

PROPERTY INFORMATION

SITE: 29525 MAIN ROAD
ORIENT, NY 11957

SCTM #: 1000-13-2-7.12, 13 & 14

GROSS LOT AREA: 764,261± SQ. FT. (17.545 ACRES)

SCDHS REFERENCE NO.: C10-17-0009

DENSITY CALCULATIONS

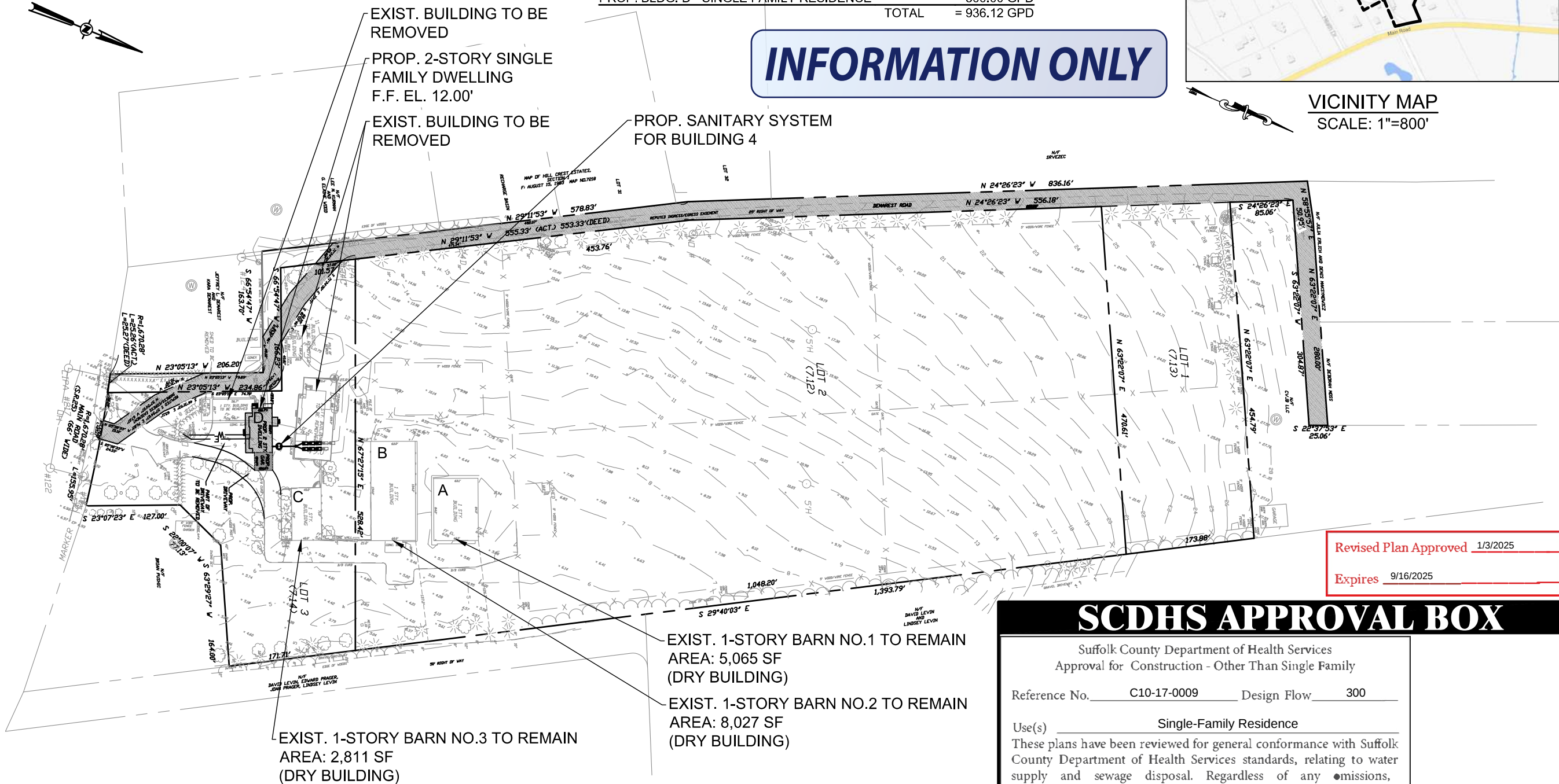
GROUNDWATER MANAGEMENT ZONE IV: 600 GPD / ACRE
SITE SERVED BY PRIVATE WELL: 300 GPD / ACRE
AREA TO BE DEVELOPED WITHIN 2 LOTS - S.C.T.M. TAX LOT 1000-13-2-7.12 & 14
LOT 7.12: 12 ACRES + LOT 7.14: 2.499 ACRES = 14.499 ACRES
ADJUSTED ALLOWABLE SANITARY FLOW: 14.499 ACRES X 300 GPD / ACRE = 4,349.70 GPD

