishment \_\_\_\_\_  
 \_\_\_\_\_

**OWNER'S SIGNATURE** \_\_\_\_\_  
*AN ORIGINAL APPLICATION AND SIGNATURE IS REQUIRED*

<input type="checkbox"/> <b>Residential:</b> Fee.....\$400.00	<input type="checkbox"/> <b>Commercial:</b> 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.....\$600.00 <i>(Daily flows more than 10,000 gallons - plans to be submitted to the NYSDEC for review &amp; approval)</i>  *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**  
***ALL PERMIT/APPLICATION FEES ARE NON-REFUNDABLE***  
**Note:** Applications **will not** be processed without payment.  
*A fee of \$20.00 will be charged by the Ulster County Department of Health for any checks that are returned to our Department from the Bank.*

**NOT TO BE COMPLETED BY APPLICANT**

<b>For Office Use Only</b>
Log Number: _____

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.

**INSPECTORS' COMMENTS**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**FINAL APPROVAL FOR WASTE DISPOSAL SYSTEM**

*Applicant: Maintain for your records*

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 \_\_\_\_\_