

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES OFFICE OF WASTEWATER MANAGEMENT 360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980 (631) 852-5700 Healthwwm@suffolkcountyny.gov	FOR OFFICE USE ONLY Health Department Ref. No.
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**Application Checklist for
Single Family Residential**
(Please Type or Print the Following Information)

Property Location:		Hamlet	Town	
Tax Map No.:	District(s)	Section(s)	Block(s)	Lot(s)
Name of Applicant(s):			Name of Design Professional:	

ALL questions on this form must be answered with a checkmark. Incomplete forms will not be accepted.

Key: Y- Required & Attached, P – Required Pending, N/A – Not Applicable

Required Material		General Material		
Y*		Y	N/A	
	*Completed application form for Approval of Single Family Residences (Form WWM-057, WWM-059, or WWM-105) containing original signatures.			*Certification of existing sanitary system and water supply completed by Design Professional (Form WWM-072 or WWM-073) if you are proposing to reuse any sanitary/water supply components.
	*Three (3) original prints of a site plan that conform with the appropriate application instructions and standards.			Copies of road abandonments.
	*Lot appears as single and separate on 1981 SCTM, is part of a Health Dept. approved map, or separate subdivision application has been submitted to this Department.			Copies of existing covenants or easements.
	*Floor plans for all buildings on the site (all floors including basement/attic) or connection to public sewers is proposed.			Accessory apartment application signed by Village/Town official (Form WWM-105) or equivalent. If the apartment is existing, provide Certificate of Occupancy.
				Existing private well water analysis of the raw water current within the past 12 months, prepared by a NYS approved lab.

Coordination Material				Comments/Explanation
Y	P	N/A		
			Zoning approval from the Town/Village	
			Water Availability Letter from the water district	
			Sewer Availability Letter from the appropriate sewer district	
			NYSDEC Waterways/Coastlines/Wetlands Permit	
			NYSDEC Dewatering Permit	
			Town/Trustees Wetlands—Natural Resources permit	
			Village Wetlands permit	
			Board of Review variance application for proposals unable to meet standards (Form WWM-061)	
			SCDHS Water Quality test well results	
			Private laboratory well water sample results	
			SCDHS Vector Control approval	
			SEQRA determination from the Town/Village	
			Town/Village Building—Electrical permit	
			Other applicable environmental permit(s)	
			Certificate of Occupancy or equivalent for existing buildings	

Site Plan Information

Y*	The following information <u>MUST</u> appear on all site/plot plans submitted to the Department for approval:	Y	N/A	The following information, if applicable, <u>MUST</u> appear on site/plot plans; If not applicable, check N/A:
	*Metes and Bounds of property lines			*Corner elevations stated or 2 ft contours
	*Tax map number stated			*Test Hole location/ data/ elevation/date/company depicted. Soil perc test data provided if applicable
	*North arrow			*Groundwater and highest expected groundwater elevation stated
	*Scale (Engineering Scale): e.g. 1:10, 1:20, 1:30, 1:40, 1:50			*Location of neighboring wells depicted for all lots within 150 ft of the property
	*Distance to the nearest cross street			*Neighbors method of water supply stated (public water, private well) for all lots within 150 ft of the property
	*Total lot area			*Grading profile of sanitary system with inverts and grade elevations for high groundwater conditions as described in Construction Standards and in application instructions
	*Clear space for approval stamp(s)			*Location of surface waters/wetlands within 300 ft of the property depicted—indicate if none
	*Each print of site plan signed and sealed (Either the seal or signature must be original)			*If proposing an I/A OWTS sanitary system—all electrical/control panel/venting/other related components shown
	*The method of water supply for each structure on the property delineated and labeled. Clearly indicate if Existing, Proposed, or None			Setbacks maintained in accordance with the current Residential Construction Standards
	*The method of sewage disposal for each existing structure on the property clearly delineated and labeled. Clearly indicated if “dry” buildings			Location of existing/proposed easements labeled
	*The method of sewage disposal for each proposed structure on the property clearly delineated and labeled. Clearly indicated if “dry” buildings			50% leaching expansion area

Y	N/A	The following information, if applicable, <u>MUST</u> appear on site/plot plans; If not applicable, check N/A:	Y	N/A	The following information, if applicable, <u>MUST</u> appear on site/plot plans; If not applicable, check N/A:
		*Any existing sewage disposal structures/components on the property that will be, or have already been abandoned			Soil classification based on Unified Soil Classification system
		*If proposing to utilize a well for any purpose (drinking, geothermal, etc.) location of neighboring sanitary systems for all lots within 150 ft of the property noted			Indicate if neighboring lots are vacant or improved
		*Footprint of any existing buildings/dwellings/structures. Clearly indicate if structures are to remain or are to be removed as part of the project			Retaining wall details w/ elevations, signed and sealed by a design professional (original seal or signature)
		*Footprint of all proposed buildings/dwellings/structures clearly indicated and labeled			Existing subdivision name, lot number, filing date
		*Number of stories & number of bedrooms in each building clearly indicated			Elevations based upon NAVD (1988), USC & GS Datum
					Leaching structure calculations if applicable (wastewater application rate, etc.)
					State the 1st floor and garage finished floor elevation
					Gross floor areas of existing/proposed buildings for projects containing multiple residential units
					Location of drainage structures/drywells (existing and proposed)

If any of the information marked with the * on this form is applicable to your project and is not provided, a mandatory meeting will be required as determined by review staff and must be attended by the design professional listed below.

Additional Comments/Explanations:

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THIS APPLICATION, SURVEY(S) AND PLAN(S) SUBMITTED. WE CERTIFY THAT THE INFORMATION ON PAGE 1 AND PAGE 2 OF THIS CHECKLIST AND ALL THE ATTACHMENTS HAVE BEEN REVIEWED BY US AND THAT, BASED ON OUR INQUIRIES, SITE INVESTIGATION(S) AND/OR OTHER STUDIES, WE BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. WE UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

NOTE: ORIGINAL SIGNATURES ARE REQUIRED.

APPLICANT’S SIGNATURE(S), (AGENT, ETC. NOT ACCEPTABLE) _____ DATE _____

PRINT APPLICANT’S NAME (S) _____

DESIGN PROFESSIONAL’S SIGNATURE _____ DATE _____

PRINT NAME _____ LICENSE # _____

AFFIX DESIGN
PROFESSIONAL’S SEAL
HERE