



Schenectady County Public Health Services

Environmental Health
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
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Director of Environmental Health

ORDER OF PROCEDURE FOR INDIVIDUAL SEWAGE DISPOSAL DESIGN

PLEASE READ ENTIRELY

1. Visit Town Building Inspector to acquire necessary paperwork, local regulations, and zoning approvals.
2. Contact Schenectady County Environmental Health Unit (386-2818), to schedule perc test appointment with Design Professional. Complete and submit Percolation Test and Soil Boring Request form.
3. Fill out Individual Sewage Disposal Plan Review Application - attached.
4. Deliver 5 copies of Professionally Designed plans (SEWAGE DISPOSAL SYSTEM ONLY) with Application and \$165.00 fee to Environmental Health Unit. Make checks payable to SCHENECTADY COUNTY. (Approved SEWAGE DISPOSAL plans will be forwarded directly to PE, Town Building Inspector, Contractor, Owner). Only a copy of the plans bearing the Schenectady County Health Department approval stamp may be used by the Contractor.
5. During construction, contact your Design Professional AND County Inspector for required inspections as specified on Permit and Approval Letter.
6. Call your Design Professional and the County Inspector when changes or problems occur during construction. Failure to comply with approved plans can result in legal action against the property owner.
7. Within 15 days of system completion, the Design Professional must forward the PE Inspection Form/As Built Form to the County Environmental Health Unit. An incomplete form will delay County Certification of the system as well as Town Certificate of Occupancy issuance.
8. Do not place the system in use until a Certificate of Approval or a Certificate of Completion has been issued by the County Environmental Health Unit. System use prior to all approvals can result in legal action against the property owner.

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES
ENVIRONMENTAL HEALTH UNIT**

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PLAN REVIEW

The following information is furnished in conjunction with this application to construct a Sewage Disposal System in compliance with Appendix 75-A, and the Schenectady County Sanitary Code.

OWNER NAME: _____ TAX MAP #: _____

OWNER PHONE: (DAYS) _____ NO. OF BEDROOMS _____

PARCEL STREET ADDRESS: _____

LOT NO. _____ DEVELOPMENT: _____

TOWN: _____ PARCEL SIZE: _____

TYPE OF WATER SUPPLY: _____

DETAILED DIRECTIONS TO SITE: _____

ENGINEER NAME: _____ PHONE: _____

ENGINEER ADDRESS: _____

A non-refundable fee of **\$165.00** for the Health Department plan review and system inspection must accompany this application. Please make the check or money order payable to **Schenectady County**. Send application, fee and 5 copies of Professional Engineer Plans to Schenectady County Public Health Services, Environmental Health Unit, 107 Nott Terrace, Suite 300, Schenectady, NY 12308. Environmental Health Unit hours are 8:30 AM – 4:30 PM Monday through Friday.

No construction shall commence until plans have been approved and a Permit to Construct a Sewage Disposal System has been issued.

DATE: _____ OWNER SIGNATURE: _____

CURRENT MAILING ADDRESS: _____

FOR OFFICIAL USE ONLY

FEE RECEIVED: \$ _____

RECEIPT#: _____

DATE RECEIVED: _____ Rec'd by: _____