



**DEPARTMENT OF CODE ENFORCEMENT**  
Washington County Annex I Office Building  
415 Lower Main St.  
Hudson Falls, New York 12839  
Phone: (518) 746-2150 Fax: (518) 746-2175

## **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.

### **BEFORE 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 as 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 **Washington County Treasurer**. This is a non-refundable application fee.

Insurance Requirements: **ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE**

- a. Certificate of Workers Compensation: Form C-105.2 or U-26.3
  - b. Certificate of Disability Insurance: Form DB-120.1 or DB-155
  - c. Exemption of Workers Compensation and Disability Benefits Insurance Coverage: Form CE-200
  - b. Affidavit of Exemption to show Specific Proof of Workers' Compensation Insurance Coverage for 1, 2, 3, 4 Family, Owner-occupied Residence: Form BP-1
- 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:**

**Department of Code Enforcement  
Washington County Annex 1 Office Building  
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**SEWAGE DISPOSAL SYSTEM APPLICATION**

<b>FOR OFFICE USE ONLY</b>		
APPLICATION NO. _____	<input type="checkbox"/> APPROVED	PERMIT NO. _____
DATE RECEIVED: _____		REASONS: _____
DATE EXAMINED: _____	<input type="checkbox"/> DISAPPROVED	_____
AMOUNT OF FEE RECEIVED: _____		EXAMINED BY: _____

**Project Location:** \_\_\_\_\_

STREET / ADDRESS	TOWN	VILLAGE
TAX MAP SECTION _____	BLOCK _____	LOT _____

<b>APPLICANT:</b>	<b>APPLICANT IS:</b>
NAME: _____	OWNER
MAILING ADDRESS: _____	LESSEE
_____	AGENT
_____	ARCHITECT / ENGINEER
TELEPHONE # _____	BUILDER / CONTRACTOR
TELEPHONE # _____	
E-MAIL: _____	

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: \_\_\_\_\_

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS: \_\_\_\_\_

\_\_\_\_\_

STRUCTURE:		CHECK APPROPRIATE BOX(S)		DESCRIBE	
NEW	EXISTING				
SINGLE FAMILY HOME		BUSINESS		_____	GROUP B
ONE - FAMILY DWELLING	R3	MERCANTILE		_____	GROUP M
TWO - FAMILY DWELLING	R3	FACTORY		_____	GROUP F
MULTIPLE DWELLING:		STORAGE		_____	GROUP S
PERMANENT OCCUPANCY	R2	ASSEMBLY		_____	GROUP A
TRANSIENT OCCUPANCY	R1	INSTITUTIONAL		_____	GROUP I
ADULT RESIDENTIAL CARE	R4	MISCELLANEOUS		_____	GROUP U
(NOT MORE THAN 16 OCCUPANTS)		OTHER		_____	GROUP ____

**NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY)**

CONSTRUCTION OF A NEW DISPOSAL SYSTEM	DESCRIBE
REPAIR OR REPLACEMENT OF AN EXISTING DISPOSAL SYSTEM	_____
ALTERATION OF AN EXISTING DISPOSAL SYSTEM	_____
OTHER (DESCRIBE)	_____

<b>ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:</b>			CHECK IF OWNER BUILT		
NAME	PHASE OF WORK	PHONE	EMAIL		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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**Soil and Site Appraisal**

**Topography:** Flat      Rolling      Sloped      Other \_\_\_\_\_

**Waterbodies within 200 feet:**      Stream/River      Pond/Lake      Wetland      Intermittent drainage      None

**Existing Water Supplies within 200 feet:**      No      Yes      (if yes identify on plan)

**Deep Test Pit:**

(If more room is needed to record soil test results, please use a separate sheet of paper using the same format.)

