

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
COMPREHENSIVE ON SITE WASTEWATER TREATMENT SYSTEM (OWTS)
DEVELOPMENT PLAN CHECKLIST

This checklist is provided to assist both you and the health department technical staff expedite the processing of your approval application.

PLEASE READ THIS CAREFULLY.

All items must be included and checked off as completed. The completed and signed checklist must accompany all on site wastewater treatment systems and/or wells construction approval and construction compliance applications.

COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM DEVELOPMENT
PLAN FILING REQUIREMENTS:

Applicable codes: Chapter 873, Article VII and VIII of the Laws of Westchester County, NY

Fees: Chapter 873, Article XXI, Sections 873.2111, 873.2112, 873.2113 of the Laws of Westchester County, NY and Policy Statement Env 1992-1 revised January 1998, revised July 2010, Revised August 2019.

A licensed Professional Engineer or Registered Architect licensed and registered to practice in the State of New York and experienced in onsite wastewater treatment systems must prepare all applications.

Application Fee: For Residential: \$500.00 per onsite wastewater treatment system (a.k.a. OWTS)
\$250.00 per individual well
For Commercial: \$40.00 per 100 gallons of design flow
Minimum: \$670.00 and Maximum: \$4,160.00

Check should be made out to the ***Westchester County Department of Health.***

A completed Westchester County Department of Health (WCDH) Application for construction approval* or certificate of construction compliance*, as appropriate is required.

A design professional's report which includes detailed description of project including design parameters and support documents (construction approval).

Letter of Authorization* (authorizes Professional Engineer (PE) or Registered Architect (RA) to file on behalf of owner) must be submitted and bear the original signature of both owner and design professional.

For Corporate ownership, a Corporate Resolution form* must be filed authorizing person within corporation to sign application/documents on behalf of the corporation.

Five sets of comprehensive site plans are required. Plans must be drawn in ink and in commonly recognized scale. The site plans must show the location of all site improvements (existing and new) including, but not limited to, well, OWTS, driveway, pool house, appurtenances and their impact upon the topography.

*Forms can be downloaded from the department's website:

[\(<http://www.westchestergov.com/health/Realty.htm#forms>\)](http://www.westchestergov.com/health/Realty.htm#forms)

**REFERENCES/SOURCES TO ASSIST IN THE PREPARATION OF THE ON SITE
WASTEWATER TREATMENT SYSTEM DEVELOPMENT PLAN APPLICATION:**

For the design of residential OWTS refer to Rules and Regulations for the Design and Construction of Residential Subsurface Sewage Treatment Systems and Drilled Wells in Westchester County NY (www.westchestergov.com/health/realty.htm#forms)

For the design of commercial OWTS refer to NYSDEC Design Standards for Wastewater Treatment Systems 1988 (<http://www.dec.state.ny.us/website/dow/standards.pdf>)

OTHER SOURCES:

- **RECORDS REQUEST** ◦ ENVIRONMENTAL HEALTH FILE ◦ PLANNING LAND USE FILE ◦ BUILDING DEPARTMENT FILE

- **RECORDED PARCEL MAP WITH SUPPLEMENTAL MAP INFORMATION** ◦ RECORDERS OFFICE ◦ TITLE COMPANY

- **GRANT DEED**
- **TITLE REPORTS**
- **ASSESSOR'S OFFICE INFORMATION**
- **COUNTY GIS w/USGS QUADRANGLES**
- **USDA SOIL SURVEY** (<http://websoilsurvey.nrcs.usda.gov/app/websoilsurvey.aspx>)
- **SANITARY CODE** (www.westchestergov.com/health/sanitary%20code.htm)

If you would like to meet with engineering staff to discuss your application please call 914-864-7333 for an appointment.

