

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

CONSTRUCTION PERMIT FOR SEWAGE TREATMENT SYSTEM

PERMIT # ~~112605~~ C00406-PH

Located at ALBANY POST ROAD Town or Village (T) PHILIPSTOWN

Subdivision name N/A Subd. Lot # N/A Tax Map 38 Block 3 Lot 64

Date Subdivision Approved N/A Renewal _____ Revision _____

Owner/Applicant Name MHCP REALTY, LLC Date of Previous Approval _____

Mailing Address 3504 ROUTE 9 COLD SPRING, NY Zip 10516

Amount of Fee Enclosed _____

Building Type COMMERCIAL Lot Area 2.5 AC No. of Bedrooms N/A Design Flow GPD 600

Fill Section Only _____ Depth _____ Volume _____ PCHD NOTIFICATION IS REQUIRED WHEN FILL IS COMPLETED

Separate Sewerage System to consist of 1,000 gallon septic tank and 300 LF
OF 24" WIDZ ABSORPTION TRENCHES SPACED 6' ON CENTER

Other Requirements: ROW-OF-BANK FILL FOR GRADIENT

To be constructed by JOE GIACHILITA Address COLD SPRING, NY 10516

Water Supply: _____ Public Supply From _____ Address _____

or: X Private Supply Drilled by NORMAN ANDERSON Address ROSEMOUNT, NY 10579

I represent that I am wholly and completely responsible for the design and location of the proposed system(s) and that the separate sewage treatment system described above will be constructed as shown on the approved amendment thereto and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and that on completion thereof a "Certificate of Construction Compliance" satisfactory to the Public Health Director will be submitted to the Department, and a written guarantee will be furnished the owner, his successors, heirs or assigns by the builder, that said builder will place in good operating condition any part of said sewage treatment system during the period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the original system or any repairs thereto.

Signed: John P. Delino P.E. X R.A. _____ Date 11/07/06

Address BADENWATSON, PC. COLD SPRING, NY 10516 License # 062505

APPROVED FOR CONSTRUCTION: This approval expires two years from the date issued unless construction of the sewage treatment system has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Public Health Director. Any revision or alteration of the approved plan requires a new permit. Approved for discharge of domestic sanitary sewage only.

By: Robert Morris Title: Env. Health Dir Date: 2/22/07

White copy - HD File; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Design Professional
Form CP-97

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

APPLICATION TO CONSTRUCT A WATER WELL

PCHD Permit # CO 0406-PH

please print or type

Well Location	Street Address: <u>ALBANY POST ROAD (S) PHILIPSTOWN</u>	Town/Village: <u>PHILIPSTOWN</u>	Tax Map # Map <u>38</u> Block <u>3</u> Lot(s) <u>64</u>
Well Owner:	Name: <u>MHCP REALTY, LLC</u>	Address: <u>3504 RT 9 COLD SPRING, NY 10516</u>	Phone #: <u>265-3265</u>
Use of Well:	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Public Supply <input type="checkbox"/> Air/cond/heat pump <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> 1-Primary <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Test/monitoring <input type="checkbox"/> Other(specify) <input type="checkbox"/> 2-Secondary <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Standby		
Amount of Use	Yield Sought <u>5</u> gpm # People Served <u>6</u> Est. of Daily usage <u>600</u> gal.		
Reason for Drilling	<input type="checkbox"/> Replace Existing Supply <input type="checkbox"/> Test/Observation <input type="checkbox"/> Additional Supply <input checked="" type="checkbox"/> New Supply (new dwelling) <input type="checkbox"/> Deepen Existing Well		
Detailed Reason for Drilling	<u>TO PROVIDE A POSSIBLE WATER SUPPLY TO A NEW RESIDENCE/OFFICE</u>		
Well Type	<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Gravel <input type="checkbox"/> Other		
Is well site subject to flooding?.....		Yes ___ No <u>X</u>	
Is well located in a realty subdivision?.....		Yes ___ No <u>X</u>	
Name of subdivision <u>NA</u>		Lot No. <u>NA</u>	
Water Well Contractor: <u>NORMAN ANDERSON</u>		Address: <u>PUTNAM VALLEY, NY 10579</u>	
Is Public Water Supply available on site?.....		Yes ___ No <u>X</u>	
Name of Public Water Supply: <u>NA</u>		Town/Village <u>NA</u>	
Distance to property from nearest water main: <u>>1 mi.</u>			
Proposed well location & sources of contamination to be provided on separate sheet/plan.			
Date: <u>11/07/06</u>		Applicant Signature: <u>John P. Delucio, P.E.</u>	

