

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

Business or Facility Name:		Hamlet		Town	
Tax Map No.	District(s)	Section(s)	Block(s)	Lot(s)	
Name of Applicant(s):			Name of Design Professional:		
S.C. Groundwater Management Zone:		<b>Answer all questions with a checkmark</b> <i>Key: Y- Required Attached, P – Required Pending, N/A – Not Applicable</i>			

Required Material			General Material		
Y	N/A		Y	N/A	
		Completed application form for Approval of Other Than Single Family Residence (Form WWM-004) w/ original signatures			Floor plans for all buildings on site (all floors, including basements)
		Four (4) prints of the site plan			NYS SPDES application/site plan (For outfalls w/ flow greater than 1000 gpd)
		NYS certificate of authorization or disclaimer			Copies of existing covenants or easements
		Engineering report for sewage treatment plant			Copies of road abandonments
		Lots appears as single and separate on 1981 SCTM or separate subdivision application has been made to the Department			Engineering report for privately owned water distribution system
		S.C. short environmental assessment form w/original signatures			Certification of existing sanitary system and water supply completed by Design Professional

Coordination Material				Comments/Explanation
Y	P	N/A		
			SEQRA determination from the Town/Village	
			Planning Board/Zoning approval from the Town/Village	
			Water availability letter from the water district	
			Sewer district sewer availability letter (Other Than SCDPW)	
			SCDPW sewer district availability letter	
			SCDHS Pollution Control approval for sanitary abandonment	
			SCDHS Pollution Control approval for storage tanks	
			SCDHS Pollution Control approval for day care facilities	
			SCDHS Water Quality approval for use of private wells	
			NYS DEC wetlands permit	
			Town/Village wetlands permit	
			Board of Review variance application for proposals exceeding SCDHS Sanitary Code Article 6 density or not meeting construction standards	
			For proposals exceeding density, A letter attached to the application indicating the proposed means to offset density (TDR, Pine Barrens Credits, or none)	
			Completed Transfer of Development Rights (TDR) Data sheet with required documents (Form WWM-121) if TDR proposed	
			If grandfathering flow/use, submit copies of CO's	
			Copy of current SCDHS food permit (For all existing food establishments on the site)	

**Site Plan Information**

Y	N/A		Y	N/A	
		Location of existing structures, sanitary systems, and water supplies depicted and labeled			Location of proposed structures, sanitary systems, and water supplies depicted and labeled
		Metes and Bounds of property lines			Gross floor areas of existing/proposed buildings
		Tax map number stated			Number of stories of each building w/ dimensions and finished 1 <sup>st</sup> floor elevation, including basement
		Key map/ location map			Label sanitary systems, water supplies, or structures that are to be removed
		Scale (Engineering Scale)			Indicate occupant and use of each building and/or unit
		North arrow			Groundwater management zone
		Lot area			Allowable flow calculation
		Distance to the nearest cross street			Existing and proposed sanitary flow calculations provided
		5x7 clear space for approval stamp			Design calculations sizing the existing and/or proposed sanitary system
		Design professional signature and seal (Either the seal or signature must be original)			Details of septic tank/grease trap/leaching pools/manholes/ pump station/crossings
		Design professional title block			50% leaching pool expansion area
		Test hole location/ data/ elevation/date/company depicted			Profile of sanitary system/sewer mains with inverts and grade elevations
		Soil classification based on unified soil classification system			Setbacks maintained in accordance w/ Table 2 of the commercial standards
		Elevations based upon NAVD (1988), USC & GS Datum			Details of water supply systems (thrust blocks, RPZ, private well details)
		Groundwater and highest expected groundwater elevation stated			Location of underground storage tanks
		Corner elevations stated and/or 2 ft contours			Retaining wall detail w/ elevations
		Neighboring water supplies stated (public water, private well, vacant) for all lots within 150 ft of the property			Location of drainage structures (existing and proposed)
		Location of neighboring wells depicted for all lots within 150 ft of the property			Location of existing and proposed utility lines (gas/electric)
		Location of existing and/or proposed water mains and service lines			Location of existing/proposed easements labeled
		Location of existing and/or proposed sewer mains and house connections			Location of surface waters/wetlands within 300 ft of the property depicted

**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 ALL THE PAGES OF THIS CHECKLIST AND ALL THE ATTACHMENTS HAVE BEEN REVIEWED BY US AND THAT, BASED ON OUR INQUIRIES, SITE INVESTIGATION(S) AND/OR OTHER STUDY(IES), 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.

APPLICANT'S SIGNATURE(S), (AGENT, ETC. NOT ACCEPTABLE) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT APPLICANT'S NAME (S) \_\_\_\_\_

DESIGN PROFESSIONAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_