**Test Depth -** 5' minimum and 2' below proposed absorption systems / 5' minimum below deepest seepage pit.

Depth	Soil Description
0" - "	
" - "	
" - "	
" - "	
" - "	
" - "	

Groundwater: \_\_\_\_\_ "      Mottling depth: \_\_\_\_\_ "      Bedrock, shale, impervious boundary depth: \_\_\_\_\_ "

Proposed depth of absorption system below existing grade: \_\_\_\_\_ "      (use + indicate an elevated system)

**Percolation Tests:**

(If more room is needed to record soil test results, please use a separate sheet of paper using the same format)

**Test Hole Size:** 12" square or 12" diameter circle.

- Test Depth:**
- 1) **In ground absorption systems:** 20-30 inches deep or projected trench depth
  - 2) **Elevated absorption systems:** 12 inches into existing grade
  - 3) **Seepage pits:** half-depth and full depth of proposed pit depth
  - 4) **Privy/ Out-house:** full depth of proposed pit

Pre-soak is not necessary if after filling hole (2) times with 12 inches of water it seeps away completely in less than ten minutes.

**Percolation Test #1:**

**Percolation Test #2:**

Percolation Test Depth _____ inches		Percolation Test Depth _____ inches	
Min/Inch = _____	Min/Inch = _____	Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____	Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____	Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____	Min/Inch = _____	Min/Inch = _____
Min/Inch = _____	Min/Inch = _____	Min/Inch = _____	Min/Inch = _____

**WASHINGTON COUNTY SANITARY CODE, LOCAL LAW# 1, 1988,** Requires a minimum of two (2) percolation tests and one (1) deep test hole be performed in the area of each proposed absorption field or in the case of seepage pits at the site of each seepage pit.

\_\_\_\_\_  
New York State licensed design professional: (signature)      Date

\_\_\_\_\_  
Print Name



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Proposed Sewage System Information:

Residential # of Bedrooms X GPD = Daily Design Flow
Non-Residential # of Occupants X GPD =
Other: X GPD =

Non-Waterborne System:

Composter (NSF 41) Chemical and Recirculating Toilets Incinerator Toilet
Closed Vault Privy / Out-House Open Vault Privy / Out-House

Holding Tank: (Shall not be used for new construction. High level alarm and water supply shutoff required)

Tank Size (min 5 days flow) Gallons Tank Material

Septic Tank: In-sink garbage disposal No Yes (if yes add 250 gallons to tank size)

Tank Size Gallons Dual Compartment No Yes Tank Material:

Absorption Field: (Distribution Box Required)

Trench Type: Stone and Pipe Gravelless System Other

Trench Width: Inches Trench Bottom Depth: (Bottom) Inches

Number of Laterals: Length of Laterals: Feet (60' maximum length for Gravity Systems)

Total System Length: Feet Note: All laterals must be of equal length

Absorption Bed: (Pressure/Dosing Distribution Required)

Bed Type: Stone and Pipe Gravelless System Other

Bed Width: Feet (Maximum bed width 20') Bed Length: Feet

Total System Area: Square Feet Bed Bottom depth: (Bottom) Inches

Seepage Pit (s): (Multiple pits require the use of a distribution box) (stone size min 3/4" to max 2 1/2")

Effective Pit Diameter in feet:

Perforated Vault Ø + Aggregate Thickness + Aggregate Thickness = Total Effective Ø ft.

Effective Pit Depth in feet:

Aggregate Thickness Under Vault + Perforated Vault to Inlet pipe = Total Effective Depth in Feet

Effective Side Wall Area in square feet: (do not count bottom area of pit)

Effective Pit Diameter X 3.14 X Effective Pit Depth = Effective Side Wall Area

Total Effective Area in square feet: (pits shall be spaced apart by three times the effective diameter from the pit edge)

Effective Side Wall Area X Number of Pits = Total Effective Side Wall Area

Alternative Systems:

Raised Mound Intermittent Sand Filter Evaporation-Transpiration and Evapo-Transpiration Absorption

Site Modification:

Clay Barrier Protecting Bedrock Recharge Aquifers Limited Surficial Useable Soil
Very Fast Percolating Soils Sloping Sites In-situ Absorption Trenches on Sloped Sites



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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.

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Applicants Signature

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Date

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Print Name



# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party. \*\**

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

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

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

BP-1 (12/08)

NY-WCB

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
  - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.