

**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"/> Residential: Fee.....\$400.00	<input type="checkbox"/> Commercial: 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 & approval)</i> *only applies to facilities permitted by DOH under Part 6, 7, 14, 15 or 17 of the NYS Sanitary Code.
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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

For Office Use Only
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 WATER 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 _____