



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

To avoid any delays in the processing of the application and issuance of the Sewage Disposal Permit, please read all the following instructions and attached information carefully. Complete all applicable information and submit all requested materials:

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Use typewriter or print in ink.
- Answer **all** applicable questions.
- Be sure to **sign** and **date** the application.
- Enclose the fee of \$75.00. Make check payable to the **Washington County Treasurer**. This is a non-refundable application fee.
- Attach **TWO** copies of your plans.
- Proof of **Worker's Compensation Insurance** must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide affidavits, or complete the attached waiver
- Proof of **Worker's Disability Benefits** Coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or complete the attached waiver
- Sewage disposal system shall be designed to comply with the county wide sanitary code (Local Law NO. 1 as amended March 17, 1989) & the NYSDOH appendix 75-A Wastewater Treatment Standards - Residential Onsite Systems.
- New York State Standards and Specifications for Erosion and Sediment Control shall apply to lands within New York State
- Adirondack Park Agency (APA) and Lake George Park Commission (LGPC) approvals shall be obtained as required by the management entities.
- Electrical inspections (new wiring for alternative systems involving pump, etc.) are to be performed by a third party inspector.

Send All Documents and applications to:

Department of Code Enforcement

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FOR OFFICE USE ONLY

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

- APPROVED
APPROVED WITH CORRECTIONS
DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY: _____

Project Location:

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

APPLICANT:

NAME: _____
MAILING ADDRESS: _____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

APPLICANT IS:

- OWNER
LESSEE
AGENT
ARCHITECT / ENGINEER
BUILDER / CONTRACTOR

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: _____

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

OCCUPANCY:

(CHECK APPROPRIATE BOX)

STRUCTURE: [] NEW [] EXISTING

Table with 4 columns: Structure Type, Code, Describe, and Group. Includes categories like Single Family Home, Business, Mercantile, Factory, Storage, Assembly, Institutional, Miscellaneous, and Other.

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY)

Table with 2 columns: Nature of Work (Construction, Repair, Alteration, Other) and Describe.

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS: NAME PHASE OF WORK PHONE NO.
[] CHECK IF OWNER BUILT

Please note the ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Prove It to Move It

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

A) Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); or

C) Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for **building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

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.

LAWS OF NEW YORK, 1998
CHAPTER 439

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.



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Plans submitted for both conventional (septic tank/absorption systems, percolation rate of 60 minutes or less) and alternative sewage disposal systems (other than conventional, percolation rate exceeding 60 minutes) must 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. Title box indicating owner and location of property, mailing address, date and scale of drawing.

Plans submitted for alternative sewage disposal systems, (percolation rate in excess of 60 minutes) must be designed by and bear the seal and signature of a Professional Engineer, Registered Architect, or Land Surveyor (with a pre-1971, 7208N Exemption from the NYS Education Department) licensed and registered to practice in New York State. These plans shall be drawn to scale showing the following information in addition to the required information above.

- A. Site location and North Arrow.
- B. Plot plan, including major physical features
- C. Plan and cross sections of the Sewage Disposal System, including the 50 percent expansion area, and construction details of all system components.
- D. Two (2) foot contours of the property. If ground is to be cut or filled, both existing and proposed contours must be shown.
- E. 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.
- F. An as built set of plans & letter from the design professional stating that the sewage system was constructed as specified. These documents will be required prior to a certificate of compliance being issued and the system being used. (Any deviations from plans shall be noted)

Plans submitted for Commercial buildings must bear the seal and signature of a Professional Engineer, Registered Architect, or Land Surveyor (with a pre-1971, 7208N Exemption from the NYS Education Department) licensed and registered to practice in New York State.



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PLOT DIAGRAM: LOCATE ALL STRUCTURES, (EXISTING AND PROPOSED) SEPTIC SYSTEMS, (EXISTING AND PROPOSED) WATER SUPPLIES, STORMWATER MANAGEMENT AREAS. SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STRUCTURES, STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.



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DESIGN INFORMATION

Number of: Bedrooms X GPD = Daily
Occupants X GPD = Design
Other: X GPD = Flow

Topography: Flat Rolling Sloped Other

Percolation Rates:

Table with 4 columns: Test #1, Test #2, Test #3, Test #4. Each column contains 8 rows of 'RUN #1" = MIN.' through 'RUN #8 1" = MIN.'

Test Pits:

Two tables for 'Deep Test Pit Hole#1' and 'Deep Test Pit Hole#2'. Each has columns for 'Depth' and 'Soil Description' with 6 rows.

Mottling depth: " Groundwater: " Mottling depth: " Groundwater: "

(If more room is needed to record soils tests results please use a separate sheet of paper using the same format as above)
(test depth - Absorption Systems - 5' minimum, Seepage Pits - 4' below deepest pit)

Soil Nature at System Depth: Sand Loam Clay Other

Bedrock or Impervious Material: Depth: Feet

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.

TESTING PERFORMED BY:

Date

Domestic Water Supply: (including all properties with 200')

Public Community Individual : Drilled Surface Water Well Point
Spring Dug Well Shore Wells

If Water Supplies are not a Public/Municipal water system supply the distance to the NEAREST well from:

Table with 3 columns: Description, Feet, Minimum Required. Rows include Septic Tank to water supply, Distribution Box to water supply, Absorption System to Water Supply, Seepage Pit (s) to water supply.



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Proposed Sewage System Design:

Septic Tank: Size of Septic Tank: _____ Gallons Tank Material _____

Absorption Field: (Distribution Box Required)

Trench Type: [] Stone and Pipe [] Gravelless Chamber [] Other _____

Trench Width: _____ Inches Trench Depth: _____ Inches

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

Total System Length: _____ Feet

Absorption Bed: (Pressure/Dosing Distribution Required)

Bed Type: [] Stone and Pipe [] Gravelless Chamber [] Other _____

Bed Width: _____ Feet Bed Length: _____ Feet Bed depth: _____ Inches

Maximum bed width 20' (bed length: See NYSDOH Design Manual)

Seepage Pit (s): (Multiple pits require the use of a distribution box)

Number of Pits: _____ Material Type _____

Size: Diameter: _____ Feet Depth: _____ Feet

Other: _____

Thickness of Stone: (stone size 3/4" to 1 1/2") Around Seepage Pit (s) _____ Feet

Alternative Systems:

Plans submitted for alternative sewage disposal systems, (percolation rate in excess of 60 minutes) must be designed by and bear the seal and signature of a Professional Engineer, Registered Architect, or Land Surveyor (with a pre-1971, 7208N Exemption from the NYS Education Department) licensed and registered to practice in New York State. These plans shall be drawn to scale showing the following information in addition to the required information above.

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