SANITARY SYSTEM DENSITY LOAD CALCULATIONS:
EXIST. BLDG. A - 5,065 SF BARN NO.1 @ 0.04 GPD/SF = 202.60 GPD
EXIST. BLDG. B - 8,027 SF BARN NO.2 @ 0.04 GPD/SF = 321.08 GPD
EXIST. BLDG. C - 2,811 SF BARN NO.3 @ 0.04 GPD/SF = 112.44 GPD
PROP. BLDG. D - SINGLE FAMILY RESIDENCE = 300.00 GPD
TOTAL = 936.12 GPD

INFORMATION ONLY



VICINITY MAP
SCALE: 1"=800'



OVERALL SITE PLAN

SCALE: 1"=150'

0 150 300

SCALE: 1" = 150'

Water lines must be inspected by the
Suffolk County Dept. of Health Services.
Call (631) 852-5754, 48 hours in
advance, to schedule inspection(s).

SCDHS APPROVAL BOX

Suffolk County Department of Health Services
Approval for Construction - Other Than Single Family

Reference No. C10-17-0009 Design Flow 300

Use(s) Single-Family Residence

These plans have been reviewed for general conformance with Suffolk County Department of Health Services standards, relating to water supply and sewage disposal. Regardless of any omissions, inconsistencies or lack of detail, construction is required to be in accordance with the attached permit conditions and applicable standards, unless specifically waived by the Department. This approval expires 3 years from the approval date, unless extended or renewed.

12/26/2018
Approval Date

adrian casillas



PWGC

CLIENT DRIVEN SOLUTIONS
P.W. GROSSER CONSULTING ENGINEER
AND HYDROGEOLOGIST, P.C.

630 Johnson Avenue - Suite 7
Bohemia - NY - 11716-2618
Phone: (631) 589-6353 - Fax: (631) 589-8705
E-mail: INFO@PWGROSSER.COM

CONSULTANTS



7		
6		
5		
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2	REVISED PER SCDHS COMMENTS	12/26/2024
1	REVISED PER SCDHS COMMENTS	12/20/2024
No. Name Description Revision Date		
Designed By	LT	Date Submitted
Drawn By	LT	Date Released
Approved By	GR	Scale
Client	AS NOTED	

