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DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

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INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM LAYOUT

An application for an Individual Water Supply (well) and Sewage Disposal System Layout (septic system) is required to be completed prior to issuance of this Department's approval for the layout of an Individual Sewage Disposal System.

The applicant and the property owner, if other than the applicant, is required to complete and sign the attached application and return same to this office.

A fee of **\$420.00** for each **Sewage Disposal System Layout** and **\$230.00** for each **Individual Water Supply** approval is payable to the Albany County Health Department. Please notice also that prior to approval of the Individual Water Supply that a water sampling must be performed by a representative of our Department. Also any subsequent resampling will be billed to the applicant by Bender Lab.

Mail fee and application to: **Albany County Health Department**
Attn: Environmental Health
175 Green Street
Albany, NY 12202

***PLEASE IDENTIFY ON THE CHECK THE LOCATION OF THE PROPERTY AND THE MUNICIPALITY IN WHICH IT IS LOCATED.**

If you have any questions regarding these requirements, please feel free to contact this office at (518) 447-4620.

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM LAYOUT

This application is for Albany County Health Department approval of an individual sewage disposal system. The applicant has the option of retaining a licensed professional engineer to design the individual sewage disposal system to which this application pertains.

Should the applicant elect to consult, or have the same designed, or reviewed by a licensed professional engineer, an engineering plan, depicting details and design specifications must be submitted to and approved by the Albany County Department of Health prior to construction.

In the event the applicant does not wish to retain a licensed professional engineer to design the individual sewage disposal system under consideration, the applicant may accept the design layout prepared by the Albany County Department of Health. In electing to adopt the design layout prepared by the Albany County Department of Health, the applicant hereby agrees to hold the County of Albany and its agents, servants, and employees free and harmless of any liability for any failure of the system to which this application pertains.

Please check applicable option:

Applicant hereby agrees to accept the design layout provided by the Albany County Department of Health, subject to the terms and conditions hereinabove set forth.

Applicant elects to retain his/her own licensed professional engineer subject to the terms and conditions hereinabove set forth.

Nature of applicant's interest in property:

OWNER

CONTRACTOR

CONTRACT - VENDEE

APPLICANT:

Print Name _____

Signature _____

Address _____

Telephone _____

PROPERTY OWNER, IF OTHER THAN APPLICANT:

Print Name _____

Signature _____

Address _____

Telephone _____

PROPERTY LOCATION:

Road/Route No. _____

City, Town, Village _____

No. of Bedrooms _____

WATER SUPPLY

Well

Public

*When determining the number of bedrooms, expansion attics, dens, offices, studios, etc. must be included as bedrooms as these rooms may in the future be used for additional occupancies.

*Do you intend to install a garbage grinder? Yes No

An additional 250 gallons of septic tank capacity as well as a gas baffle and dual compartment tanks are required where a garbage grinder is utilized.

* Do you intend to install a hot tub or spa? Yes No

An additional 250 gallons of septic tank capacity will be required where a spa, hot tub has been installed.

**ALBANY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

PROCEDURES:

Complete the application and return to Albany County Health Department (ACHD) with **420.00** fee for Sewage Disposal System Layout and **\$230.00** for water supply approval.

PERCOLATION:

Three (3) holes 10'-12' apart in area where sewage system is to be located. This area must be located 100' from your well site or any adjacent well.

2 holes - 30" deep x 12" diameter - hand dug.

1 hole - 6' deep - dug with a backhoe. Must be able to see bottom and sides of hole.

Proposed sewage disposal system area to be located in area whose slope is less than 10%.

****CALL ACHD WHEN HOLES ARE READY FOR SITE INSPECTION AND PERCOLATION TEST.****

Four hours before percolation test presoak two (2) 30" holes by filling completely with water.

Provide technician with 15 gallons of water at time of percolation test.

WELL:

Only drilled and driven wells are approvable. **All** well information forms, (the New York State Department of Environmental Conservation Well Completion Report, Albany County Health Department Private Well Addendum, and Yield Test Record) are to be completed, dated and signed by both driller and property owner and returned to Albany County Health Department. A representative of this Department is to be contacted for collection of bacteriological and routine chemical and physical sampling from the completed well. Documentation of the well's quantity and quality are required prior to site inspection.

FILL LETTER:

If fill is required, a fill letter and instructions will be issued to the owner.

Call office when fill has been installed per instructions.

LAYOUT:

Two copies of the layout will be sent to the appropriate Building Department.

The owner's copy will be supplied by the Building Department when the Building Permit is issued.

NOTE: In the Town of Bethlehem, Colonie and Guilderland the Layouts will be mailed to the property owner. The Town Copy must be submitted to the Building Department by the property owner.

After septic system is installed but before backfilling (covering with soil) ACHD must be contacted to inspect the system. This includes the cast iron connection from the house to the septic tank.

FINAL WATER TESTING:

When the well has been piped to the house and all interior plumbing has been completed (sinks, etc.) the well and plumbing **must** be disinfected in accordance with the enclosed procedures. After disinfection has been completed and all traces of chlorine are gone from the well and plumbing, water sample will be collected by the ACHD for bacteriological quality.

When fill, sewage disposal system, cast iron connection and final water sample are satisfactory, ACHD will notify the Building Department of approval of the sewage disposal system and water supply in order to meet certificate for occupancy requirements.

ALBANY COUNTY DEPARTMENT OF HEALTH

ADDENDUM TO NEW YORK STATE DEPARTMENT OF HEALTH APPENDIX 75-A

APPENDIX 75-A SETS FORTH ON-SITE WASTEWATER TREATMENT SYSTEM STANDARDS FOR INDIVIDUAL HOUSEHOLD SEWAGE DISPOSAL SYSTEMS IN ALBANY COUNTY, EXCEPT FOR THE FOLLOWING SPECIFIC ITEMS, WHERE A MORE STRINGENT STANDARD IS REQUIRED BY THE ALBANY COUNTY DEPARTMENT OF HEALTH.

1. The minimum design flow for new construction shall be 130 gallons per day per bedroom.
2. Slopes greater than 10% are unacceptable for the installation of conventional and alternative wastewater treatment systems.
3. There must be at least six (6) feet of soil cover over any subsurface rock layer, except where a two (2) foot layer of impervious soils exists and a special design is required.
4. A minimum horizontal separation distance of 100 feet shall be maintained between wastewater treatment systems and open and fractured bedrock.
5. Prefabricated fiberglass or plastic distribution boxes, corrugated plastic pipe, and steel, fiberglass, polyethylene and aerobic septic tanks shall not be used unless approved, in writing, by this Department.
6. Serial distribution and drop manholes shall not be used.
7. Ends of absorption field distribution lines should be capped or plugged.
8. The use of mounds, intermittent sand filters, evapotranspiration and evapotranspiration/absorption systems will be considered only on a limited experimental basis or for replacement systems on difficult sites. Engineering plan design; site/soil evaluation; supervision and certification of construction; and performance monitoring will be required for each system for which approval is requested.

IF ANY CLARIFICATION IS NEEDED IN REGARD TO THESE STANDARDS, CALL ALBANY COUNTY HEALTH DEPARTMENT AT (518) 447-4620.

NOTICE

In order to gain construction approval, all systems must be inspected and accepted by a representative of the Albany County Health Department. Call the Albany County Department of Health at (518) 447-4620 for inspection of each sewage disposal system before backfilling.

ALBANY COUNTY DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PROCEDURES FOR APPROVAL OF INDIVIDUAL WATER SUPPLIES

1. The individual water supply shall be designed, constructed and maintained in accordance with Part 75 of the New York State Sanitary Code and the New York State Department of Health Publication entitled "Rural Water Supply."
2. Only drilled or driven wells are approvable. Spring, dug wells, ponds, infiltration galleries, and other and/or shallow surface water sources will not be considered for approval.
3. An application for approval of the individual water supply shall contain documentation of the following items:

A. ADEQUATE DESIGN AND CONSTRUCTION

Construction information in the form of a well driller's log shall be provided utilizing the Albany County Health Department form entitled "Water Well Record." This form must be completed, signed and dated by both the well driller and property owner.

B. QUANTITY

The results of and the data collected during a sustained yield test shall be provided. The Albany County Health Department form entitled "Yield Test Record," shall be utilized for this purpose. The well shall be tested for drawdown yield and recovery. The test pump shall have a capacity at least equal to the pumping rate at which it is expected the well will be pumped during its usage. The test pump shall be installed to operate continuously until the water level has stabilized and, at this point, the yield determined for at least a four hour duration. Periodic water level observations shall be made during the drawdown and subsequent recovery periods. A well for a private dwelling should, if possible, have a minimum yield of five gallons per minute.

C. QUALITY

The results of analytical data indicating that the supply is bacteriologically and chemically satisfactory shall be submitted. Sample collected must be examined by a New York State Department of Health approved laboratory. Unless otherwise indicated, subsequent to or after review of the application, the minimum sample parameters shall include the following: color, odor, pH, turbidity, conductivity, nitrates, alkalinity, iron, manganese, chloride, sulfate, sodium, fluoride and coliform group. It is preferable to have the samples collected near the end of the four-hour stabilized pumping period.

ALBANY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

WELL DISINFECTION

After a well is constructed and pumped clear, or after any improvements are made, it should be disinfected with a chlorine solution. Chlorine bleaches containing 5.25 per cent available chlorine can be used and are sold in supermarkets and grocery stores under such names as Clorox. If chlorine bleach is used it should be unscented and not contain an added detergent.