Completed applications should be mailed to:

**Westchester County Department of Health Bureau
of Environmental Quality
25 Moore Ave.
Mount Kisco, NY 10549
COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM (OSWTS) DEVELOPMENT
PLAN CHECKLIST:**

City/Town
Name: _____ Date: _____

Tax Map Designation Number (TMDN): _____

Site Address: _____

State _____ Zip Code _____

Municipality: _____

APPLICATIONS FOR CONSTRUCTION APPROVAL FOR OWTS AND/OR WELL

The following list serves as the minimum requirements when requesting approval of a project pursuant to the above referenced provisions.

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> A licensed Professional Engineer, Registered Architect, licensed and/or registered to practice in the State of New York and experienced in design onsite wastewater treatment and disposal system disposal must prepare all applications. |
| <input type="checkbox"/> | <input type="checkbox"/> An official survey of property (if not on an approved Realty Subdivision) shall be submitted, along with other information, which may be required to determine origin of lot. |
| <input type="checkbox"/> | <input type="checkbox"/> Westchester County application form for an approval to construct an OWTS and /or well (5 copies). |
| <input type="checkbox"/> | <input type="checkbox"/> A Design Data Sheet, including results of a minimum of 3 percolation tests and 3 deep test holes. |
| <input type="checkbox"/> | <input type="checkbox"/> Design Professional's Report, which describes proposed project that is signed and sealed by Professional Engineer or Registered Architect. |
| <input type="checkbox"/> | <input type="checkbox"/> Letter of Authorization (see first page) <input type="checkbox"/> <input type="checkbox"/> Corporate Resolution (see first page). |
| <input type="checkbox"/> | <input type="checkbox"/> House plans (2 sets) (Residential) |
| <input type="checkbox"/> | <input type="checkbox"/> Building plans (2 sets) (Commercial) |
| <input type="checkbox"/> | <input type="checkbox"/> Provide equipment specifications, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> Plans, a minimum of 5 sets of construction plans are required, additional copies of plans may be submitted at owner's discretion |
| <input type="checkbox"/> | <input type="checkbox"/> Plans must be prepared in accordance with New York State Education Law and must bear warning statement. |
| <input type="checkbox"/> | <input type="checkbox"/> (Renewal only) Design professional to submit a letter certifying to the location and condition of the proposed OWTS area and the house plans remain unchanged. |

Construction Plans should include the following information:

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Site plan must be on clear unlined paper; minimum size 8 ½"x11", to scale. |
| <input type="checkbox"/> | <input type="checkbox"/> The entire property must be shown (including all property lines & dimensions) |
| <input type="checkbox"/> | <input type="checkbox"/> Owner's name |
| <input type="checkbox"/> | <input type="checkbox"/> Owner's Mailing Address |
| <input type="checkbox"/> | <input type="checkbox"/> Project site address (including zip code) |
| <input type="checkbox"/> | <input type="checkbox"/> Vicinity Map with clear instructions on how to find the property |

- Tax Map Designation Number
- If lot is part of a Realty Subdivision provide name, RS lot number and filed map number (land records office)
- Watershed, Reservoir Basin
- Title Block and scale
- North Arrow
- Date of Preparation/Revision Dates
- Preparer's Name and Address (including zip code)
- The estimated start and finish dates of construction applicable to this approval