ZIMMER LLC
29525 MAIN ROAD
ORIENT, NY 11957

29525 MAIN ROAD
PROPOSED
SANITARY SYSTEM

Project Address:
29525 MAIN ROAD
ORIENT, TOWN OF SOUTHD
SUFFOLK COUNTY, NEW YORK

County Tax Map Number: 1000-13-2-7.12, 13 & 14
SCDHS# C10-17-0009

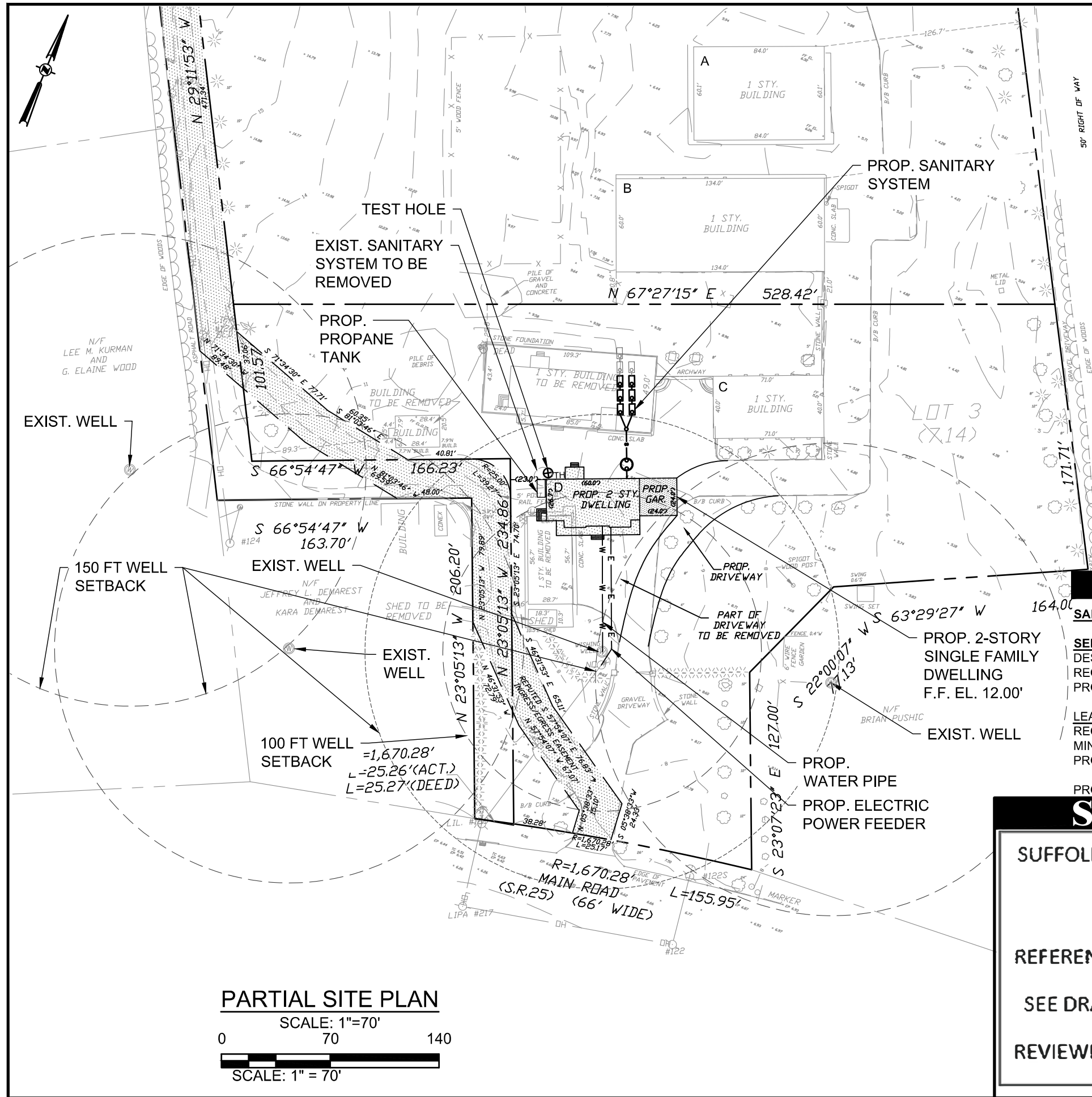
OVERALL
SITE
PLAN

C-100

1 4

CKH2401

NOTE:
SURVEY INFORMATION OBTAINED FROM L.K. MCLEAN ASSOCIATES ENGINEERING & SURVEYING, DPC DATED DECEMBER 13, 2024.



INFORMATION ONLY

SYSTEM CALCULATIONS

SANITARY DESIGN FOR PROPOSED SINGLE FAMILY RESIDENCE

SEPTIC TANK DESIGN:
DESIGN FLOW: 300 GPD
REQUIRED CAPACITY: 300 GPD X 2 DAYS = 600.00 GAL.
PROVIDE: ONE (1) 8' DIA. SEPTIC TANK W/ 4' LIQUID DEPTH= 1,200 GAL

LEACHING GALLEY DESIGN:
REQUIRED LEACHING AREA: 300 GPD /1.5 GPD/SF = 200.00 SF
MINIMUM LEACHING AREA: 300 SF
PROPOSED: 2' EFF. DEPTH LEACHING GALLEY HAS 53 SF/UNIT
300.00 SF / 53 SF/UNIT = 5.66 FT
PROVIDE: SIX (6) 2' EFF. DEPTH LEACHING GALLEYS

SCDHS APPROVAL BOX

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

APPROVED

REFERENCE NUMBER: C10-17-0009

SEE DRAWING # 1 OF 4

REVIEWER'S INITIALS: AC

PWGC
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CONSULTANTS

STATE OF NEW YORK
GERRY DEAN ROSEN
LICENSED PROFESSIONAL ENGINEER

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2	REVISED PER SCDHS COMMENTS	12/28/2024
1	REVISED PER SCDHS COMMENTS	12/20/2024

