

### WASHINGTON COUNTY DEPARTMENT OF CODE ENFORCEMENT

Physical Address:Mailing Address:1153 Burgoyne Ave.383 BroadwayFort Edward, NY 12828Fort Edward, NY 12828

Phone: (518) 746-2150

#### **SEWAGE DISPOSAL SYSTEM APPLICATION**

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.

To avoid any delays in the processing of the application and issuance of the Sewage Disposal Permit, read all the following instructions and attached information carefully.

## <u>BEFORE</u> SUBMITTING YOUR APPLICATION, MAKE SURE YOU COMPLY WITH THE FOLLOWING:

| Plans shall bear the seal and signature of a New York State licensed design professional.  |
|--|
| Sewage disposal system shall be designed to comply with the county wide sanitary code (Local Law NO. 1 a amended March 17, 1989), NYSDOH appendix 75-A Wastewater Treatment Standards - Residential Onsite Systems & NYS Design Standards for Intermediate Sized Wastewater Treatment Systems. |
| Adirondack Park Agency (APA) and Lake George Park Commission (LGPC) approvals shall be obtained as required by the management entities.(It is the responsibility of property owner to obtain approvals.)   |
| Use typewriter or print in ink. Answer all applicable questions. Be sure to sign and date the application.   |
| Attach TWO copies of your plans and ONE application.   |
| Enclose the fee of \$75.00. Make check payable to the <b>Washington County Treasurer</b> . This is a non-refundable application fee.   |
| Insurance Requirements: ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE  Certificate of Workers Compensation Form C-105.2 or U-26.3 AND  Certificate of Disability Insurance Form DB-120.1 or DB-155  |
| <u>OR</u>  |

- · Exemption of Workers Compensation and Disability Benefits Insurance Coverage: Form CE-200
- Electrical inspections are to be performed by a third party inspector.
- Construction of the proposed system shall not commence prior to permit issuance. Any deviation from the approved plan(s) must be authorized by the Code Enforcement Office and licensed design professional prior to installation and inspection.
- Record drawing of the system shall be submitted to the Building Department once the final inspection has passed. Record drawings shall include, but not be limited to, triangulation distances to the septic tank covers, D-box, & the corners of the finished leach field.
- Alternative systems require construction observation by licensed design professional and written certification of completed system.

Send all documents and applications to:
Washington County
Department of Code Enforcement
383 Broadway
Fort Edward, NY 12828

as



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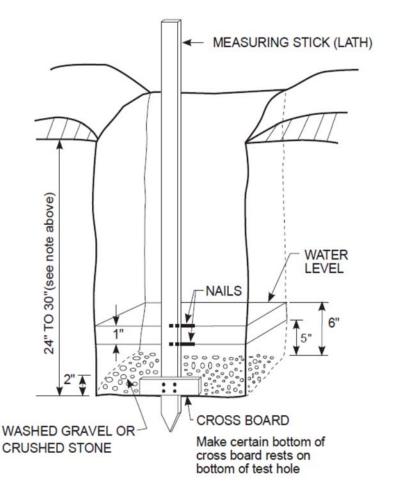
#### **SEWAGE DISPOSAL SYSTEM APPLICATION**