The procedure for disinfecting a well is outlined below:

1. Mix one half of the chlorine bleach required in 10 gallons of water. (See reverse side to determine how much chlorine bleach to use). Pour the solution into the well while it is being pumped. Keep pumping until the chlorine odor appears at all taps. Re-circulate the water back into the well for at least an hour. Then close the tap and stop the pump.
2. Mix the remaining half of the chlorine bleach required in 10 gallons of water and pour this chlorine solution into the well. Allow the well to stand idle for at least 8 hours (preferably 12 to 24 hours.)
3. Pump the well through the storage tank and taps, such as an outside connection, to waste, away from grass and shrubbery, until the odor of chlorine disappears. The chlorine odor may persist for 7 to 10 days depending on how much water is used.

After all the chlorine has been pumped out, and no odor is present, please contact a representative of Albany County Health Department to arrange collection of a bacteriological water sample (518-447-4620). All chlorine must be pumped out of the well (no chlorine taste or odor in water) before a sample is collected.

Proper disinfection of flowing wells requires special treatment. Please contact the department to discuss the details.

Routine monitoring of the well at periodic intervals is recommended to assure the maintenance of an acceptable bacteriological quality.

AMOUNT OF HOUSEHOLD BLEACH FOR WELL DISINFECTION

**DEPTH OF
WATER
IN WELL
(FT.)**

DIAMETER OF WELL (IN.)

2 4 6 10 12 16 20 24 30 36 42 48

10	1 c	1 c	1 c	1 c	1 c	2c	3 c	1 Q	2 Q	2Q	3 Q	4 Q
20	1 c	1 c	1 c	2 c	2 c	3c	2 Q	2 Q	3 Q	4Q	6 Q	7 Q
30	1 c	1 c	1 c	2 c	3 c	1Q	2 Q	3 Q				
40	1 c	1 c	1 c	2c	1 Q							
60	1 c	1 c	2 c	1 Q	1.5 Q							
80	1 c	1 c	2 c	1.5 Q	2 Q							
100	1 c	2 c	3 c	1.5 Q	2.5 Q							
150	1 c	2 c	1 Q	2.5 Q	4 Q							
200	1 c	2 c	1.5 Q	3 Q	4.5 Q							

C = 8 oz. Cup

Q = 1 Quart

If depth of water in well is not known, use depth of well to determine disinfectant dosage.

YIELD TEST

Before approval of a well can be made by this Department, the well shall be tested for yield and drawdown characteristics. The test pump rate shall be at least equal to the pumping rate at which it is expected to be pumped during its usage. The pump test shall be performed at a constant rate until the drawdown has stabilized and at this point, the yield determined for at least a four (4) hour duration. Water level measurements during pumping and recovery shall be taken at the frequencies noted on the **Yield Test Record** form.

Problems encountered such as pump rate fluctuation or water quality shall be recorded. A well for a private dwelling should, if possible, have a minimum yield of five (5) gallons per minute. It is also suggested that forty-eight (48) hours prior to pump test that Albany County Health Department be contacted to obtain the required water samples to determine chemical and bacteriological quality.

ALBANY COUNTY PRIVATE WELL ADDENDUM

Please attach this addendum to the New York State Department of Conservation Well Completion Report. And submit to: Albany County Health Department, Division of Environmental Health Services, 175 Green Street, Albany, New York 12202

Sketch map (indicate north direction and road intersections)

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Pitless Adapter: Date installed _____ Make and model # _____

Well Enhancement: Provide information detailing enhancement procedures used (blasting, hydrofracture, liquid nitrogen, etc.) and follow-up (date(s), source and amount of water pumped in/out for hydrofracture, etc.).

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Yield Test: Date _____ Yield test and sampling should not be performed prior to completion of well development for removing hydrofracturing water, clearing well drilling fluids and turbidity, etc. Sampling noted below should be performed during the stabilized portion of the yield test.

Disinfection: Describe how and when disinfection was performed.

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Sampling: Please note any unusual qualities of the water observed during drilling or pumping (i.e. methane, turbidity, odors, etc.). Please contact a representative of this Department for collection of bacteria and chemical sampling from the completed well. Initial sampling will include Color, Odor, pH, Turbidity, Conductance, Nitrates, Hardness, Alkalinity, Iron, Manganese, Chloride, Sulfates, Sodium, Fluoride, and Total Coliform. Additional sampling and/or treatment may be necessary.

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I CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS ACCURATE AND FACTUAL.
(Signature of well contractor and owner required.)

WELL CONTRACTOR / DRILLER _____ **DATE** _____
PROPERTY OWNER _____ **DATE** _____