Designed By: LT Date Started: 08/09/2024
Drawn By: LT Date Released: 08/09/2024
Approved By: GR Scale: AS NOTED

Client:
ZIMMER LLC
29525 MAIN ROAD
ORIENT, NY 11957
Project:
**29525 MAIN ROAD
PROPOSED
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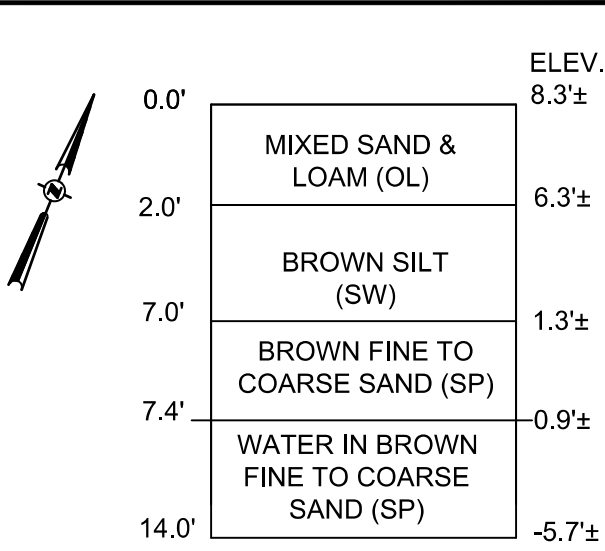
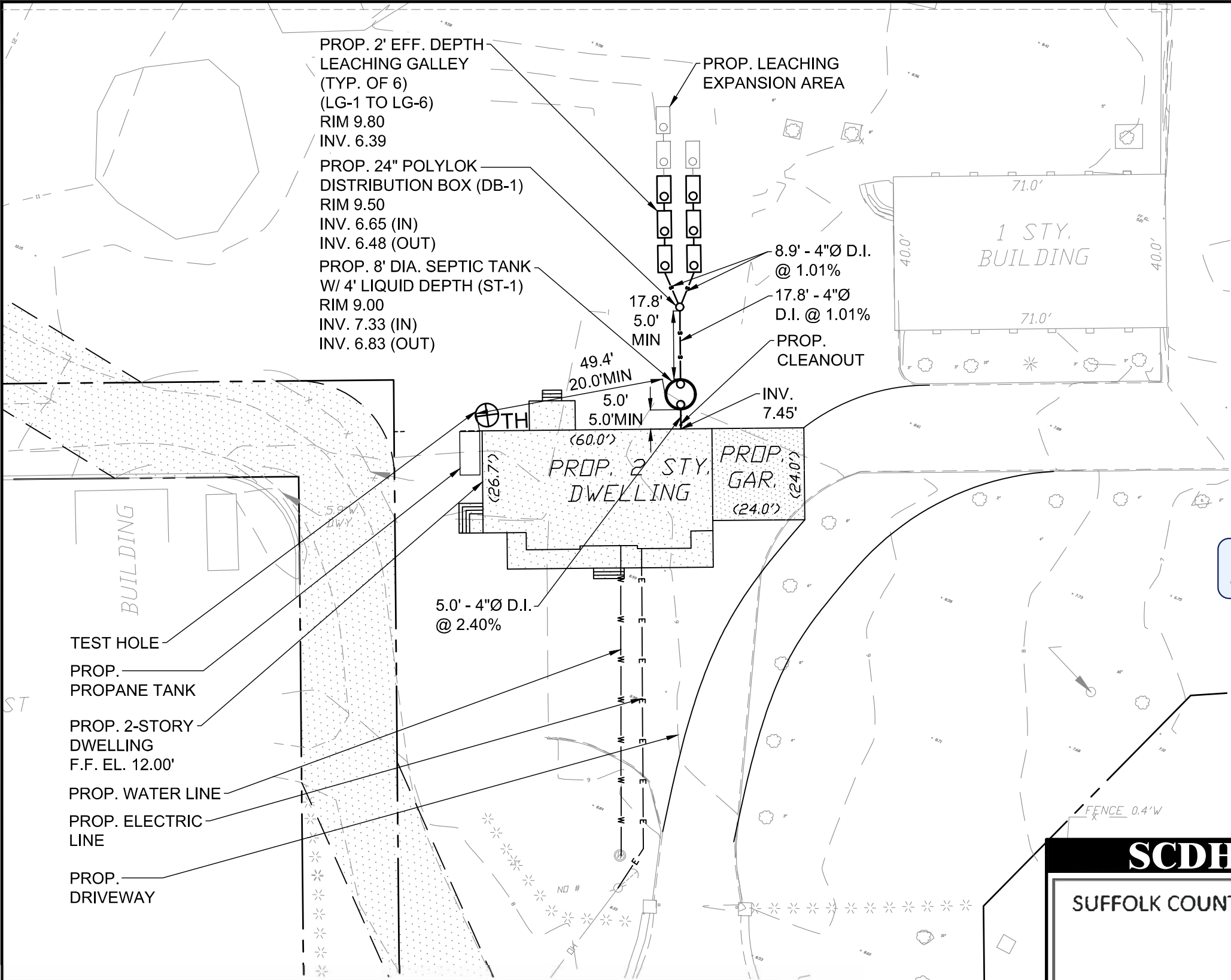
Project Address:
29525 MAIN ROAD
ORIENT, TOWN OF SOUTHOLD
SUFFOLK COUNTY, NEW YORK