| FOR OFFICE USE ONLY APPLICATION NO. DATE RECEIVED: DATE EXAMINED: AMOUNT OF FEE RECEIVED:  Project Location:  TAX MAP SECTION  | STREET / ADD<br>BLOCK                           |   | PERMIT NO. REASONS:  EXAMINED BY  TOW LOT |   |
|--|---|---|---|---|
| APPLICANT IS: OWNER ARCHIT   | ECT/ENGINEER                                    | BUILDER/CONT  | RACTOR OTHER                              | :   |
| APPLICANT:  NAME:  MAILING ADDRESS:  |   | OWNER (IF DIF<br>NAME:<br>MAILING ADDR                                      | EESS:                                     | CANT):  |
| HOME / OFFICE PHONE #: CELL PHONE #: EMAIL:  |   | HOME PHONE #: CELL PHONE #: EMAIL:  | :   |   |
| IF OWNER / APPLICANT IS A CORPORAT Name: Name:   | ION GIVE THE N                                  | AME AND TITLE OF  | TWO OFFICERS:  Title:  Title:             |   |
| OCCUPANCY: STRUCTURE: NEW SINGLE FAMILY HOME ONE - FAMILY DWELLING TWO - FAMILY DWELLING MULTIPLE DWELLING: PERMANENT OCCUPANCY TRANSIENT OCCUPANCY ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS | R3 M<br>R3 F<br>S<br>R2 A<br>R1 II<br>N<br>R4 C | SUSINESS MERCANTILE ACTORY TORAGE ASSEMBLY NSTITUTIONAL MISCELLANEOUS OTHER | DESCRIBE                                  | GROUP B GROUP M GROUP F GROUP S GROUP A GROUP I GROUP U GROUP |
| NATURE OF PROPOSED WORK: (CHECK<br>CONSTRUCTION OF A NEW DISPOSE<br>REPAIR OR REPLACEMENT OF AN<br>DISPOSAL SYSTEM<br>ALTERATION OF AN EXISTING DISPOSAL (DESCRIBE)                                    | SAL SYSTEM<br>EXISTING<br>SPOSAL SYSTEM         |   | DESCRIBE                                  |   |
| NAME PHA   | ) CONTRACTOR<br>ASE OF WORK                     | PHONE   | ECK IF OWNER BUILT EMAIL                  |   |

#### **Soil Percolation Test Procedure**

The procedure noted below should be followed in performing a soil percolation test:

- (1) Make sure proper construction safety practices are followed.
- (2) Dig a hole with vertical sides approximately 12 inches wide on all four (4) sides or 12 inches in diameter. The depth of the test holes should be 24 to 30 inches below final grade or at the projected bottom of trenches in shallower or deeper systems. Holes shall be hand dug; the use of a backhoe to excavate the upper soils is not acceptable. It is necessary to place washed aggregate in the lower two (2) inches of each percolation test hole or employ another method that will reduce scouring and silting action when water is poured into the hole. The sides of percolation holes should be scraped to avoid smearing.
- (3) Pre-soak the test hole by periodically filling the hole with water and allowing the water to seep away. This procedure should be performed for at least four (4) hours and should begin one (1) day before the test, except in clean, coarse sand and gravel. After the water from the final pre-soaking has seeped away, remove any loose soil that has fallen from the sides of the hole. Pre-soaking saturates the surrounding soil and allows for clay in the soil to swell, simulating when a system is in operation and receiving wastewater effluent.
- (4) Pour clean water into the hole, with as little splashing as possible, to a depth of six (6) inches above the bottom of the test hole.
- (5) Observe and record the time in minutes required for the water to drop from the six (6) inch depth to the five (5) inch depth.



(6) Repeat the test a minimum of three (3) times until the time for the water to drop from six (6) inches to five (5) inches for two (2) successive tests is approximately equal (i.e.,  $\leq 1$  minutes for 1-30 min./inch;  $\leq 2$  minutes for 31-60 min./inch). The longest time interval to drop one (1) inch shall be taken as the stabilized rate of percolation and shall serve as the basis of design for the absorption system. Note that except for sandy soils, properly pre-soaking a percolation test hole will typically shorten the time spent for successive percolation rates to become equal.

## WASHINGTON COUNTY

Flat

Topography:

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Sloped

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Other

Rolling

Fort Edward, NY 12828 Fort Edward, NY 12828

Phone: (518) 746-2150 **Soil and Site Appraisal** 

| Waterbodies wi        | thin 200 feet:   | Stream/River  | Pond/Lake          | Wetland              | Intermittent draina                                | ge None               |
|-----------------------|------------------|---|--------------------|----------------------|--|-----------------------|
| <b>Existing Water</b> | Supplies with    | in 200 feet:  | No Yes             | (if yes i            | dentify on plan)                                   |                       |
|                       |                  | soil test results, please<br>clow proposed absorpti |                    |                      |  |                       |
| Depth                 |                  |   | Soil De            | escription           |  |                       |
| 0" _                  | "                |   |                    |                      |  |                       |
| " -                   | "                |   |                    |                      |  |                       |
| " _                   | "                |   |                    |                      |  |                       |
| " _                   | "                |   |                    |                      |  |                       |
| " _                   | "                |   |                    |                      |  |                       |
|                       | "                |   |                    |                      |  |                       |
| Groundwater:          | " N              | Mottling depth:                                     | " Bedrock,         | shale, imperv        | vious boundary depth:                              | "                     |
| Proposed depth of     | absorption syste | m below existing grad                               | le:                | ' (use + ir          | ndicate an elevated syste                          | em)                   |
| 4) <b>P</b>           | rivy/ Out-hous   | f-depth and full depth<br>e: full depth of propose  |                    |                      | 1 di TE 4 40                                       |                       |
|                       | Percolation T    |   |                    | Percolation Test #2: |  |                       |
| Percolatio            | on Test Depth —  | inches  | I                  | Percolation To       | est Depth  | inches<br>-           |
| Min/Inch =            | 1                | Min/Inch =  | Min/Inc            | h =                  | Min/Inch =   |                       |
| Min/Inch =            | N                | Min/Inch =  | Min/Inc            | h =                  | Min/Inch =   |                       |
| Min/Inch =            | N                | Min/Inch =  | Min/Inc            | h =                  | Min/Inch =   |                       |
| Min/Inch =            | N                | Min/Inch =  | Min/Inc            | h =                  | Min/Inch =   |                       |
| Min/Inch =            | I                | Min/Inch =  | Min/Inc            | h =                  | Min/Inch =   |                       |
|                       |                  | RY CODE, LOCAL La<br>proposed absorption field      |                    |                      | two (2) percolation tests are of each seepage pit. | and one (1) deep test |
|                       | New York         | State licensed desi                                 | gn professional: ( | signature)           |  | Date                  |
|                       |                  | Print N   | Vame               |                      |  |                       |



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## Phone: (518) 746-2150 Proposed Sewage System Information:

| Residential # of Bedrooms                                       | X   | GPD =                        | =                                 | Daily         |
|---|---|------------------------------|-----------------------------------|---------------|
| Non-Residential # of Occupants                                  | X   | GPD =                        | =                                 | _ Design      |
| Other:  | X   | GPD =                        | =                                 | Flow          |
| Non-Waterborne System:  |   |                              |                                   |               |
| Composter (NSF 41) Che  | emical and Recirculating T                      | Coilets Incinerator          | Γoilet                            |               |
| Closed Vault Privy / Out-House                                  | Open Vault Privy                                | Out-House                    |                                   |               |
| Holding Tank: (Shall not be u                                   | sed for new construction.                       | High level alarm and wate    | r supply shutoff required)        |               |
| Tank Size (min 5 days flow)                                     | Gallons   | Гапк Material                |                                   |               |
| Septic Tank: In-sink garbag                                     | e disposal No Y                                 | es (if yes add 250           | gallons to tank size)             |               |
| Tank Size Gallon  | S Dual Compartme                                | nt No Yes                    | Tank Material:                    |               |
| Absorption Field: (Distribution                                 | on Box Required)                                |                              |                                   |               |
| Trench Type: Stone and Pipe                                     | -   |                              |                                   |               |
| Trench Width: Inc   |   | _                            |                                   |               |
| Number of Laterals:   | Length of Laterals                              | :Feet                        | (60' maximum length for Grav      | vity Systems) |
| Total System Length:  | Feet Note: All la                               | aterals must be of equal ler | ngth                              |               |
| Absorption Bed: (Pressure/Dos. Bed Type: Stone and Pipe         | ing Distribution Required)<br>Gravelless System |                              |                                   |               |
| Bed Width: Fee  | t (Maximum bed width                            |                              |                                   |               |
| Total System Area:  | Square Feet Bed                                 | Bottom depth: (Bottom)       | Inches                            |               |
| Seepage Pit (s): (Multiple pits Effective Pit Diameter in feet: | require the use of a distrib                    | ution box) (stone size mi    | n 3/4" to max 2 1/2")             |               |
| ·   | Aggregate Thickness                             | + Aggregate Thic             | kness = Total Effec               | tive Ø ft.    |
| Effective Pit <b>Depth</b> in feet:                             |   | riggregate rine              | rour Enec                         |               |
| Aggregate Thickness Under                                       | Vault + Perfora                                 | ted Vault to Inlet nine      | = Total Effective De              | nth in Feet   |
| Effective <b>Side Wall</b> Area in square                       |   | oottom area of pit)          | Total Elicotive Be                | pui iii i cet |
|   | •   | • /                          | Effective Side Wall Area          |               |
| Total Effective Area in square feet:                            |   |                              | effective diameter from the pit e | udaa)         |
| -   | 1   | •                            | -                                 | eage)         |
| Effective Side Wall Area  | XNumber of Pits                                 | Total Ef                     | rective Side wan Area             |               |
| Alternative Systems:  Raised Mound                              | Intermittent Sand Filte                         | er Evaporation-Tran          | spiration and Evapo-Transpiration | Absorption    |
| Site Modification:  |   | •                            |                                   | •             |
| Clay Barrier Protecting Bedrock                                 | Recharge Aquifers                               | Limited Surficial U          | seable Soil                       |               |
| Very Fast Percolating Soils                                     | Sloping Sites                                   |                              | Frenches on Sloped Sites          |               |
| •   | 1 6   | 1                            | 1                                 |               |

## MASHINGTON COUNTY

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Plans submitted shall include the following information:

- A. House location.
- B. Location of driveways, garages, swimming pools, or any other structures.
- C. Location of well or public water main and house connection.
- D. Location of any water courses, ponds, lakes, wetlands, etc., on or within 100 feet of the property lines.
- E. Location of all deep test holes and percolation test holes. A minimum of one (1) deep test hole and two (2) percolation tests holes required.
- F. Location of all wells and sewage disposal systems within 200 feet of the proposed system.
- G. Location and details of the proposed sewage disposal system and must include a 50 percent future expansion area.
- H. Location of discharge points for gutters, footing drains, storm and curtain drains.
- I. Design criteria to include number of bedrooms, soil percolation rate, application rate, etc.
- J. Plans shall be drawn to scale.
- K. Site location, north arrow, plot plan, including major physical features.
- L. Plan and cross sections of the Sewage Disposal System, including the 50 percent expansion area, and construction details of all system components.
- M Two (2) foot contours of the property. If ground is to be cut or filled, both existing and proposed contours must be shown.
- N. Title box indicating owner and location of property, mailing address of owner, name and address of Designer of the proposed system, date of drawing, any revisions made, and scale of drawing.

APPLICATION is hereby made to the WASHINGTON COUNTY DEPARTMENT OF CODE ENFORCEMENT for the issuance of a sewage disposal permit pursuant to the provisions of WASHINGTON COUNTY SANITARY CODE, LOCAL LAW #1 1988 as Amended March 17, 1989. The applicant agrees to comply with all applicable provisions of said law as well as all applicable local, county or state laws and/or ordinances; and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

| Applicants Signature | Date |
|----------------------|------|
|                      |      |
| Print Name           |      |

# Certificate of Attestation of Exemption



Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

#### Follow these steps:

- 1. Go to businessexpress.ny.gov.
- **2.** Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
- 3. If you do not have a NY.gov business account, go to step 4 to set up your account.
  If you have a NY.gov log-in and password, go to step 16.
- 4. Select Register with NY.gov under New Users.
- **5.** Select **Proceed**.
- **6.** Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
- 7. Select I'm not a robot.
  - You may have to complete a Captcha Verification before proceeding.
- 8. Select Create Account.
  - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a NY.gov Business account, select Email Me the Username(s).
- **9.** Verify that the account information is correct.
  - Select Continue.

- 10. An activation email will be sent.
  - If you do not receive an email, see the No Email Received During Account Creation page.
- 11. Open your activation email and select Click Here.
  - Specify three security questions.
  - Select Continue.
- **12.** Create a password (must contain at least eight characters).
- **13.** Select **Set Password**. You have successfully activated your NY.gov ID.
- 14. Select Go to MyNy.
  - At the top of the screen select **Services**.
  - Select **Business**
  - Select New York Business Express.
  - Select Log in/Register.
- **15.** On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select Certificate of Attestation of Exemption, or
  - Search Index A-Z for CE-200.
- **16.** Under **How to Apply**:
  - Select Apply as a Business, or
  - Select Apply as a Homeowner (applies to those obtaining permits to work on their residence).
- 17. Complete application screens.
- 18. Review Application Summary.
- 19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select Access Recent Activity from your email, or
- Access businessexpress.ny.gov, and then access your Dashboard (under your login name on right).

Print and <u>sign</u> the *Certificate* of *Attestation* of *Exemption*.

Submit your *CE-200* for your license, permit or contract to the issuing Agency.