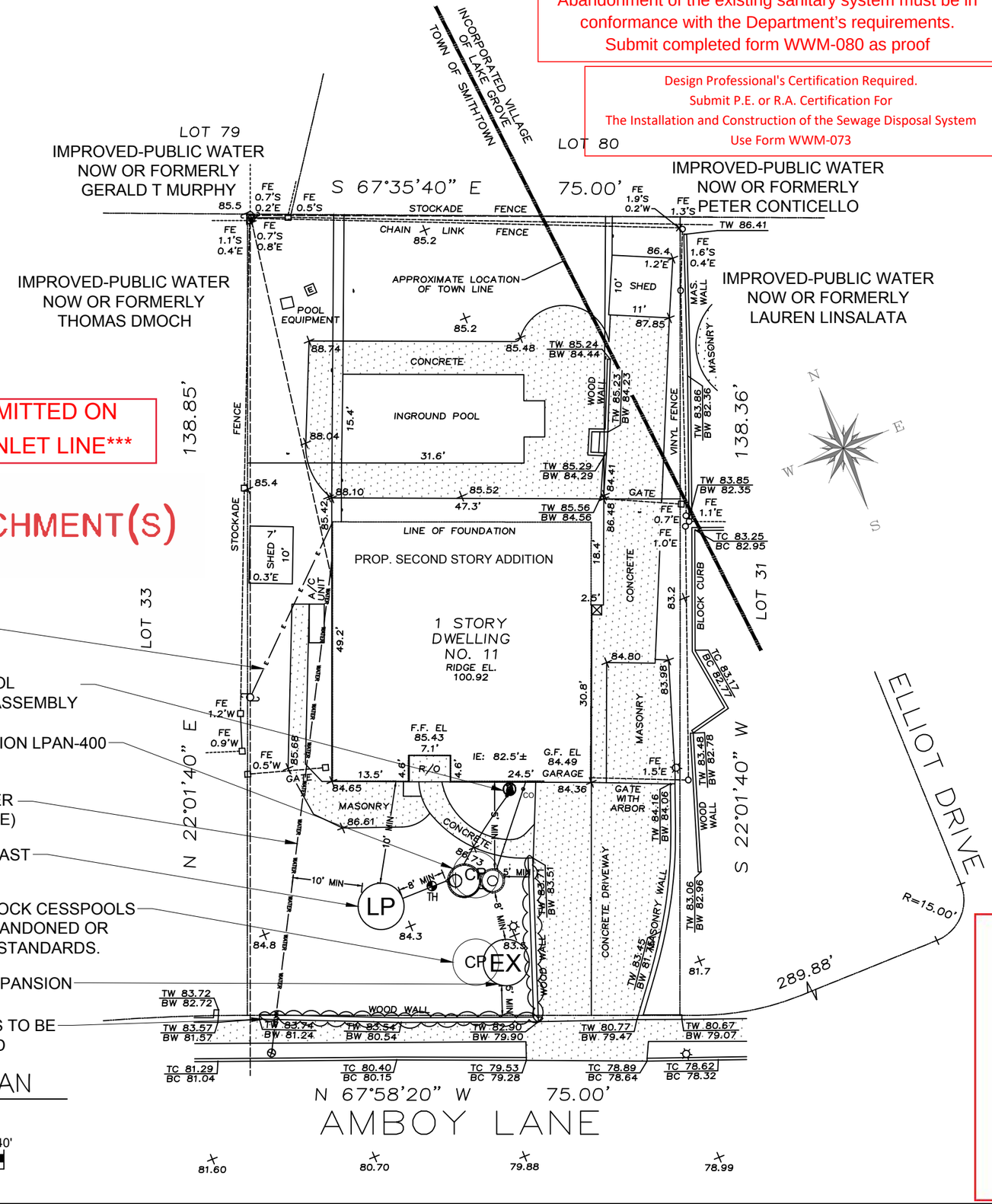
Abandonment of the existing sanitary system must be in conformance with the Department's requirements. Submit completed form WWM-080 as proof

