Columbia County Department of Health

325 Columbia Street, Suite 100, Hudson, NY 12534
(518) 828-3358 Fax (518) 828-5894
www.columbiacountyny.com

Victoria McGahan, MS
Public Health Director

To: Individual sewage disposal applicants, professional engineers

From: Columbia County Department of Health (Environmental Health)

Date: 04/24/2025

Re: Individual Sewage Disposal Requirements

Please be advised that local law #3-2025 will go into effect on May 1st 2025. The local law requires that all Individual Sewage Disposal Applications are submitted and accompanied by engineered design plans, designed by a New York State licensed professional engineer. All plans must be designed in accordance with Appendix 75-A Wastewater Treatment Standards-Residential Onsite Systems. Please take note of the new application which is also accompanied by Plan Review Checklist. Upon receipt of the application, a representative from the Columbia County Health Department will schedule a site visit with the engineer to confirm that the suitability of soils is consistent with the design that was submitted. Final inspections will continue to be conducted and the design engineer will certify that all sewage disposal system components were constructed in accordance with Appendix 75-A.

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Public Health Director

APPLICATION FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM

APPLICANT NAME: _____

CURRENT ADDRESS: _____

NUMBER BEDROOMS _____ **PHONE: H** _____ **W** _____

TAX MAP NUMBER: _____ **TOWN:** _____

STREET/ROAD OF PROPOSED SITE: _____

SUBDIVISION NAME (if applicable): _____ **LOT#** _____

WATER SUPPLY: ( )**WELL** ( )**PUBLIC** ( )**EXISTING** ( )**PROPOSED**

I, _____ **, APPLICANT, AUTHORIZE THE FOLLOWING DESIGN PROFESSIONAL TO BE THE ENGINEER/ARCHITECT OF RECORD ON THIS PROJECT:**

DESIGN PROFESSIONAL NAME: _____

ADDRESS: _____

PHONE: _____

CURRENT OWNER: _____ **DATE**_____/_____/_____
SIGNATURE

PROFESSIONAL ENGINEER: _____ **DATE**_____/_____/_____
SIGNATURE

FEE SCHEDULE

Application Fee: **Single Lot ($500):** _____ **Subdivision ($550 per lot):** _____

Columbia County Department of Health
On-Site Wastewater Treatment System (OWTS)
Plan Review Checklist

OWTS Location (Owner): (C,V,T)				Prepared by (Prof.Engineer, Reg. Architect or Exempt Surveyor):
Brief description of system:				Reviewer's Initials: Date:
Item	S	U	NA	Comments
General (All Plans)				
Application & Fee				
Engineer's Report, if necessary				
Variance/Waiver Request				
Survey Map/Property Lines				
Title Block/Tax Map #				
Plan or Revision Dates				
P.E. & L.S. Stamps & Sign.				
North Arrow/Bench Mark/Min. of 2-survey ties within a reasonable dist from SDS area (200' or less dep on terrain)				
Location Map/ Scale				
Adj. Owners/Vacant shown				
Site Features (eg., surface water, drainage ways, rock outcrops, etc.)				
Easements, Drainage etc.				
Stream/Wetland/Flood (local SB reqts may apply)				
SEQRA-EAF & Declaration (if necessary)				
On-site Water (All Plans)				
Well Location(s) shown				
Well Separation				
Well Detail				
Water Sys. (ID) Schedule				
Well Service Line shown				
Location of other water lines or subsurface utilities				
On-site Sewerage (All Plans)				
Sewage Design Concept				
Design Criteria Shown (eg 150 gpd/bedroom)				
Plan Notes				
Adjoining SDS, Wells Shown (200' Radius)				

Columbia County Department of Health
On-Site Wastewater Treatment System (OWTS)
Plan Review Checklist

