

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

<p><u>FOR OFFICE USE ONLY</u></p> <p>I/A Registration #:</p>
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APPLICATION FOR INITIAL REGISTRATION, REGISTRATION RENEWAL, OR REGISTRATION TRANSFER OF AN INNOVATIVE AND ALTERNATIVE ONSITE WASTEWATER TREATMENT SYSTEM (I/A OWTS)



REFER TO REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS—ALL SIGNATURES MUST BE ORIGINAL
PLEASE INDICATE THE PURPOSE OF YOUR APPLICATION BELOW



<p><u>INITIAL REGISTRATION:</u> <input type="checkbox"/></p> <p>For a newly constructed I/A system, provide the Health Dept. construction permit reference number: _____</p>	<p><u>RENEWAL OF REGISTRATION:</u> <input type="checkbox"/></p> <p>Previous registration number: _____</p>	<p><u>TRANSFER OF PREVIOUS REGISTRATION:</u> <input type="checkbox"/></p> <p>Previous registration number if known: _____</p>
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<u>Tax map # of I/A System parcel location:</u>	District	Section	Block	Lot
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Physical Address of I/A System Parcel:

Name of Current Property Owner(s):

Mailing Address:

Contact Info:	Home: () -	Email Address:
	Mobile: () -	

I/A OWTS INFORMATION:
 Manufacturer: _____ Model: _____

OPERATION AND MAINTENANCE CONTRACT ATTACHED TO THIS APPLICATION: **YES** **NO***

*If you have not enclosed a copy of a valid O&M Contract, please contact your O&M provider
 ^^^The property owner must notify the SCDHS within 30 days when there is a change in Maintenance Provider^^^

Has an effluent sample been taken and submitted to the Department since the previous registration renewal? (FOR REGISTRATION RENEWAL ONLY):

YES **NO***

*If "NO", contact your Operation & Maintenance provider and have them submit current effluent sample results to the Department in accordance with standards.

By signing, and submitting this registration document, I certify that I have read and understand all I/A OWTS provisions as indicated in sections 760-1905 and 760-1906 of the Suffolk County Sanitary Code, as well as any manufacturers guidance documents. I also understand my responsibilities as the I/A OWTS owner as they may relate to the proper functioning and maintenance of the system. "Any false statement made herein is punishable as a misdemeanor pursuant to S210.45 of New York State Penal Law."

Signature of Current Property Owner(s): _____ Date: _____

Print Name of Current Property Owner(s): _____

DEPARTMENT USE ONLY

Your request for I/A OWTS registration is acceptable, and your system has been registered until: _____
 This registration will expire 36 months from the approval date indicated above.

Your I/A OWTS registration form cannot be processed at this time. Please see the attached Notice of Incomplete Application.

Signature of Department Representative _____ Date _____

Instructions

All Innovative and Alternative Onsite Wastewater Treatment Systems require registration with the Suffolk County Department of Health Services (SCDHS). Registration shall be deemed the equivalent of a permit, and is for the purpose of certifying the ownership and use of the I/A OWTS, and to provide a mechanism for the Department to manage property owner compliance with Article 19 of the Sanitary Code. This Application for Registration Form WWM-304 should be completed and signed by the owner of the property in which the I/A OWTS has been installed. For further information, call (631)852-5700, email HealthWWM@suffolkcountyny.gov or visit www.suffolkcountyny.gov/Health.

Initial Registration of a Newly Constructed I/A OWTS:

Prior to receiving Final Health Department Approval for an active Residential Permit to Construct, the property owner must submit a completed Application For Registration (Form WWM-304). A fully executed Operation and Maintenance Contract between a properly licensed I/A OWTS Maintenance Provider, and the Property Owner must also be in place and submitted to the SCDHS along with the registration application. Once the Registration Application has been approved, the I/A OWTS registration must be renewed (re-registered) every 36 months.

THE FOLLOWING ITEMS ARE REQUIRED FOR INITIAL REGISTRATION OF THE I/A OWTS:

- A. COMPLETED APPLICATION FORM WWM-304 WITH ORIGINAL SIGNATURE(S). INCLUDE THE CURRENT CONSTRUCTION PERMIT REFERENCE NUMBER.
- B. FULLY EXECUTED AND CURRENT OPERATION AND MAINTENANCE CONTRACT BETWEEN THE CURRENT PROPERTY OWNER AND AN I/A OWTS MAINTENANCE PROVIDER IN POSSESSION OF A VALID SUFFOLK COUNTY LIQUID WASTE LICENSE.

RENEWING (RE-REGISTERING) AN EXISTING I/A OWTS:

Once an I/A OWTS has been registered with the Department, the disposal system must be re-registered every 36 months. Once a Registration Application has been deemed acceptable, the property owner will be provided with a date of registration expiration. A fully executed Operation and Maintenance Contract between a properly licensed I/A OWTS Maintenance Provider and the Property Owner must also be in place and submitted to the SCDHS along with the re-registration application. Within 60 days of application submission, the O&M Provider must also submit a current wastewater effluent sample analysis taken from the I/A OWTS that is being re-registered. The analysis must have been performed no more than 60 days prior to the date of registration application submission.

THE FOLLOWING ITEMS ARE REQUIRED FOR RENEWING (RE-REGISTERING) OF THE I/A OWTS:

- A. COMPLETED APPLICATION FORM WWM-304 WITH ORIGINAL SIGNATURE(S).
- B. FULLY EXECUTED AND CURRENT OPERATION AND MAINTENANCE CONTRACT BETWEEN THE CURRENT PROPERTY OWNER AND AN I/A OWTS MAINTENANCE PROVIDER WITH A VALID SUFFOLK COUNTY LIQUID WASTE LICENSE.

TRANSFER OF A PREVIOUSLY REGISTERED I/A OWTS:

Upon transfer of real property upon which an I/A OWTS is installed, the successor property owner shall register the I/A OWTS no later than 60 days after such property transfer.

THE FOLLOWING ITEMS ARE REQUIRED FOR TRANSFERRING A PREVIOUSLY REGISTERED I/A OWTS:

- A. COMPLETED APPLICATION FORM WWM-304 WITH ORIGINAL SIGNATURE(S).
- B. FULLY EXECUTED AND CURRENT OPERATION AND MAINTENANCE CONTRACT BETWEEN THE CURRENT PROPERTY OWNER AND AN I/A OWTS MAINTENANCE PROVIDER WITH A VALID SUFFOLK COUNTY LIQUID WASTE LICENSE.