

**ULSTER COUNTY DEPARTMENT OF HEALTH  
 ENVIRONMENTAL HEALTH SERVICES DIVISION  
 239 GOLDEN HILL LANE  
 KINGSTON, NEW YORK 12401  
 845-340-3010**

**APPLICATION FOR AND REPORT OF SEWAGE DISPOSAL SYSTEM**  
***\*THIS IS NOT A PERMIT TO CONSTRUCT\****

Please complete the following:

Date: \_\_\_\_\_  
 Name of Property Owner/Buyer \_\_\_\_\_  
 Present Mailing Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Location of Property \_\_\_\_\_  
 SBL Number \_\_\_\_\_ Township \_\_\_\_\_  
 Lot Size (acres) \_\_\_\_\_  NYCDEP Watershed Area  
 Renewal  Re-Name (Formerly) \_\_\_\_\_  
 Engineer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Residential:**

Existing Realty Subdivision Name/ Lot # \_\_\_\_\_  
 Total Number of Bedrooms \_\_\_\_\_  
 Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_

**Commercial:**

Type of Establishment \_\_\_\_\_  
 \_\_\_\_\_

**OWNER'S SIGNATURE** \_\_\_\_\_  
*AN ORIGINAL APPLICATION AND SIGNATURE IS REQUIRED*

<input type="checkbox"/> <b>Residential:</b> Fee.....\$600.00	<input type="checkbox"/> <b>Commercial:</b> Fee: -Daily flows less than 1,000 gallons.....\$600.00 -Daily flows 1,000 gallons – 10,000 gallons *.....\$900.00 - Daily flows more than 10,000 gallons.....\$900.00 <i>(Daily flows more than 10,000 gallons - plans to be submitted to the NYSDEC for review &amp; approval)</i>  *only applies to facilities permitted by DOH under Part 6, 7, 14, 15 or 17 of the NYS Sanitary Code.
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Payable by Check or Money Order to: **Ulster County Commissioner of Finance**  
***ALL PERMIT/APPLICATION FEES ARE NON-REFUNDABLE***  
**Note:** Applications **will not** be processed without payment.  
*A fee of \$20.00 will be charged by the Ulster County Department of Health for any checks that are returned to our Department from the Bank.*

**NOT TO BE COMPLETED BY APPLICANT**

<b>For Office Use Only</b>
<b>Log Number:</b> _____