Design Professional's Certification Required.
Submit P.E. or R.A. Certification For
The Installation and Construction of the Sewage Disposal System
Use Form WWM-073



BENDS NOT PERMITTED ON TREATMENT UNIT INLET LINE

SEE ATTACHMENT(S)

EXISTING OVERHEAD ELECTRIC SERVICE

HYDROACTION CONTROL PANEL,COMPRESSOR ASSEMBLY

PROPOSED HYDROACTION LPAN-400 I/A OWTS

EXISTING PUBLIC WATER SERVICE (APPROXIMATE)

PROPOSED 8'x12' PRECAST LEACHING POOL

EXISTING SANITARY BLOCK CESSPOOLS TO BE PUMPED AND ABANDONED OR REMOVED PER SCDHS STANDARDS.

PROPOSED FUTURE EXPANSION

EXISTING WOOD WALLS TO BE REMOVED AND GRADED

SANITARY SITE PLAN

SCALE= 1:20

0 20' 40'

AS-BUILT SITE INFORMATION:
- -SUFFOLK COUNTY TAX MAP ID: 0801-17-01-58 & 0800-142-03-54
- -EXISTING 4 BEDROOM HOME WITH PROPOSED SECOND STORY ADDITION. TOTAL OF 4 BEDROOMS
- -LOT AREA: ACRE 0.241 & 0.01.
- -PROPERTY LOCATED AT 11 AMBOY LANE LAKE GROVE, TOWN OF SMITHTOWN, SUFFOLK COUNTY, NEW YORK
- -SURVEY PROVIDED BY: BARRETT BONACCI & VAN WEELE PC 09-13-2022
- -VERTICAL DATUM – NAVD '1988 DATUM
- -PUBLIC WATER SERVICE
- -ALL HOMES WITHIN 150LF OF PROPERTY CONNECTED TO PUBLIC WATER SERVICE.
- -NO SURFACE WATER OR WETLANDS WITHIN 300' FROM PROPERTY LINE.

GENERAL NOTES:
1. DESIGN FOR 4-BEDROOM HOME.
2. I/A OWTS SANITARY REPLACEMENT DESIGN.
3. SITE PLAN AND REFERENCE ELEVATIONS TO BE USED FOR I/A OWTS SANITARY SYSTEM CONSTRUCTION ONLY. EXACT PROPERTY BOUNDARIES, UTILITY LOCATIONS AND ELEVATIONS ARE NOT GUARANTEED.
4. ELEVATIONS BASED ON PROPERTY SURVEY PROVIDED BY BARRETT BONACCI & VAN WEELE PC 09-13-2022
5. ONSITE UTILITY MARK-OUTS TO BE PERFORMED BY CONTRACTOR PRIOR TO PERFORMING SITE WORK.
6. EXISTING SANITARY CESSPOOLS(S) TO BE PUMPED AND REMOVED AS NECESSARY PER SCDHS STANDARDS.

PROPOSED I/A OWTS SEPTIC SYSTEM FOR UP TO 4 BEDROOM RESIDENCE:
1. ONE(1) HYDROACTION LPAN-400 I/A OWTS
2. ONE(1) HYDROACTION BLOWER, AND CONTROL ASSEMBLY.
3. ONE(1) 8' DIAMETER BY 12' DEEP PRECAST LEACHING POOL WITH SLAB.
4. ONE (1) 8' DIAMETER FUTURE EXPANSION AREA.

