NEW YORK STATE DEPARTMENT OF HEALTH Division of Environmental Health Protection

Application for Approval of Sanitary Facilities for a Single Lot in an Unapproved Realty Subdivision¹

Owner		Address			
ot Size Topography			Soil Type		Drainage
Water Supply: Public water/water supplier approval letter attached Residential well/NYS DEC Well Completion Report attached Well water quality results: attached DWTS: Describe (include # bedrooms, type, lengths, dimensions)			Sewage Treatment: Public sewer On-Site Wastewater Treatment System (OWTS)		
OW 15: Describe (Include # bearo	oms, type, lengtns, alme	insions)			
Date Property Acquired		Source of Title			
Description of Hardship/Other Ci	rcumstances (continue o	n reverse side or on addi	tional sheets if necessary):		
Applicant				PE License #	
Address					
Date		Applicant's Signature			
		buildings, proposed on	site septic system and residenti	ial wate	nis application and must show location of r well, neighboring septic systems and tion that will aid in the evaluation of this

²Well water test results from a New York State Department of Health Environmental Laboratory Approval Program laboratory for the following 10 NYCRR Appendix 75-C parameters: coliform bacteria, lead, nitrates, nitrites, turbidity, arsenic, iron, manganese, iron plus manganese, hardness, alkalinity, pH,

sodium and any other contaminants required by the local health department.

DOH-5009 (9/10)