



Town of East Hampton

300 Pantigo Place, Suite 104
East Hampton, NY 11937

Phone: 631-324-4145 Fax: 631-329-5739

Limited Septic Registry Instructions

Applicability:

Limited Septic Registry must be completed for the installation of low-nitrogen septic systems as approved by Suffolk County Department of Health Services (SCDHS) for the replacement or upgrade of existing sanitary systems without any increase in capacity or any proposed change of use of the premises upon which the system is located.

Instructions:

1. Application must be completed and submitted, in duplicate, to the Town of East Hampton Building Department.
2. Include a copy of approved Suffolk County Department of Health Permit (Red Stamp) to include location of existing and proposed new system on survey/plans and description of proposed work.
3. Upon receipt of this application, the Building Inspector will issue a Limited Septic Registry to the applicant, such registry shall be kept on the premises, available for inspection throughout the process of the work.
4. Inspections to be completed by Suffolk County Department of Health. It is the applicant's responsibility to file, get approvals and inspections, as required by SCDHS.
5. Contact the Town of East Hampton Natural Resources Department at 631-324-0496 to notify of system installation for TOEH Septic Incentive Program installations, if applicable.
6. Green stamped final approval SCDHS required for close out of permit and receipt of certificate of compliance.
7. All construction must be designed to keep water runoff on the property.
8. Electrical Underwriter Certificate and location of electrical control panel required.



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300 Pantigo Place, Suite 104
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Date: _____
Application #: _____
Registry #: _____

Phone: 631-324-4145 Fax: 631-329-5739

Application for Limited Septic Registry

Owner Information:

Owner Name (titled owner of property): _____

Home Address: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____

Location of where work will be performed:

Site Address: _____

Suffolk County Tax Map#: _____ District _____ Section _____ Block _____ Lot _____

Description of work to be performed: _____

Type of Water Source: Water Well _____ Public Water Supply _____

Sanitary System in Wetlands Jurisdiction? YES/NO,

If Yes, Existing _____ Proposed New _____

Emergency repair? YES/NO, Describe failure: _____

Licensed Sanitary Contractor Report (to be filled out by Installer)

Install Contractor Company: _____

Installer Contact Person: _____ Phone #: _____

Installer Contractor's Address _____

Service Contractor Company _____

(Provide copy of service contract, if applicable)

Service Contact Person _____ Phone #: _____

Description of Low-Nitrogen System Installed:

Manufacturer/Model: _____

System Size (# Bedrooms): _____

Leaching Structure: Number of _____ Size _____ Depth _____

Type Description _____

Covering Slab _____ Traffic Bearing _____ Dome _____

Pump Out of Existing System: _____

Existing System to be Abandoned or Removed? _____



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Required Attachments and License Information:

Attach copy of Suffolk County DHS Permit with survey or plans showing proposed location

Attach copy of NYS DEC Permit and/or Town NRSP Wavier (if applicable)

Attach Workers Compensation Certificate Expiration Date: _____

TOEH Contractor License # _____ Expiration Date: _____

Electrical License # _____

Consumer Affairs Liquid Waste License Number # _____

This report from the licensed sanitary contractor that the sanitary system meets Town, County and State codes for all other repairs, upgrades, replacements and new systems.

Installer/Contractor Signature _____ Date _____

Application is hereby made to the Building Department for the issuance of a registry pursuant to the Building Ordinance of the Town of East Hampton, County of Suffolk, New York and all other applicable laws, ordinances, or regulations. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Signature of Applicant: _____

Permit Mailing Address (the Building Department will mail the permit to this address):

(Leave area below blank)

Building Department Notes Section: _____