GENERAL SANITARY SYSTEM AND INSTALLATION NOTES:
1. I/A OWTS SEPTIC SYSTEM DESIGNED FOR UP TO 4 BEDROOM HOME PER SUFFOLK COUNTY DEPARTMENT OF HEALTH STANDARDS (SCDHS).
2. SANITARY GRAVITY DRAIN PIPE TO BE 4-INCH CAST IRON AT FOUNDATION PENETRATION AND 4-INCH PVC SDR35 DOWNSTREAM OF FOUNDATION.
3. I/A OWTS SHALL BE TESTED FOR WATER TIGHTNESS PRIOR TO ARRIVING ONSITE USING THE METHOD APPROVED BY MANUFACTURER.
4. THE DESIGN ENGINEER SHALL OVERSEE THE OWTS DURING SYSTEM STARTUP.
5. THE OWTS INSTALLER SHALL BE LICENSED, HOLD AN ENDORSEMENT FROM SCDHS AND BE A HYDROACTION AUTHORIZED INSTALLER.
6. THE OWTS INSTALLER SHALL REGISTER THE ONSITE TREATMENT SYSTEM WITH SCDHS. THE DESIGN ENGINEER SHALL PROVIDE CERTIFICATION DOCUMENTS AS REQUIRED BY SCDHS.
7. AN OPERATION AND MAINTENANCE CONTRACT BETWEEN THE MAINTENANCE PROVIDER AND THE PROPERTY OWNER SHALL BE PROVIDED TO SCDHS FOR I/A OWTS.
8. A GARBAGE GRINDER SHALL NOT BE INSTALLED UPSTREAM OF THE OWTS.
9. WATER SOFTENER BACKWASH SHALL NOT BE FLUSHED TO PROPOSED SEPTIC SYSTEM.
10. CONTRACTOR IS RESPONSIBLE TO OBTAIN TOWN BUILDING PERMITS AS NECESSARY PRIOR TO INSTALLATION OF THE PROPOSED SEPTIC SYSTEM.
11. I/A OWTS TO BE PASSIVELY VENTED THROUGH PLUMBING ROOF VENTS.

LEGEND
- CI – CAST IRON
- CO - CLEANOUT
- CP - EXISTING SANITARY CESSPOOL
- CTG - CUT TO GRADE
- DB - DISTRIBUTION BOX
- EL - ELEVATION
- EX - EXPANSION POOL
- EXIS – EXISTING
- FFE – FINISHED FLOOR ELEVATION
- GE - GRADE ELEVATION
- GPD – GALLONS PER DAY
- HEGE – HIGHEST EXPECTED GROUNDWATER
- I/A OWTS - INNOVATIVE / ALTERNATIVE OWTS
- IE – INVERT ELEVATION
- LF – LINEAR FOOT
- LP – LEACHING POOL
- M - PSD MANIFOLD
- MAX – MAXIMUM
- MIN – MINIMUM
- OWTS - ONSITE WASTEWATER TREATMENT SYSTEM
- PT - PERCOLATION TEST
- SCDHS – SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
- ST – SEPTIC TANK
- TH - TEST HOLE
- V - VENT
- TB - THRUST BLOCK
- TYP - TYPICAL
- WM - WATER METER

STATE OF NEW YORK
THOMAS A. O'DWYER
LICENSED PROFESSIONAL ENGINEER
094873

HYDROACTION I/A OWTS

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
PERMIT FOR APPROVAL OF CONSTRUCTION FOR A
SINGLE FAMILY RESIDENCE ONLY

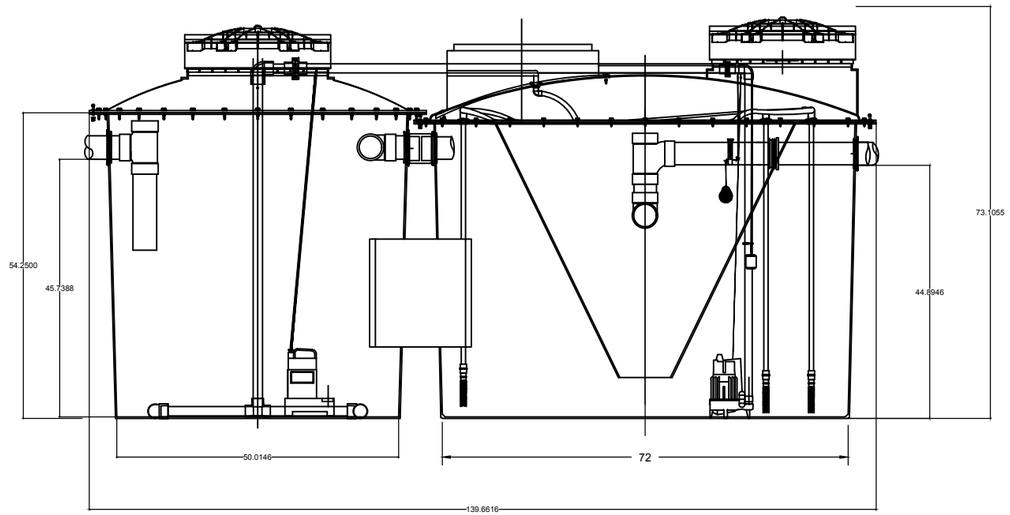
DATE 4/26/2023 H.S. REF. NO. R-23-0496
APPROVED Anthony Falanda
FOR MAXIMUM OF 4 BEDROOMS
EXPIRES THREE YEARS FROM DATE OF APPROVAL

