TOWN OF NEWBURGH

Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tracking #: \_\_\_\_\_\_\_\_\_\_\_\_

Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(OFFICE USE ONLY)

Date Received Code Compliance Stamp

SEPTIC PERMIT APPLICATION

21 Hudson Valley Professional Plaza

Newburgh, NY 12550

Ph: (845)564-7801 Fax: (845)564-7802

**(Please Print)**

JOB LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.B.L.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONSTRUCTION COST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| OWNER: APPLICANT? Y / N | CONTRACTOR: APPLICANT? Y / N |
| ADDRESS: | ADDRESS: |
| CITY/STATE/ZIP: | CITY/STATE/ZIP: |
| PHONE: | PHONE: |
| CONTACT EMAIL: | CONTACT EMAIL: |

DESCRIPTION OF WORK TO BE PERFORMED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (CHECK ALL THAT APPLIES): PERMIT FEES:

**□** NEW **□** REPAIR $100.00 NEW RESIDENTIAL

 $200.00 NEW COMMERCIAL

**□** SEPTIC TANK ONLY **□** LEACH FIELD $50.00 REPAIRS

**□** SEEPAGE PITS **□** COMPLETE SYSTEM **PRIOR BUILT:** RES. $50.00

**□** OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMM. $200.00

* NO WORK IS TO BE STARTED WITHOUT A SEPTIC PERMIT.
* ALL APPLICATIONS MUST BE ACCOMPANIED BY A SURVEY SHOWING ALL EXISTING OR PROPOSED STRUCTURE(S) AND SEPTIC SYSTEM.
* ONE COMPLETE SET OF PLANS & SPECIFICATIONS MUST BE FILED WITH THIS APPLICATION.
* PROOF OF OWNERSHIP
* PROOF OF LIABILITY INSURANCE, LIST TOWN OF NEWBURGH AS CERTIFICATE HOLDER.
* PROOF OF NYS WORKERS COMPENSATION INSURANCE OR EXEMPTION FORM, LIST TOWN OF NEWBURGH AS CERTIFICATE HOLDER.
* PROOF OF NYS DISABILITY INSURANCE, IF APPLICABLE.
* ANY CHANGES TO THE ORIGINAL PLANS MUST BE APPROVED IN WRITING BY THE BUILDING INSPECTOR.
* INDIVIDUAL RESIDENTIAL SYSTEMS MUST BE DESIGNED IN ACCORDANCE WITH APPENDIX 75-A AND THE NYSDOH DESIGN HANDBOOK.
* COMMERCIAL SYSTEMS MUST BE DESIGNED IN ACCORDANCE WITH THE APPROPRIATE NYSDEC GUIDELINES.
* APPROPRIATE FEES ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION.

THE UNDERSIGNED CERTIFIES THAT THE PLANS AND SPECIFICATIONS AS FILED ARE IN ACCORDANCE WITH THE APPROPRIATE REGULATIONS AS STATED ABOVE AND AGREES THAT ALL WORK AND MATERIALS SHALL BE IN STRICT CONFORMITY WITH THE RULES AND REGULATIONS GOVERNING SEPTIC SYSTEMS. THE PERSON SIGNING THIS APPLICATION AGREES TO NOTIFY THE BUILDING INSPECTOR AS NEEDED FOR THE REQUIRED INSPECTION(S). FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND POSSIBLE FINES.

 APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FILL IN INFORMATION ON REVERSE SIDE)

|  |
| --- |
| ***ITEMS NEEDED FOR A COMPLETE APPLICATION*** |
| **HOUSE** | PLANS AND RES-CHECK | WORK / COMP LIABILITY | SURVEY | HIGHWAY PERMIT | SEPTIC DESIGN | SUB DIVISION | PAYMENT |
| **ADDITION** | PLANS AND RES-CHECK | WORK / COMP LIABILITY | SURVEY PLOT PLAN | LUMBER ID SHEET |   |   | PAYMENT |
| **ACCESSORY BUILDINGS** | PLANS OR PICTURE | WORK / COMP LIABILITY | SURVEY PLOT PLAN |   |   |   | PAYMENT |
| **POOLS** | PLANS/ PICTURE/POOL DETAILS | WORK / COMP LIABILITY | SURVEY PLOT PLAN | POOL / DOOR ALARM | BARRIER TYPE & LOCATION | PAYMENT |
| **DECK** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |   |   |   | PAYMENT |
| **SOLAR** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |  |   | OWNER CONSENT | PAYMENT |
| **GENERATOR** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN  | MANUFACTRE CLEARANCES | PROPANE TANK SIZE LOCATION | ELECTRIC LICENSE | PAYMENT |
| **CONVERTING SPACE** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |   |   |   | PAYMENT |
| **FIREPLACE** | PLANS OR PICTURE | WORK / COMP LIABILITY | FLOOR PLAN | MANUFACTRE CLEARANCES |   |   | PAYMENT |
| **OIL TANK INSTALLATION** | TANK DETAILS | WORK / COMP LIABILITY | FLOOR / PLOT PLAN | FURNACE SEPARATION | TANK SUPPORT | PIPING DETAILS | PAYMENT |
| **DEMO** | SCOPE OF WORK | WORK / COMP LIABILITY | SURVEY PLOT PLAN | DEBRI LOCATION | SERVICE DISCONNECT | OWNERS CONSENT | PAYMENT |
| **ELECTRIC** | SCOPE OF WORK | WORK / COMP LIABILITY | FLOOR PLAN | ELECTRIC LICENSE |   |   | PAYMENT |
| **COMMERICAL** | PLANS COM-CHECK | WORK / COMP LIABILITY | APPROVED SITE PLAN | SPRINKLER APPLICATION | HIGHWAY |  | PAYMENT |
| **SIGNS** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN | SIGNS LOCATIONS |   |   | PAYMENT |
| **CHANGE OF OCCUPANCY** | PLANS COM CHECK | WORK / COMP LIABILITY | FLOOR PLAN | NATURE OF BUSINESS |   |   | PAYMENT |
| **FIT - OUT** | PLANS COM CHECK | WORK / COMP LIABILITY | FLOOR PLAN | SPRINKLER APPLICATION |   |   | PAYMENT |
| **ALTERATIONS** | PLANS / SCOPE OF WORK | WORK / COMP LIABILITY | FLOOR PLAN |   |   |   | PAYMENT |
| **SEPTIC SYSTEMS** | TANK DETAILS AND SIZE | WORK / COMP LIABILITY | DETAILED PLOT PLAN |   |   |   | PAYMENT |
| **If electric is involved supply a copy of the Orange County electrical license.**  |