Initials

WCHD

Applicant USE

- Site plan showing 2 foot contours and all watercourses, wet weather drainage channels, NYSDEC regulated wetlands, springs on the property or within 100' of any property lines, existing or proposed easements.
- Complete layout of proposed onsite wastewater treatment system and/or individual well, including curtain drains, roof and footing drains, fill, driveways, existing and proposed grading lines, etc. including but not limited to:
- Exact location and layout of the proposed septic system, septic tank, pump tank, overflow tank, dosing chamber.
- Absorption trench lines
- Leaching/Seepage Pits
- Slope within the primary OWTS area and 100% expansion area
- Distribution system, i.e., junction boxes, distribution boxes
- OWTS layout and location of the 100% expansion area
- Accurate location of all soil testing done on the property with numbering to correspond with approved subdivision approval or witnessing by WCDH.
- All existing wells and subsurface sewage treatment systems on the property and on adjacent properties within 200 feet of the property line or a note there are no existing or WCDH approved well or OWTS located within 200 feet of proposed OWTS or well respectively.
- Show the location, width, slope, surfacing, and curve radius of all existing and proposed driveways.
- Complete driveway profile for any driveway grade 15% or more if driveway is within 25 feet of the OWTS.
- Location of all soil percolation and deep test holes must be shown.
- Profile view of the proposed onsite wastewater treatment system (a.k.a. OWTS) including, all elevations, depth to ledge rock, groundwater, etc.
- Design details, where appropriate, for example, septic tank, junction box, distribution box, absorption trench, pump chamber, dosing chamber, siphon chambers, seepage pit, curtain drain, overflow tank, fill and well. For pump or dosing systems, provide calculations to support sizing of the pump and required dose volume (gallons).
- Design data information: design flow, linear feet, septic tank size (gallons), soil percolation rate, number of bedrooms, fill, curtain drain, slope, etc.

- Soil Classification information
- Locate propane tank (if applicable) with any approved setback to structures and property lines
- Locate power and electric lines (overhead and below ground)
- Locate water lines

Notes required on plans: (Illustrative examples):

<u>WCHD</u>	<u>Applicant USE</u>
<input type="checkbox"/>	<input type="checkbox"/> There shall be no trees within 10 feet of the OWTS.
<input type="checkbox"/>	<input type="checkbox"/> There are no wells within 200' of OWTS unless otherwise shown on plan.
<input type="checkbox"/>	<input type="checkbox"/> There are no OWTS within 200' of well unless otherwise shown on plan.
<input type="checkbox"/>	<input type="checkbox"/> The proposed OWTS area shall be isolated and protected against damage by erosion, storage of earth or materials, displacement, compaction or other adverse physical change in the characteristics of the soil or in the drainage of the area.
<input type="checkbox"/>	<input type="checkbox"/> If for any reason the approved construction plan can not be followed, a revised plan must be prepared, submitted, and approved by WCDH.
<input type="checkbox"/>	<input type="checkbox"/> The design professional shall supervise the construction of the OWTS and make an open works inspection.
<input type="checkbox"/>	<input type="checkbox"/> Within 24-hours of the completion of the OWTS, the design professional must notify the Westchester County Department of Health (WCDH) that the OWTS is ready for inspection by submitting a completed request for an open works inspection on the appropriate form to WCDH.
<input type="checkbox"/>	<input type="checkbox"/> That no backfilling of a completed OWTS can occur until after it has been inspected and accepted by the Westchester County Department of Health.
<input type="checkbox"/>	<input type="checkbox"/> After backfilling the OWTS, the area shall be covered with a minimum of 4 inches of clean top soil, seeded and mulched.
<input type="checkbox"/>	<input type="checkbox"/> The installation of the OWTS shall be in accordance with the Rules and Regulations for the Design and Construction of Residential Subsurface Sewage Treatment Systems and Drilled Wells in Westchester County, NY.
<input type="checkbox"/>	<input type="checkbox"/> All pipes connecting to tank and boxes shall be cut flush with the inside wall of box.
<input type="checkbox"/>	<input type="checkbox"/> The proposed OWTS shall be installed by a Westchester County licensed septic contractor.
<input type="checkbox"/>	<input type="checkbox"/> Prior to any excavation all underground utilities must be located. Call 1-800-962-7962.
<input type="checkbox"/>	<input type="checkbox"/> The Westchester County Health Department approval expires one year from the date on the approval stamp and is required to be renewed on or before the expiration date. The approval is revocable for cause or may be amended or modified when considered necessary by the department.
<input type="checkbox"/>	<input type="checkbox"/> There are no sources of contamination within 200 feet of the proposed well (where new wells are proposed).
<input type="checkbox"/>	<input type="checkbox"/> The minimum well yield is 5 gpm; yields less than 5 gpm must be immediately reported to the department (where new wells are proposed).

