

**APPLICATION FOR APPROVAL OF PLANS FOR A WASTEWATER DISPOSAL SYSTEM**

1. NAME OF APPLICANT		2. LOCATION OF WORKS (City, Village, Town)			3. COUNTY	
4. ENTITY OR AREA SERVED		5. Type of Ownership:				
		<input type="checkbox"/> Municipal <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Sewage Works Corp <input type="checkbox"/> Private - Home	<input type="checkbox"/> Private - Other <input type="checkbox"/> Private - Institutional <input type="checkbox"/> Board of Education	<input type="checkbox"/> Authority <input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Interstate <input type="checkbox"/> International <input type="checkbox"/> Indian Reservation
6. TYPE AND NATURE OF CONSTRUCTION			7. ESTIMATED COST OF CONSTRUCTION			
Collection System <input type="checkbox"/> New Works <input type="checkbox"/> Additions or Alterations		Treatment and/or Disposal <input type="checkbox"/> New <input type="checkbox"/> Additions or Alterations	Collection System		Treatment and/or Disposal	
8. TYPE OF WASTE <input type="checkbox"/> Sewage <input type="checkbox"/> Industrial (Specify) _____ <input type="checkbox"/> Other (Specify) _____						
9. NAME OF RECEIVING TREATMENT WORKS		10. POINT OF DISCHARGE				
		Surface Water: (Name of Watercourse)			Class	
11. IS STATE OR FEDERAL AID APPLIED FOR? <input type="checkbox"/> Yes <input type="checkbox"/> No  Give Project No. _____		Ground Water: (Name of Watercourse to which ground water is tributary)			Class	
		LOCATION (City, Village, Town)	TYPE OF PERMIT <input type="checkbox"/> NPDES <input type="checkbox"/> SPDES	PERMIT NO.	DATE ISSUED	
12. NAME OF DESIGN ENGINEER				NEW YORK STATE LICENSE NO.		
ADDRESS				TELEPHONE NO.		
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 and character of soil)				17. DESIGN EQUIVALENT POPULATION (BOD Basis)		
				Design Flow GPD	Design Plant Efficiency %	
18. GIVE NUMBER, CHARACTER AND DISTANCE OF ANY BUILDINGS WHICH MAY BE AFFECTED BY THE PROPOSED TREATMENT WORKS				19. DESCRIBE PROPOSED OR EXISTING STORM WATER DISPOSAL		
<b>ADDITIONAL INFORMATION MUST BE SUBMITTED FOR PRIVATE AND INSTITUTIONAL SYSTEMS.</b>						
20. INDICATE OF U.S.G.S. TOPOGRAPHIC MAP EXACT LOCATION OF SEWAGE TREATMENT WORKS AND ADJACENT BUILDINGS. SHOW LOCATION OF ALL WELLS OR OTHER SOURCES OF WATER SUPPLY WITHIN 200' OF THE PROPOSED WORKS. GIVE DESCRIPTION OF THESE SOURCES AND CHARACTER OF SOIL.						
21. STATE DEPTH BELOW EXISTING GROUND SURFACE AT WHICH GROUND WATER IS ENCOUNTERED			22. DESCRIBE SOIL AT SITE OF PROPOSED WORKS, GIVE DESIGN BASIS AND OBSERVED SOIL PERCOLATION RATE DATA (Use additional sheet, if necessary)			
DATE:						

**NOTE:** All applications must be accompanied by plans, specifications and completed Form BSP-65 (appropriate portions). 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 and must be of sufficient clarity and eligibility to permit satisfactory microfilming. Only white prints will be accepted because of the difficulty of microfilming blue prints. 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.

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

**If the application is signed by a person other than the applicant shown in Item 1, the application must be accompanied by a letter of authorization. Failure to comply with this provision may be grounds for the rejection of any submission.**

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.

Signatures and Official Titles: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date of Application: \_\_\_\_\_

REMARKS: