

New York State Department of Environmental Conservation
APPLICATION FOR APPROVAL OF PLANS FOR A SANITARY SEWER EXTENSION

1. NAME OF APPLICANT		2. LOCATION OF WORKS (City, Town, Village)		3. COUNTY	
4. ENTITY OR AREA SERVED BY EXTENSION		5. TYPE OF OWNERSHIP			
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sewage Works Corp. <input type="checkbox"/> Private- Institutional <input type="checkbox"/> Federal <input type="checkbox"/> Industrial <input type="checkbox"/> Private- Home <input type="checkbox"/> Board of Education <input type="checkbox"/> State <input type="checkbox"/> Commercial <input type="checkbox"/> Private- Other <input type="checkbox"/> Authority <input type="checkbox"/> International			
6. TYPE AND NATURE OF CONSTRUCTION			7. ESTIMATED COST OF CONSTRUCTION		
Collection System (Select all that apply)			Collection System		
<input type="checkbox"/> New <input type="checkbox"/> Low-Pressure Sewer System <input type="checkbox"/> Additions or Alterations <input type="checkbox"/> Pump Station					
8. TYPE OF WASTE					
<input type="checkbox"/> Sewage <input type="checkbox"/> Industrial (Specify) _____ <input type="checkbox"/> Other (Specify) _____					
9. RECEIVING WWTF		10. POINT OF WWTF DISCHARGE		Receiving Waterbody Class:	
		Receiving Waterbody:			
11. STATE OR FEDERAL AID		SPDES Permit Number: NY		Date Issued:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Project No.:				Stream Index No.:	
12. NAME OF DESIGN ENGINEER					
Name:				NYS License #:	
Address:				Telephone #:	
13. WATER CONSUMPTION (GPD)					
Present:		Future:		Design Year:	
14. POPULATION SERVED					
Present:		Future:		Design Year:	
15. AVERAGE DAILY FLOW FOR NEW OR EXISTING TREATMENT WORKS (GPD)					
Present:		Future:		Design Year:	
16. SOURCE OF WATER SUPPLY (If private well; give location, type, depth, soil)			17. DESIGN EQUIVALENT POPULATION		
			BOD Basis:		
			Design Flow (GPD):		
18. GIVE NUMBER, TYPE, AND DISTANCE OF ANY BUILDINGS AFFECTED.			19. DESCRIBE STORMWATER DISPOSAL.		
ADDITIONAL INFORMATION MUST BE SUBMITTED FOR PRIVATE AND INSTITUTIONAL SYSTEMS.					
20. INDICATE ON USGS TOPOGRAPHICAL MAP EXACT LOCATION OF TREATMENT WORKS AND ALL WELLS OR OTHER SOURCES OF WATER SUPPLY WITHIN 200' OF THE PROPOSED WORKS. GIVE DESCRIPTION OF THESE SOURCES AND CHARACTER OF SOIL. See also NYSDEC's InfoLocator.					
21. STATE DEPTH BELOW EXISTING GROUND SURFACE AT WHICH GROUNDWATER IS ENCOUNTERED.			22. DESCRIBE SOIL AT SITE OF PROPOSED WORKS. GIVE DESIGN BASIS AND OBSERVED SOIL PERCOLATION RATE DATA.		
Date:					

Note: All applications must be accompanied by plans and specifications. The submission must conform to a previously approved engineering report describing the system in detail. The plans must be stamped with the designing engineer's seal with the engineer's signature across the stamped seal. The stamped seal must be of sufficient clarity and eligibility to permit satisfactory copies and/or microfilming. There must be a blank area, at least 4" x 7", in the lower right corner of each sheet so that the approval stamp may be placed on the face of the plans. The cover sheet must also be stamped by a professional engineer, along with their wet signature and a hand-written date for the Departments' acceptance.

Any deviation from the Department's standards for wastewater collection and treatment facilities must be explained in detail.

Approved plans are to be returned to: Applicant Engineer

In addition to the applicants' signature, the responsible entity receiving the wastewater from the proposed sanitary sewer extension, must sign this form to confirm that they have the capacity to accept the additional flow. Please note, as defined in 6NYCRR Part 750-1.6(f), the responsible entity is either a government agency, municipality, or sewage disposal corporation. The form can be signed by parties other than the executive officer, general partner, sole proprietor, or elected official, but only if a letter of SPDES Permit Designation of Authority is also submitted.

If the proposed sanitary sewer extension begins in one municipality and is conveyed to another municipality's sanitary infrastructure for treatment, then both responsible entities must sign this form to confirm that the downstream conveyance system, pump station, and wastewater treatment facility have the available capacity to accept the additional flow.

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant Signature and Official Title: _____

Responsible Entity/Entities Signature and Official Title: _____

Approved Plans Return Mailing Address: _____

Date of Application: _____

REMARKS: