

**CERTIFICATE OF CONSTRUCTION COMPLIANCE APPLICATION – OWTS REMEDIATION**

WCDH File #: \_\_\_\_\_ Municipality: \_\_\_\_\_

Residential     Commercial    Watershed Basin Name: \_\_\_\_\_

NYCDEP Watershed: Y  N  Joint Review  NYCDEP Log # \_\_\_\_\_ Delegated Review

**Property Information:**

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_ Zip Code \_\_\_\_\_

TMD: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Lot Area \_\_\_\_\_ Acres

Realty Subdivision: \_\_\_\_\_

Owner Last Name: \_\_\_\_\_ Owner First Name: \_\_\_\_\_

St. #: \_\_\_\_\_ St. Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Phone #: (        ) \_\_\_\_\_ Owner E-mail Address: \_\_\_\_\_

Building Type: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Date Construction Approval Issued \_\_\_\_\_

**On-site Wastewater Treatment System (OWTS) Information:**

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

| Components:                        | Existing | New   |           |       |             |
|------------------------------------|----------|-------|-----------|-------|-------------|
| Septic Tank:                       | _____    | _____ | Gal.      |       |             |
| Pump Chamber:                      |          |       |           |       |             |
| Dose: _____                        | _____    | _____ | Gal.      |       |             |
| 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: _____                       | _____    | _____ | _____     | _____ | _____       |

Erosion Control (EC) Completed \_\_\_\_\_

Separate Sewage Contractor (SSC): Name: \_\_\_\_\_ WCDH SSC License # \_\_\_\_\_

Other Requirements/Conditions: \_\_\_\_\_

I certify that the system(s) as listed serving the above premises were constructed as shown on the plans of the completed work (copies of which are attached), in accordance with the rules and regulations, plans filed and the approval issued by the Westchester County Department of Health.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ P.E./R.A./SSC License # \_\_\_\_\_

Any person occupying premises served by the above system(s) shall promptly take such action as may be necessary to secure the correction of any unsanitary conditions resulting from such usage. Approval of the on-site wastewater treatment system shall become null and void as soon as a public sanitary sewer becomes available and the approval of the private water supply shall become null and void when a public water supply becomes available. Such approvals are subject to modification or change when, in the judgment of the Commissioner of Health, such revocation, modification or change is necessary, said modification or change shall be done under the supervision of a licensed Professional Engineer or Registered Architect. With proper maintenance the systems can be expected to function satisfactorily and are not likely to create an unsanitary condition.

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_