



**WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT**

Physical Address:
1153 Burgoyne Ave.
Fort Edward, NY 12828
Phone: (518) 746-2150

Mailing Address:
383 Broadway
Fort Edward, NY 12828

SEWAGE DISPOSAL SYSTEM APPLICATION

THIS IS A NON-REFUNDABLE APPLICATION FEE.

INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.

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**
 - Certificate of Workers Compensation Form C-105.2 or U-26.3 **AND**
Certificate of Disability Insurance Form DB-120.1 or DB-155
 - OR**
 - 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



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FOR OFFICE USE ONLY

APPLICATION NO. _____
DATE RECEIVED: _____
DATE EXAMINED: _____
AMOUNT OF FEE RECEIVED: _____

☐ APPROVED
☐ DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY _____

Project Location:

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

APPLICANT IS: ☐ OWNER ☐ ARCHITECT/ENGINEER ☐ BUILDER/CONTRACTOR ☐ OTHER: _____

APPLICANT:

NAME: _____
MAILING ADDRESS: _____

HOME / OFFICE PHONE #: _____
CELL PHONE #: _____
EMAIL: _____

OWNER (IF DIFFERENT THAN APPLICANT):

NAME: _____
MAILING ADDRESS: _____

HOME PHONE #: _____
CELL PHONE #: _____
EMAIL: _____

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

Name: _____ Title: _____
Name: _____ Title: _____

OCCUPANCY:

CHECK APPROPRIATE BOX(S)

STRUCTURE: ☐ NEW

☐ EXISTING

			DESCRIBE	
<input type="checkbox"/> SINGLE FAMILY HOME		<input type="checkbox"/> BUSINESS	_____	GROUP B
<input type="checkbox"/> ONE - FAMILY DWELLING	R3	<input type="checkbox"/> MERCANTILE	_____	GROUP M
<input type="checkbox"/> TWO - FAMILY DWELLING	R3	<input type="checkbox"/> FACTORY	_____	GROUP F
MULTIPLE DWELLING:		<input type="checkbox"/> STORAGE	_____	GROUP S
<input type="checkbox"/> PERMANENT OCCUPANCY	R2	<input type="checkbox"/> ASSEMBLY	_____	GROUP A
<input type="checkbox"/> TRANSIENT OCCUPANCY	R1	<input type="checkbox"/> INSTITUTIONAL	_____	GROUP I
<input type="checkbox"/> ADULT RESIDENTIAL CARE	R4	<input type="checkbox"/> MISCELLANEOUS	_____	GROUP U
(NOT MORE THAN 16 OCCUPANTS)		<input type="checkbox"/> OTHER	_____	GROUP ____

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY)

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

DESCRIBE WORK & ESTIMATED COST (EXCLUSIVE OF LAND)

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:

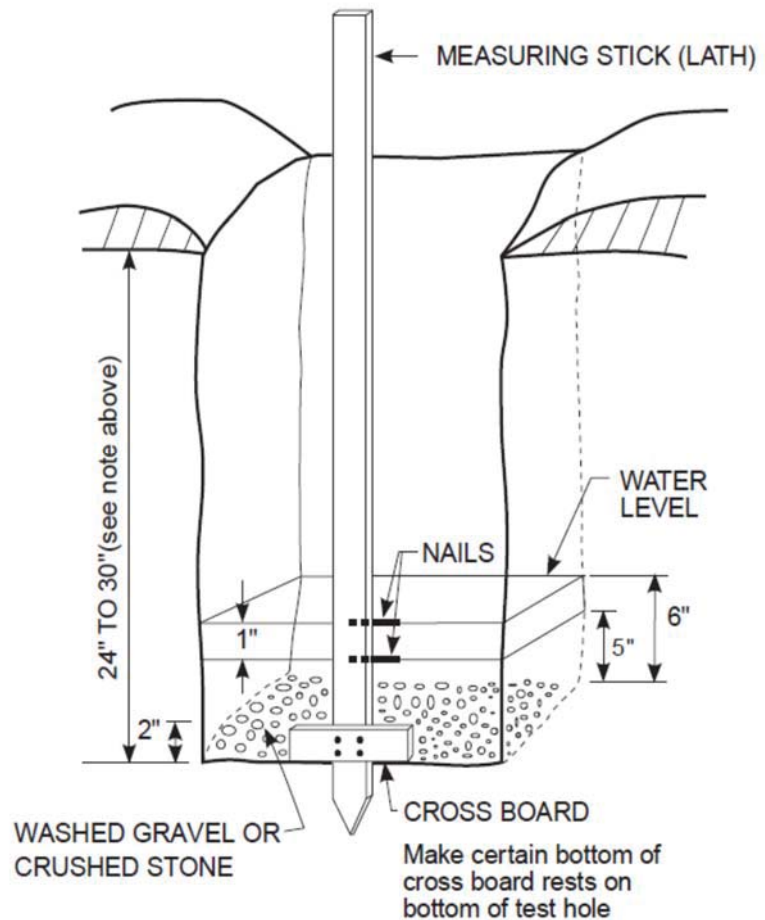
☐ CHECK IF OWNER BUILT

NAME	PHASE OF WORK	PHONE	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., ≤ 1 minutes for 1 – 30 min./inch; ≤ 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.





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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

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 =	0.0	Daily Design Flow
Non-Residential # of Occupants	X	GPD =	0.0	
Other:	X	GPD =	0	

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: 0 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: 0.0 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 = 0 Total Effective Ø ft.

Effective Pit Depth in feet:

_____ Aggregate Thickness Under Vault + _____ Perforated Vault to Inlet pipe = 0 Total Effective Depth in Feet

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

0 Effective Pit Diameter X 3.14 X 0 Effective Pit Depth = 0.00 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)

0.00 Effective Side Wall Area X _____ Number of Pits = 0.0 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.

Applicants Signature

Date

Print Name

Certificate of Attestation of Exemption



Workers' Compensation Board

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 sign the **Certificate of Attestation of Exemption**.

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