County: Suffolk
Regulatory Reference Number:
SCDHS# C10-17-0009

**OVERALL
SITE
PLAN**

Drawing Number:
C-101

Sheet: 1 of 4
Project Number:
CKH2401



TEST HOLE DATA
MARCH 11, 2011
JAMESON FARMS

NOTE:
WATER ENCOUNTERED 7.4'
(EL. 0.9') BELOW GRADE.

INFORMATION ONLY

NOTES

1. ALL PROPOSED PIPING TO BE 4" Ø SDR-35, EXCEPT WHERE INDICATED.
2. SANITARY SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH ALL SCDHS REQUIREMENTS.
3. ALL ELEVATIONS ARE IN NAVD88.
4. NO PROPOSED STORM DRAINS WITHIN 20' OF THE PROPOSED SANITARY SYSTEM, UNLESS OTHERWISE SHOWN ON PLANS.
5. NO WELLS WITHIN 100 FT OF THE PROPOSED SEPTIC TANK AND 150 FT OF THE PROPOSED LEACHING, UNLESS OTHERWISE SHOWN ON PLANS.
6. CONTRACTOR TO INSTALL "DUMMY RING" AS REQUIRED TO ARCHIEVE THE REQUIRED DEPTH.

SCDHS APPROVAL BOX

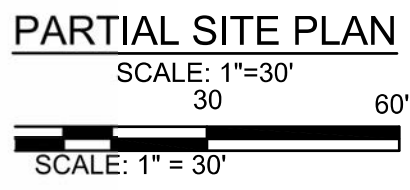
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

APPROVED

REFERENCE NUMBER: C10-17-0009

SEE DRAWING # 1 OF 4

REVIEWER'S INITIALS: AC



SANITARY STRUCTURE TABLE							
NAME	DIA./SIZE (FT)	RIM (FT)	TOP OF SLAB (FT)	INVERT ELEVATION (FT)	BOTTOM ELEVATION (FT)	CONNECTING PIPE SIZE (IN)	TYPE
ST-1	8	9.0	8.50	7.33 (IN), 6.83 (OUT)	2.49	4	D.I.
DB-1	2	9.5	7.86	6.65 (IN), 6.48 (OUT)	6.43	4	D.I.
LG-1 TO LG-6	4.75 x 8.5	9.8	7.34	6.39 (TYP FOR 4)	4.79	4	DR-18 PVC

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3	REVISED PER SCDHS COMMENTS	2/26/2024
2	REVISED PER SCDHS COMMENTS	2/20/2024
1		