PERMIT TO CONSTRUCT A WATER WELL

This permit to construct one water well as set forth above, is granted under provisions of Article 10 of the Putnam County Sanitary Code and Subpart 5-2 of Part 5 of the New York State Sanitary Code and provided that within thirty (30) days of the completion of water well construction, the applicant or their designated representative shall: 1) Pump the well until the water is clear. 2) Disinfect the well in accordance with the requirements of the Putnam County Health Department. 3) Submit a Well Completion Report on a form provided by the Putnam County Health Department. 4) The well driller shall abide by all conditions of the permit. 5) During all well drilling operations the well driller shall take appropriate action to assure that any and all water and waste products from such well drilling operations be contained on this property and in such a manner as not to degrade or otherwise contaminate surface or groundwater.

APPROVED FOR CONSTRUCTION: This approval expires two years from the date issued unless construction of the well has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any revision or alteration of the approved plan requires a new permit. Well to be constructed by a water well driller certified by Putnam County.

Date of Issue 2/22/07
 Date of Expiration 2/22/09
 Permit is Non-Transferable

Permit Issuing Official: Robert Morris
 Title: Env. Health Director

White copy - HD file; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Well driller
 Form WP-97
 Rev. 3/06

FINAL SITE INSPECTION

OK TO BACKFILL
TRENCHES

Date: 8/27/08

Street Location ROUTE 9
Town PHILIPS TOWN
TM# 38-3-64

Owner MHCP REALTY LLC
Permit # CO 0406 PH
Subdivision Lot # —

I. Sewage System Area

- STS area located as per approved plans.
- Fill section - date of placement
3:1 barrier Lgth. Width Avg. Dpth
- Natural soil not stripped.
- Stone, brush, etc., greater than 15' from STS area.
- 100' from water course/wetlands.

YES NO COMMENTS

☒ ☐ APPEARS OK

II. Sewage System

- Septic tank size - 1,000 1,250 other →
- Septic tank installed level
- 10' minimum from foundation.

NOT INSTALLED YET

d. Distribution Box

- All outlets at same elevation-water tested.
- Protected below frost.
- Minimum 2 ft. Original soil between box & trenches

SPEED LEVELERS

e. Junction Box - properly set.

6. Trenches

- Length required 300' Length installed 300'

- Distance to watercourse measured Ft.
- Installed according to plan.
- Slope of trench acceptable 1/16 - 1/32"/foot.
- 10 ft. from property line - 20 ft. - foundations.
- Depth of trench <30 inches from surface.
- Room allowed for expansion, 100%.
- Size of gravel 3/4 - 1 1/2" diameter clean.
- Depth of gravel in trench 12" minimum.
- Pipe ends capped.

g. Pump or Dosed Systems

- Size of pump chamber.
- Overflow tank.
- Alarm, visual/audio.
- Pump easily accessible, manhole to grade.
- First box baffled.
- Cycle witnessed by H.D. estimated flow/cycle.

III. House/Building

- House located per approved plans.
- Number of bedrooms.

IV. Well

- Well located as per approved plans.
- Distance from STS area measured ft.
 - Casing 18" above grade.
 - Surface drainage around well acceptable.

V. Overall Workmanship

- Boxes properly grouted.
- All pipes partially backfilled.
- All pipes flush with inside of box.
- Backfill material contains stones <4" diameter.
- Curtain drain & standpipes installed according to plan.
- Curtain drain outfall protected & dir. to exist watercourse.
- Footing drains discharge away from STS area.
- Surface water protection adequate.
- Erosion control provided.

LARGE STONE T/B REMOVED

SHERLITA AMLER, MD, MS, FAAP
Commissioner of Health

LORETTA MOLINARI, RN, MSN
Associate Commissioner of Health



ROBERT J. BONDI
County Executive

ROBERT MORRIS, PE
Director of Environmental Health

DEPARTMENT OF HEALTH
1 Geneva Road, Brewster, New York 10509

August 27, 2008

John Delano, PE
Badey & Watson
3063 Route 9
Cold Spring, NY 10516

Re: Field Inspection – MHCP Realty LLC.
Route 9
(T) Philipstown, TM # 38.-3-64

Dear Mr. Delano:

The above referenced separate sewage treatment system can be backfilled. The following comments must be corrected in the field.

- Large stone in SSTS are to be removed prior to backfilling trenches.

If you have any further questions, please contact me at (845) 278-6130, ext. 2155.

Sincerely,

A handwritten signature in dark ink, appearing to read "Joseph Digit".

Joseph Digit
Environmental Engineering Aide

JD:kly