

REMEDIATION APPROVAL APPLICATION

WCDH File # _____ Municipality: _____ Fee Amount: _____

Watershed Basin: _____ If NYC Watershed: Joint Review Delegated Review

Property Information:

Property Name: _____

Property Address: _____ Zip Code: _____

TMD: Section: _____ Block: _____ Lot: _____ Lot Area: _____ Acres

Owner Last Name: _____ Owner First Name: _____ Phone #: () _____

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

Owner E-mail Address: _____

Property Use: Single Family Multiple Family Industrial Commercial Other (describe) _____

Existing On-site Wastewater Treatment System Information:

Is property located in a Sewer District: Y N Name: _____ is there a public sewer available: Y N

Is there a site plan or OWTS plan available? Y N WCDH File # (if available): _____

of Bedrooms: _____ # of Bathrooms: _____ Total Habitable Space: _____ Sq. Ft.

Proposed On-site Wastewater Treatment System Information:

Design Soil Percolation Rate: _____ min. /in. Slope of OWTS Area: _____ % Design Flow: _____ gpd

Components:	Existing	New			
Septic Tank:	_____	_____	Gal.		
Pump Chamber:	_____	_____	Gal.		
Dose: _____					
Overflow Tank:	_____	_____	Gal		
Absorption Trench(es):	_____	_____	LF	_____	Ft. Width
Gravelless Trench(es):	_____	_____	LF		
Absorption Pit(s): # of pits _____	_____	_____	Ft Dia.	_____	Sq. Ft.
Galleys:	_____	_____	LF	_____	Sq. Ft.
Flow Diffusers:	_____	_____	LF	_____	Sq. Ft.
75A Alternative: _____	_____	_____			
Junction/Distribution Box(es):	_____	_____	Number	_____	Size
Curtain Drain:	_____	_____	Ft Depth	_____	Ft. Width
ROB Sand/Gravel Fill:	_____	_____	Ft. Depth	_____	Sq. Ft Area
Other: _____	_____	_____			

Will any portion of the existing OWTS remain? Y N If Y Total LF _____ Total SF _____

Describe remaining components: _____

Septic System Contractor (SSC): _____ License # _____

Existing Water Supply Information:

Private Water Supply Public Water Supply: Source Name: _____

Other Requirements/Conditions _____

I represent that I am wholly and completely responsible for the design and location of the remediation work: 1] that the remediation work above described will be constructed as shown on the approved plan or approved amendments thereto and with the rules and regulations of the Westchester County Department of Health; 2] that on completion thereof, a "Certificate of Construction Compliance" satisfactory to the Commissioner of Health will be submitted to the Department along with a completed Guaranty of Remediation Work form;

Date: _____ Signed: _____ P.E./R.A Seal/SSC License #: _____

APPROVED FOR REMEDIATION

This approval expires one (1) year from the date issued, 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: _____