RAZVI RESIDENCE
11 AMBOY LANE
LAKE GROVE, NY 11775

SANITARY SYSTEM DESIGN
- I/A OWTS

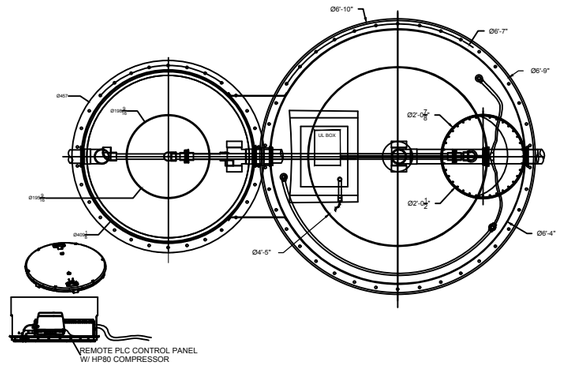
HOMEPORT ENGINEERING P.C.
THOMAS A O'DWYER P.C. LIC. NO. 094873
PO BOX 1111 SETAUKET, NY 11733

DATE: 03-27-23
SCALE: 1:20
DESIGNER: JB
SHEET: S-1

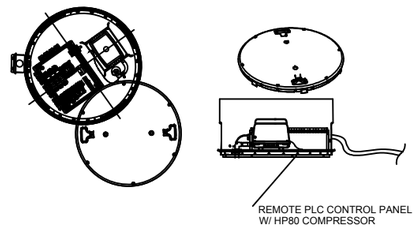


HYDROACTION LPAN-400 I/A OWTS, CONTROL PANEL, AND HP80 COMPRESSOR

SCALE: NTS



SEE ATTACHMENT(S)