**SITE CONDITIONS**

1. NUMBER OF BEDROOMS: \_\_\_\_\_\_, FULL BATHROOMS \_\_\_\_\_\_, HALF BATHROOMS \_\_\_\_\_\_
2. ANY NEW BEDROOMS PROPOSED: \_\_\_\_\_\_\_\_\_\_, IF YES HOW MANY? \_\_\_\_\_\_\_\_\_
3. SEPTIC TANK CAPACITY: \_\_\_\_\_\_\_\_ GALLONS, LINEAL FEET OF LEACH FIELD \_\_\_\_\_\_\_\_ FEET.
4. IS THERE A GARBAGE GRINDER: \_\_\_\_\_\_, ARE THERE ANY PROPOSED: \_\_\_\_\_\_
5. IS THERE A HOT TUB/SPA OVER 100 GALLONS: \_\_\_\_\_\_, IS THERE ONE PROPOSED:\_\_\_\_\_\_
6. SOURCE OF WATER SUPPLY: PUBLIC \_\_\_\_\_\_, PRIVATE WELL \_\_\_\_\_\_, OTHER \_\_\_\_\_\_\_\_\_\_\_
7. IF INSTALLING A LEACH FIELD, LIST TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY INSPECTOR

* TRENCH INSPECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_
* COMPLETE INSPECTION UNCOVERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION)

From the: Individual Residential Wastewater Treatment Systems Design Handbook

 By the: New York State Department of Health

TABLE 2

REQUIRED SEPARATION DISTANCES FROM WASTEWATER SYSTEM COMPONENTS



**NOTES:**

1. When sewage treatment systems are located in coarse gravel or upgrade and in the general path of drainage to a well, the closest part of the treatment system shall be 200 feet away from the well.
2. Mean high water mark.
3. For all systems involving the placement of fill material, separation distances are measured from the toe of slope of the fill.
4. Any water service line under pressure (i.e. public water supply main, household service line, well to household service line) located within ten feet of any absorption field, seepage pit or sanitary privy shall be installed inside a large diameter water main to protect the potable water supply.
5. Any water service line under pressure (i.e. public water supply main, household service line, well to household service line) crossing a sewer shall be installed with one full length of water main centered above the sewer so both water connecting joints are as far as possible from the sewer. Section 8.6 of the GLUMRB Recommended Standards for Water Works, shall be followed for separation of water mains, sanitary sewers and storm sewers.
6. The minimum separation distance between a septic tank and a community type public water supply well should be 100 feet. Distribution boxes and absorption facilities (e.g., absorption trenches / beds, seepage pits, raised systems, mound systems, etc.) should be located at least 200 feet from community type public water supply wells.
7. Recommended separation distances.

**OTHER SEPARATIONS**

Section 75-A.4 (b) Accepted as Orange County Health Department policy and standard with the following additions:

1. Separation: well to swale, stream or watercourse – 25’.
2. Separation: absorption field to open drainage, culvert or storm sewer (non-gasketed pipe), or catch basin – 50’.
3. Separation: absorption field to culvert or storm sewer (gasketed, tight pipe) – 35’.
4. Separation: absorption field to curtain drain – 15’.
5. Separation: absorption field, pits, expansion area, to top of embankment or steep (1 on 3) slope – 25’.
6. Drainage pipes within 25’ of any well must be watertight.
7. Separation: well to cemetery property line – 100’.

Swimming Pools: (NYDEC Handbook)

* Above Ground Swimming Pools cannot be constructed over any portion of the septic system.
* In-Ground Swimming Pools
	+ Septic Tank – 20 Feet
	+ Absorption Fields – 35 Feet
	+ Seepage Pits – 50 Feet

From the: Individual Residential Wastewater Treatment Systems Design Handbook

 By the: New York State Department of Health

TABLE 3

MINIMUM SEPTIC TANK CAPACITIES



Note: Tank size requirements for more than six bedrooms shall be calculated by adding 250 gallons and seven square feet of surface area for each additional bedroom. A garbage grinder shall be considered equivalent to an additional bedroom for determining tank size. A hot tub / spa should be considered equivalent to an additional bedroom for determining tank size.

**LICENSED PROFESSIONAL CERTIFICATION NOTES FOR ON-SITE WASTEWATER TREATMENT SYSTEMS**

**DESIGN**

“I hereby certify to the Town of Newburgh that the sewerage system depicted on this plat has been designed in accordance with the New York State Public Health Law and all law promulgated thereunder.”

**AFTER INSTALLATION**

“I hereby certify to the Town of Newburgh that the sewerage system depicted on this plat has been designed and installed in accordance with the New York State Public Health Law and all law promulgated thereunder.”