Item	S	U	NA	Comments:
On-Site Sewerage (Continued)				
Original SDS Cross Slope <= 15%				
Ex/Prop SDS Cross Slope (4% Max. For Fill Systems)				
Ex/Prop Contours (Min 2' Int.) The level of detail should depict ambient field conditions (I.e. slope, drainage, etc.)				
Perc Data/ Locations				
Deep Hole Data/ Locations				
Typical Trench Detail				
Ex/Prop Roof & Site Drainage				
Surface/Ground H2O diversion @ SDS				
2' Separation to Hardpan, Ground Water (3' to Rock)				
Ex/Prop Profile (Entire System)				
50% Expansion Area				
SDS-Pipe Material & Slope				
Required Separation Distances				
Septic Tank Size/Location				
Septic Tank & D-Box Details				
Raised Bed Fill Systems				
At least one foot of in-situ useable soil				
High groundwater table at least 1' bgs				
Perc rate of the fill between 5-30 min/inch				
Basal area calc by 0.2 gpd/sf (Refer to CCDOH Details for raised bed absorption system reqts.for residential dwellings)				
Minimum of 20-foot berm tapers at a minimum 1:3 slope.				
Fill stabilized through freeze-thaw or compaction by 6" lifts of sandy-loam textured fill material.				
Sufficient depth of fill to maintain 2-feet between trench bottom and gwt and hardpan (3-feet to rock)				
Fill systems for 5-Bedroom dwellings require dosing.				
Dosed Systems (Pump or Siphon)				
Dose Volume Calculations				
Siphon Chamber (dimensions,alarm, vent, overflow connect.)				
Pump Chamber (1-day storage above alarm, alarm, vent)				
Pump Details (discharge gpm, head calculations)				
Force Main (insulation, weep hole, backfill specifications.)				
Distribution pipe <= 75'				

Columbia County Department of Health
On-Site Wastewater Treatment System (OWTS)
Plan Review Checklist

Item	S	U	NA	Comments
Pressure Distribution				
Dose Volume Calculations				
Pump Chamber (1-day storage above alarm, alarm, vent)				
Pump Details (discharge gpm, head calculations)				
Force Main (insulation, weep hole, backfill specifications.)				
Distribution pipe <= 100'				
Maintains 1 psi (2.3' head) at end of distribution pipe				
Plans for cleansing pressure distribution lines				
Orifice Details (orientation, protection from clogging)				
Sand Filtration				
Septic Tank (Two Compart w/ Gas Defl. Baffle or Filter)				
Pressure Distribution or Dosing Reqd. Exception:				
Gravity distribution allowed if: 900 sf of surface area or				
less than 300-feet of distribution piping.				
SF appl rate 1.15 gpd/sf (1.0 gpd/sf gravity)				
Receiving Absorption System appl rate 1.2 gpd/sf				
SF Component Design in accord w/ NYSDOH Hndbk				
Bottom of Recieving Trench (2.5' above gwt/ 4' above rock)				
Min. 20 Mil. PE Liner to Surround Bottom & Sides of SF				
Puncture Resistant Liner shall be fabricated as one-piece				
Collection pipes 2-feet above high ground water table				
Sieve Analysis of Sand Media (Approved NYS Laboratory)				
Sand Filter Dose Volume Calculations (When Required)				
Receiving Absorption System Dose Calcs (When Reqd)				
Siphon Chamber (dimensions, alarm, vent, overflow connect)				
Pump Chamber (1-day storage above alarm, alarm, vent)				
Pump Details (discharge gpm, head calculations)				
Force Main (insulation, weep hole, backfill specifications)				
Reqd Sep Dist of SF Components Re: NYSDOH Hndbk				
Sampling port for SF effluent (For Commercial Systems)				
Gravelless Systems				
Product approved by NYSDOH				
Level & Shallow installation				
(Max.bottom depths 24" Conv. Systems/18" Fill Systems)				

Columbia County Department of Health
On-Site Wastewater Treatment System (OWTS)
Plan Review Checklist

Item	S	U	NA	Comments
Gravelless Systems (Cont'd)				
Same trench lengths as a conventional system				
Eljen In-Drain Systems				
Design in accord. W/NYSDOH Manual (Rev 3/30/99)				
Same trench lengths required when installed in raised bed systems				
Plan Review Data				
Other				

Columbia County Department of Health
On-Site Wastewater Treatment System (OWTS)
Plan Review Checklist

Item	S	U	NA	Comments