Drawn By: LT
Checked By: LT
Approved By: GR
Scale: AS NOTED

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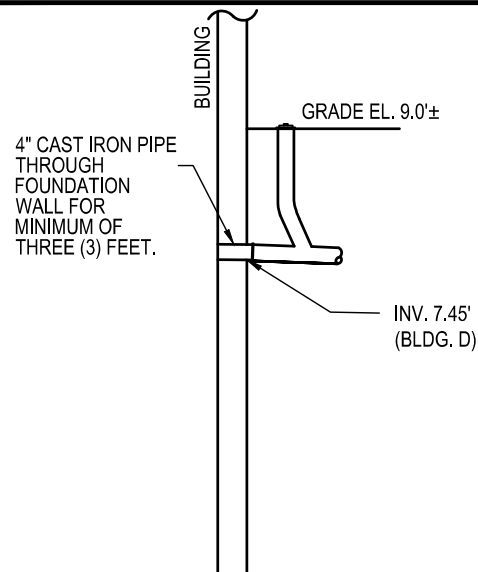
Contract Number:
SCDHS# C10-17-0009

Partial of Drawing

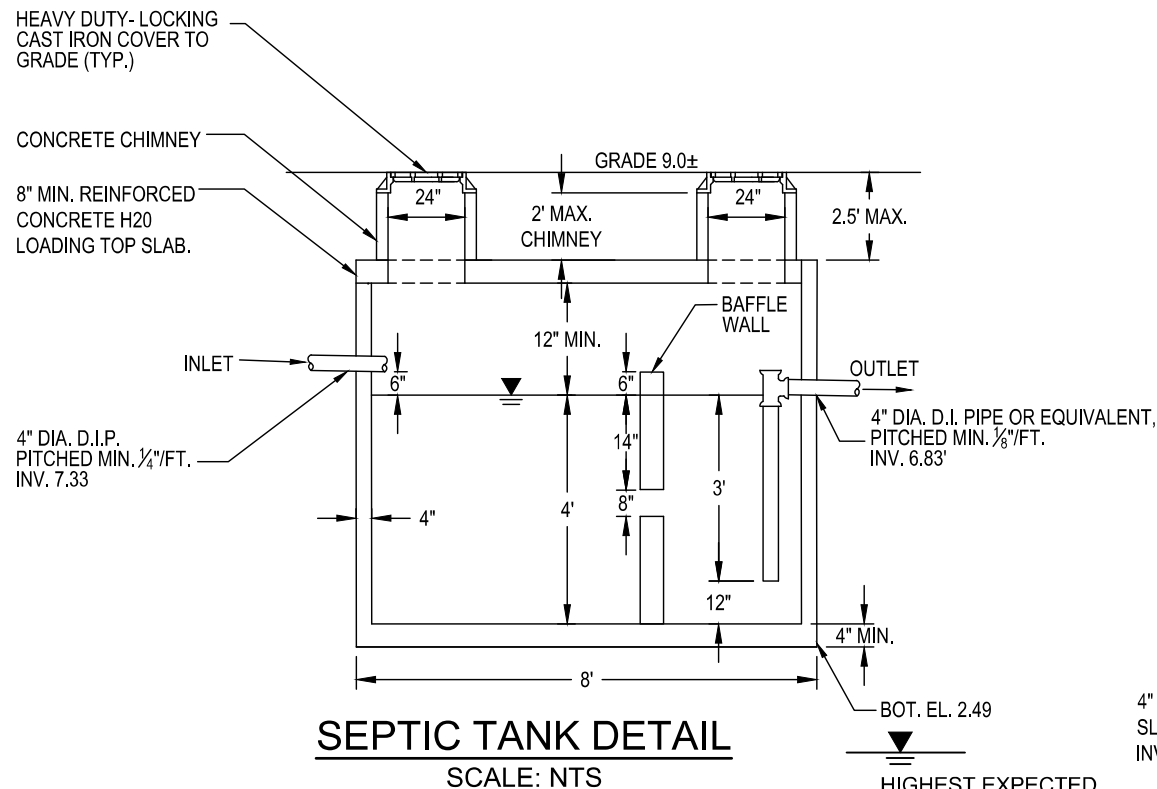
Drawing Number:
C-102

Sheet:
3 of 4

Project Number:
CKH2401



PROP. CLEANOUT
SCALE: NTS



NOTES:

