



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 SPDES GENERAL PERMIT 0-05-001(GP-0-05-001)
 EFFECTIVE DATES: MAY 11, 2005 - MAY 10, 2015**

**PROFESSIONAL ENGINEER'S CERTIFICATION OF
 ON-SITE TREATMENT WORKS DESIGN AND CONSTRUCTION**

TO BE USED WHERE NO LOCAL HEALTH AGENCY APPROVALS EXIST

**THIS FORM MUST BE SUBMITTED AT THE COMPLETION OF ON-SITE TREATMENT WORKS CONSTRUCTION
PRIOR TO COMMENCING DISCHARGE**

All NEW or PROPOSED on-site treatment systems and significant MODIFICATIONS to existing systems authorized by GP-0-05-001 require certification by professional engineer (PE) or a local health agency. This form is used to provide certification of treatment system design and construction by a PE. It must be completed by a PE licensed to practice in NYS. This certification is to be used when there are no local health agency approvals required in the jurisdiction where the on-site treatment works covered under this General Permit are located. This certification cannot be used as a substitute for local approvals and it does not constitute authorization to discharge in lieu of such approvals. If a local health agency has jurisdiction, the GP-0-05-001 Permittee Affirmation of Local Health Department Approval of On-site System form (see reverse) should be used.

SUBMIT THIS FORM TO : GP-0-05-001 Permit Coordinator, Bureau of Water Permits, 625 Broadway, Albany, NY 12233-3505 at completion of on-site treatment works construction.

By the seal and signature below, the PE certifies that :

1. He/she is a licensed professional engineer registered to practice engineering in New York State;
2. Wastewater disposal system(s) serving the identified facility is (are) designed and constructed in accordance with Design Standards for Wastewater Treatment Works - Intermediate Size Sewerage Facilities (NYSDEC, 1988) and, for on-site systems located in the Lake George Basin, are designed and constructed in accordance with Design Standards for Wastewater Treatment Works in the Lake George Basin (NYSDEC, 1989);
3. The signed and sealed copies of plans, engineering reports, specifications and other related documents have been distributed to the permittee; and
4. The identified on-site treatment works will be placed in service and become operational as of ____/____/____ (date.)

_____ Stamp and Signature of Certifying PE ____/____/____ DATE

PRINTED NAME OF PE:		FIRM (if applicable):		
P.E. MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:	TELEPHONE: ()
NAME OF PERMITTEE:	NAME OF FACILITY:		COUNTY OF FACILITY:	
FACILITY DEC ID NUMBER:		FACILITY SPDES NUMBER:		



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

SPDES GENERAL PERMIT 0-05-001(GP-0-05-001)

EFFECTIVE DATES: MAY 11, 2005 - MAY 10, 2015

PERMITTEE AFFIRMATION OF LOCAL HEALTH DEPARTMENT APPROVAL OF ON-SITE TREATMENT WORKS

THIS FORM MUST BE SUBMITTED AT THE COMPLETION OF ON-SITE TREATMENT WORKS CONSTRUCTION PRIOR TO COMMENCING DISCHARGE

All NEW or PROPOSED on-site treatment systems and significant MODIFICATIONS to existing systems authorized by GP-0-05-001 require certification by a local health agency or professional engineer. This form is used to provide affirmation by the permittee that the on-site system covered under GP-0-05-001 has received local health department approval. This certification is to be used only when there are local health agency approvals required in the jurisdiction where the on-site treatment works covered under this General Permit are located. If a local health agency has no jurisdiction, the GP-0-05-001 Professional Engineer's Certification of On-site Treatment Works Design and Construction form (see reverse) should be used.

SUBMIT THIS FORM TO : GP-0-05-001 Permit Coordinator, Bureau of Water Permits, 625 Broadway, Albany, NY 12233-3505 at completion of on-site treatment works construction.

By the signature below, the permittee certifies that:

1. He/she has sought and obtained written approval of the system's specifications, design and construction from the local health agency with jurisdiction over the locality where the on-site system is located;
2. Documentation of local health agency approval, copies of site plans, any engineering reports, specifications and other related documents will be maintained on-site and will be made available for inspection by NYSDEC staff at any time and;
3. The identified on-site treatment works will placed in service and become operational as of ____/____/____ (date.)

Signature of Permittee

____/____/____
DATE

PRINTED NAME OF PERMITTEE:		NAME OF FACILITY:		
PERMITTEE MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:	TELEPHONE: ()
COUNTY OF FACILITY:	NAME OF LOCAL HEALTH AGENCY ISSUING APPROVAL:			
FACILITY DEC ID NUMBER:	FACILITY SPDES NUMBER:			