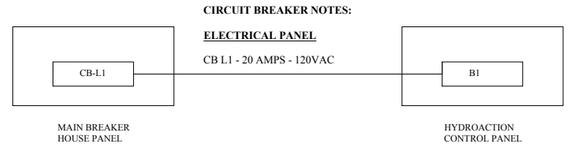


HP80 COMPRESSOR

SCALE: NTS

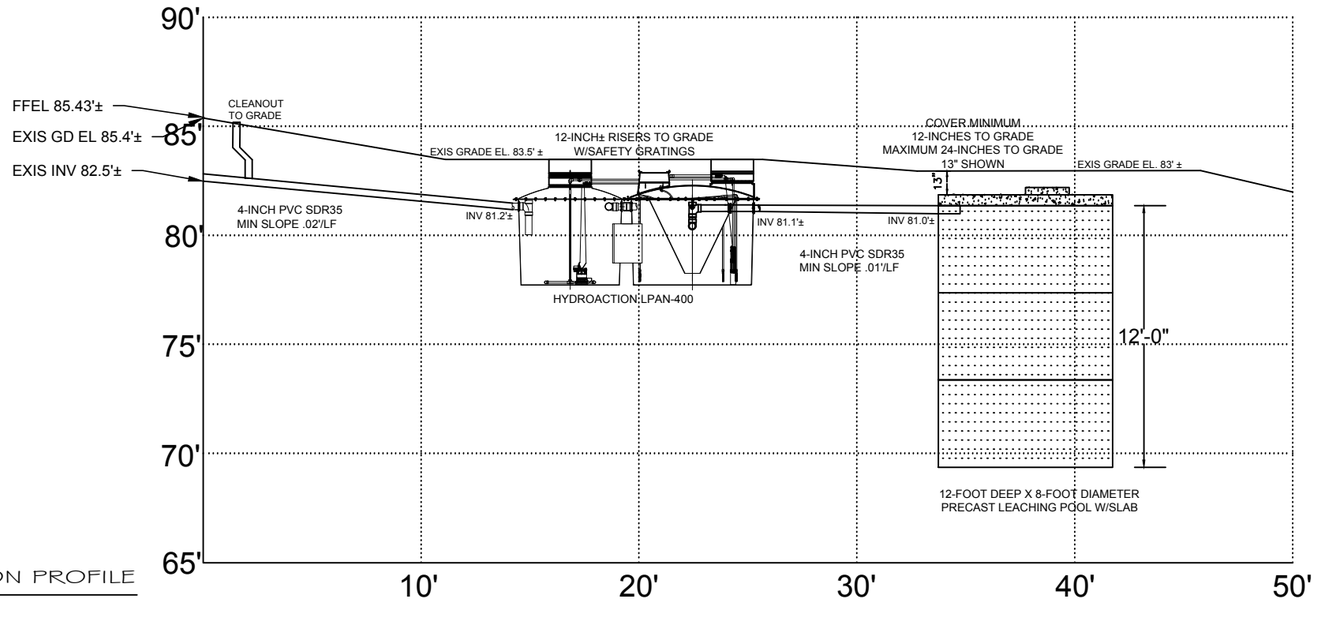
HYDROACTION LPAN-400 FOR RESIDENTIAL STRENGTH WASTEWATER UP TO 440 GPD. DESIGN FOR 4-BEDROOM 440 GPD.
SECONDARY SAFETY COVERS TO BE INSTALLED UNDER ALL TREATMENT UNIT COVERS.
USE WITH HYDROACTION REMOTE HP80 COMPRESSOR BLOWER ASSEMBLY AND REMOTE PLC CONTROL PANEL.
PLC CONTROL AND HP80 COMPRESSOR TO BE REMOTELY INSTALLED ALONG FOUNDATION AS SHOWN ON SITE PLAN.
TANK TO BE INSTALLED ON LEVEL COMPACTED SAND OR GRAVEL BASE AND PROPERLY BACKFILLED PER MANUFACTURER RECOMMENDATIONS.
INSTALLATION TO BE PERFORMED BY A HYDROACTION AUTHORIZED INSTALLER ONLY.
START-UP AND SERVICE TO BE PERFORMED BY A HYDROACTION AUTHORIZED SERVICE PROVIDER ONLY.