Initials

For properties located in NYC Watershed, the following information is needed:

<u>WCHD</u>	<u>Applicant USE</u>
<input type="checkbox"/>	<input type="checkbox"/> There are no reservoirs, reservoir stems or controlled lake within 500 feet of the proposed OWTS unless otherwise shown on plan.
<input type="checkbox"/>	<input type="checkbox"/> There are no NYSDEC wetlands or watercourses within 200 feet of the proposed OWTS unless otherwise shown on plan.

- NYCDEP must be contacted at least two days prior to start of construction of the OWTS so that the NYCDEP may inspect and monitor the installation.

Initials

Characterization of slope and topography in area of land disturbance:

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Unless required for technical reasons related to a septic system, arrows and grade breaks may represent contours in the area of land disturbance identifying slope and drainage. Plans should show no greater than 2 foot contours. Where the natural topography is to be altered, contour shall be represented by contour lines for the grading work. |
| <input type="checkbox"/> | <input type="checkbox"/> Provide an indication of the existing topography and the new/finish grade. |
| <input type="checkbox"/> | <input type="checkbox"/> Total amount and location of land disturbance in square feet (including driveway, house pad, septic system, any other clearing). |

Label all existing/proposed structures or improvements, including but not limited to:

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Single family dwellings/2 nd dwelling/senior citizen's dwellings |
| <input type="checkbox"/> | <input type="checkbox"/> Manufactured homes (permanent/temporary) |
| <input type="checkbox"/> | <input type="checkbox"/> Swimming pools, pool cabana |
| <input type="checkbox"/> | <input type="checkbox"/> Barns/storage building/workshops |

Initials

Identify all easements including, but not limited to the following:

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Utility easements |
| <input type="checkbox"/> | <input type="checkbox"/> Private easement, including water or sewage |
| <input type="checkbox"/> | <input type="checkbox"/> Road easements/right-of-way |
| <input type="checkbox"/> | <input type="checkbox"/> Driveway easements |
| <input type="checkbox"/> | <input type="checkbox"/> Equestrian easements |
| <input type="checkbox"/> | <input type="checkbox"/> Recreation easements |
| <input type="checkbox"/> | <input type="checkbox"/> "No-Access" easements (See title report, recorded map, etc.) |

Initials

All notes from any Recorded Map/Supplemental Information that may restrict the use of the property, including but not limited to: (*See Recorder's Office/Title Co.)

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Required setbacks |
| <input type="checkbox"/> | <input type="checkbox"/> Dedicated right of ways |
| <input type="checkbox"/> | <input type="checkbox"/> Archeological sites |
| <input type="checkbox"/> | <input type="checkbox"/> Wetland areas – Specify type: NYSDEC, local, etc. |

Initials

Identify all year round & seasonal watercourses, drainage ditches, etc. This shall include all bodies of water, including but not limited to: (*See USGS Maps – GIS)

WCHD

Applicant USE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Ponds, existing and proposed |
| <input type="checkbox"/> | <input type="checkbox"/> | Creeks and rivers |
| <input type="checkbox"/> | <input type="checkbox"/> | Springs |
| <input type="checkbox"/> | <input type="checkbox"/> | 100 year flood plain located by a qualified professional |
| <input type="checkbox"/> | <input type="checkbox"/> | Setbacks from all structures, wells/septic (existing or proposed), to all Property lines. |

Initials

I HAVE READ THE CHECKLIST REQUIREMENT ABOVE. ALL ITEMS CHECKED ARE COMPLETED. I RECOGNIZE THAT IF ANY OF THE ABOVE ITEMS ARE INCOMPLETE OR INACCURATE, THERE MAY BE DELAYS IN PROCESSING AND ISSUING THE APPROVAL TO CONSTRUCT, AND ADDITIONAL PROCESSING FEES MAY BE INCURRED.

SIGNED: (Applicant) _____ DATE: _____

SIGNED: (Design Professional) _____ DATE: _____