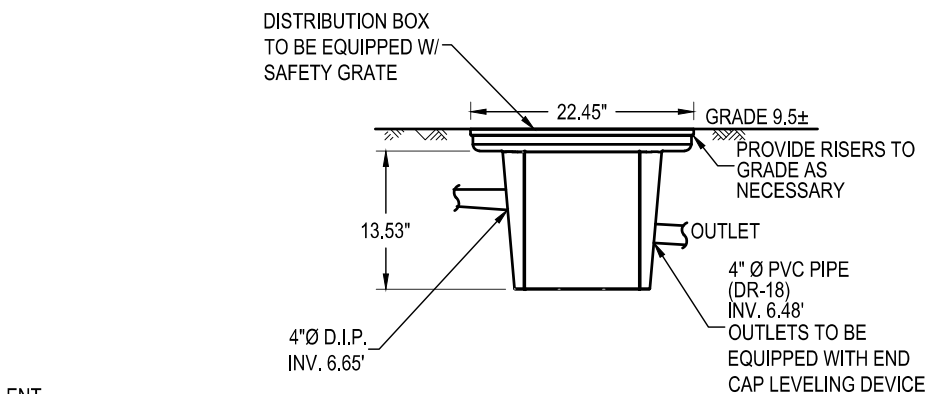
- 1.PRECAST REINFORCED SEPTIC TANKS SHALL CONFORM TO AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM) "STANDARD SPECIFICATIONS FOR PRECAST CONCRETE SEPTIC TANKS C-1227-10A" (LATEST REVISION).
- 2.DESIGN CONCRETE COMPRESSIVE STRENGTH = 4,000 PSI AT 28 DAYS.
- 3.OPENINGS TO BE 24 INCH MINIMUM WITH WATERTIGHT AND INSECT-PROOF LOCKING CAST IRON COVER.
- 4.PRECAST CONCRETE SECTIONS SHALL BE SEALED WITH ONE (1) INCH BUTYL RUBBER JOINT SEALANT WHICH CONFORMS TO ASTM C-900 (LATEST REVISION).



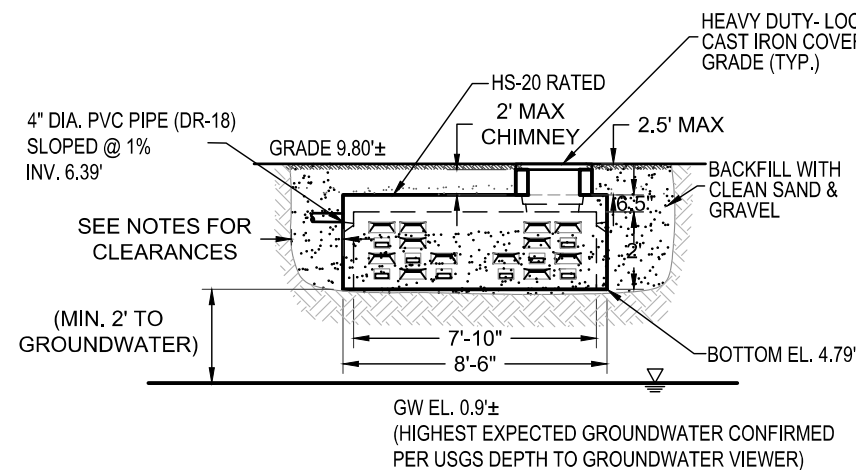
POLYLOK EQUALIZER
PART NO. - 3049
MATERIAL - FILLED
POLYPROPYLENE

END CAP LEVELING DEVICE DETAIL
SCALE: NTS

INFORMATION ONLY



POLYLOK 24" DISTRIBUTION BOX -
PART NO. 3017-24 DETAIL
SCALE: NTS



LEACHING GALLEY DETAIL
SCALE: NTS

NOTE:

1. SLABS, DOMES, COVERS TO BE PRECAST REINFORCED CONCRETE, TRAFFIC BEARING AASHTO HS-20 LOADING.
2. DESIGN CONCRETE COMPRESSIVE STRENGTH = 4,000 PSI AT 28 DAYS.
3. SPACING OF LEACHING GALLEYS SHALL BE 4' BETWEEN ROWS AND 2' BETWEEN GALLEYS, AS PER SCDHS REQUIREMENTS.
4. LEACHING GALLEYS TO BE MANUFACTURED BY LONG ISLAND PRECAST OR PELKOWSKI PRECAST CORPORATION, AS APPROVED BY SCDHS.
5. GRADE TO TOP OF SLAB SHALL NOT EXCEED 2.5 FT. USE DEEPER GALLEY IF NECESSARY.

SCDHS APPROVAL BOX

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

APPROVED

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SEE DRAWING # 1 OF 4

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