DESIGN NOTES



HYDROACTION LPAN-400 SINGLE LINE WIRING DIAGRAM

SCALE: NTS



HOUSE SANITARY ELEVATION PROFILE

SCALE: NTS

STATE OF NEW YORK
THOMAS A. O'DWYER
LICENSED PROFESSIONAL ENGINEER
094873

RAZVI RESIDENCE
11 AMBOY LANE
LAKE GROVE, NY 11775

SANITARY SYSTEM DESIGN
I/A OWTS

HOMEPORT ENGINEERING P.C.
THOMAS A O'DWYER P.C. LIC. NO. .94873
PO BOX 1111 SETAUKET, NY 11733

DATE: 03-27-23

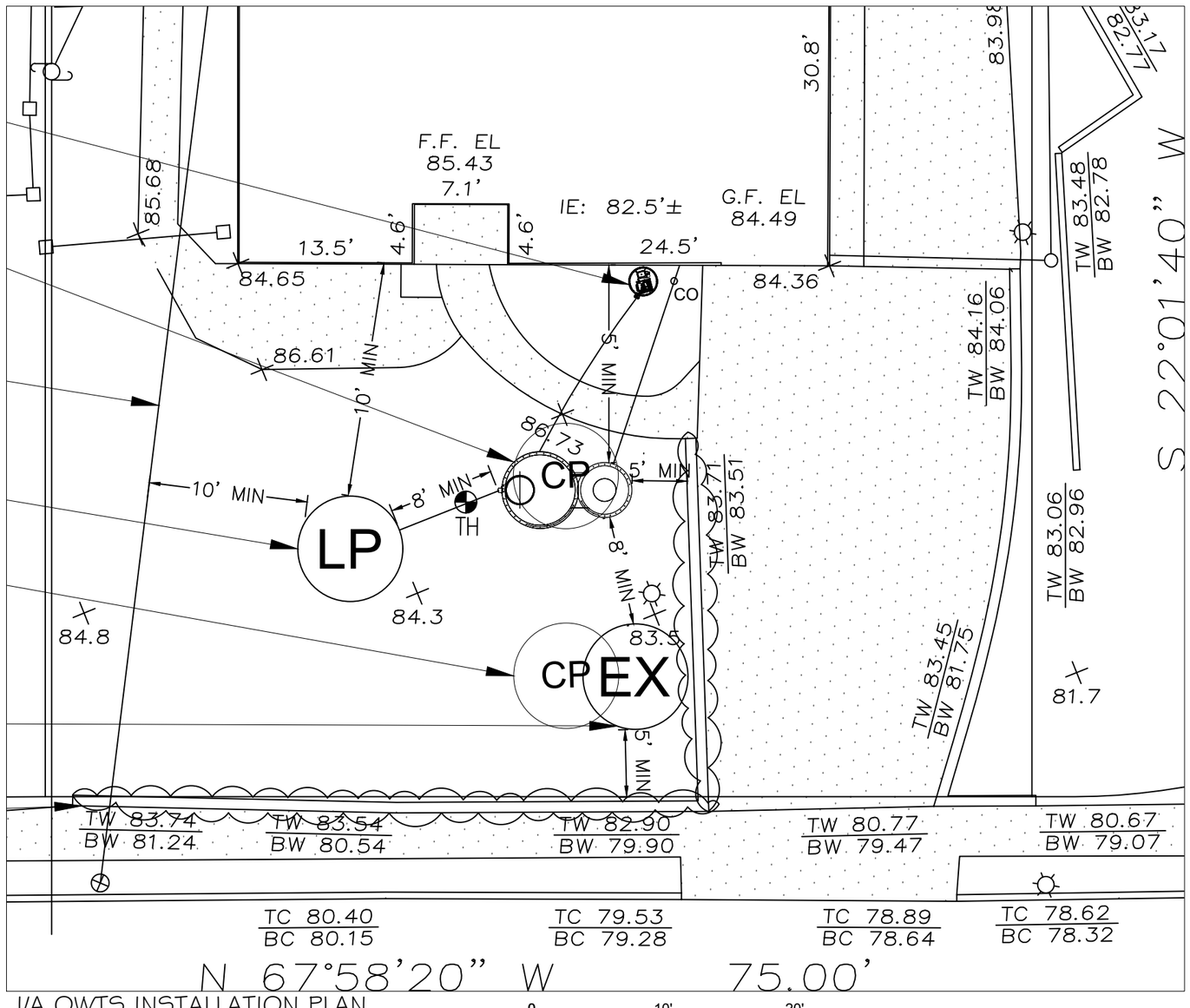
SCALE: NTS

DESIGNER: JB

SHEET:

S-2

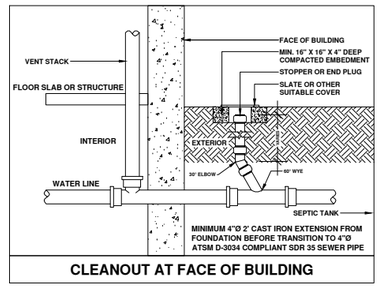
SEE ATTACHMENT(S)



