

CONSTRUCTION APPROVAL APPLICATION

WCDH File # _____ Municipality: _____ Fee Amount: _____

On-site Wastewater Treatment System Private Water Supply Residential Commercial

Watershed Basin Name: _____ If NYCDEP Watershed: Joint Review Delegated Review

Is property in a Water District: Y N Name: _____ Is property in a Sewer District: Y N Name: _____

Property Information:

Property Name _____

Property Address _____ Zip Code _____

TMD: Section _____ Block _____ Lot _____ R.S. Lot _____ Lot Area _____ Acres

Realty Subdivision: _____ Map # _____ Date Filed _____

Owner Last Name: _____ Owner First Name: _____

St. #: _____ St. Address: _____ State: _____ Zip Code: _____

Owner Phone #: () _____ Owner E-mail Address: _____

Building Type: _____ # of Bedrooms: _____ Total Habitable Space: _____ Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: _____ gpd Soil Percolation Rate: _____ min./in

Slope of OWTS Area: _____ % Septic Tank Size: _____ Gallons (Gal.)

Absorption Trench(es): Length: _____ Lin. Ft. Trench Width: _____ Ft. Area: _____ Sq. Ft.

Absorption Pit(s): # Pits _____ Diameter: _____ Ft. Depth: _____ Ft. Area: _____ Sq. Ft.

Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Name: _____

Trenches _____ Length: _____ Lin. Ft. Trench Width: _____ Ft. Sidewall Area: _____ Sq.Ft./Lin Ft.

Other Requirements:

Pump System: Pump Chamber: Size: _____ Gal. Dose _____ Gal. Overflow Tank: Size: _____ Gal.

Curtain Drain: Depth: _____ Ft. Width: _____ Ft. R.O.B. Sand and Gravel Fill Section: Depth: _____ Ft.

Separate Sewage Contractor (SSC): Name: _____ WCDH SSC License # _____

Water Supply System Information:

Private Water Supply Public Water Supply Name: _____

Well Driller Name: _____ NYSDEC Reg # _____

Address: _____ Phone: () _____

Other Requirements/Conditions:

I represent that I am wholly and completely responsible for the design and location of the proposed system(s): 1] that the on-site wastewater treatment system above described will be constructed as shown on the approved plan or approved amendments thereto and in accordance with the standards, rules and regulations of the Westchester County Department of Health; that on completion thereof, a "Certificate of Construction Compliance" satisfactory to the Commissioner of Health 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 OWTS which fails to operate for a period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the OWTS or any repairs thereto; 2] that the drilled well described above will be located as shown on the approved plan and that said well will be installed in accordance with the standards, rules and regulations of the Westchester County Department of Health.

Date: _____ Signed: _____ P.E./R.A. Seal _____

APPROVED FOR CONSTRUCTION

This approval expires one (1) year from the date issued unless construction of the building has been undertaken, and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any change or alteration of construction requires a new permit.

Date: _____ Approved By: _____