I/A OWTS INSTALLATION PLAN

SCALE= 1:10

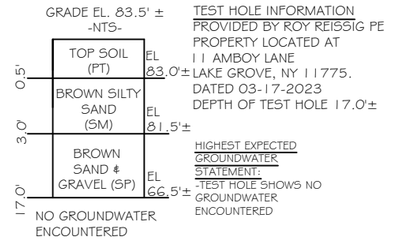
0 10' 20'



CLEANOUT AT FACE OF BUILDING

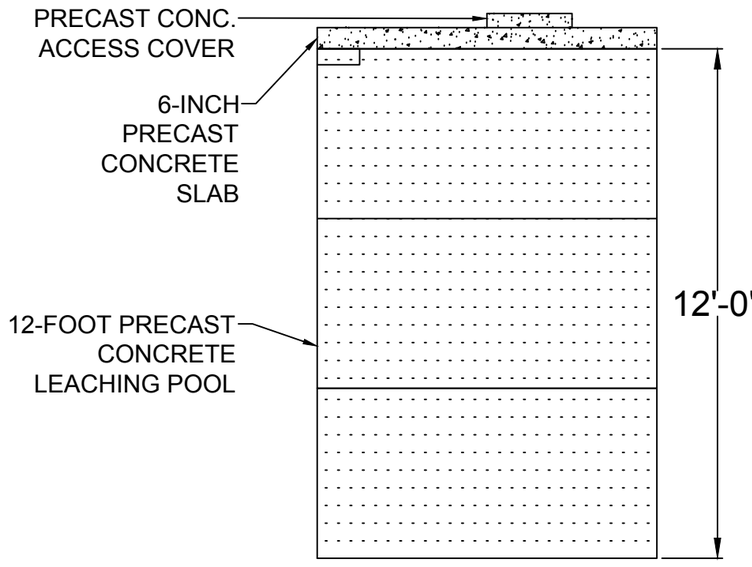
TYPICAL CLEANOUT DETAIL

SCALE: NTS



TEST HOLE INFORMATION

SCALE: NTS



TYPICAL LEACHING POOL DETAIL

SCALE= NTS

LEACHING POOL NOTES

- ONE (1) 8-FOOT DIAMETER X 12-FOOT DEEP PRECAST CONCRETE LEACHING POOLS.
- MINIMUM 12-FOOT EFFECTIVE LEACHING DEPTH OF POOL.
- 6-INCH PRECAST CONCRETE SLAB COVER WITH CONCRETE LID.
- MINIMUM BURY DEPTH OF COVER 12-INCH TO GRADE, MAXIMUM 24-INCH.
- MINIMUM TOTAL OF 300 SF EFFECTIVE LEACHING AREA FOR UP TO 4-BEDROOM HOME.

EXISTING SOIL CONDITION STATEMENT

- LEACHING POOLS TO BE PLACED IN CLEAN SAND AND GRAVEL ONLY (SP, SW).
- LEACHING POOLS REQUIRE MINUMUM 3-FOOT VERTICAL SETBACK FROM HIGHEST EXPECTED GROUNDWATER.
- NO EXPECTED GROUNDWATER
- SOIL CONDITIONS MAY VARY AND NEED TO BE CONFIRMED IN FIELD AT TIME OF INSTALLATION.
- REMOVE AND REPLACE UNSUITABLE SOILS IF NECESSARY WITH CLEAN SAND AND GRAVEL FOR A DIAMETER OF SIX FEET FROM LEACHING POOL (3-FOOT COLLAR), EXTENDING DOWN INTO THE EXISTING ACCEPTABLE MATERIAL (SP SAND).

RAZVI RESIDENCE
11 AMBOY LANE
LAKE GROVE, NY 11775

SANITARY SYSTEM DESIGN
I/A OWTS

HOMEPORT ENGINEERING P.C.
THOMAS A O'DWYER P.C. LIC. NO. 94873
PO BOX 1111 SETAUKET, NY 11733

DATE: 03-27-23

SCALE: 1:10

DESIGNER: JB

SHEET:

S-3