



**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY
*****47'O QQTG'CXGPWG
MOUNT KISCO, NEW YORK**

Owner of Property

Municipality

Property Location – Address

Section-Ward

Municipality

Block

Building Type

Lot

**GUARANTY OF REMEDIATION WORK
ON SITE WASTEWATER TREATMENT SYSTEM (OWTS)**

I, _____ represent that I am wholly and completely responsible for
Septic System Contractor-Print Name
the workmanship and material construction of the OWTS remediation work, and that such work has been performed as shown on the approved plan or approved amendment thereto, and in accordance with the rules and regulations of the Westchester County Department of Health, and hereby guaranty to the owner, his successors, heirs or assigns, to place in good operating condition any part of said remediation work which fails to operate due to poor workmanship and material construction for a period of six months immediately following the date the remediation work was placed into operation.

The undersigned further agrees to accept as conclusive the determination of the Assistant Commissioner of Health for Environmental Quality of the Bureau of Environmental Quality of the Westchester County Department of Health as to whether or not the failure of the remediation work to operate was caused by willful or negligent act of the occupant of the building utilizing the system.

Property Owner _____
PRINT NAME

Property Owner's Signature _____

Septic System Contractor's Name _____
PRINT NAME

Septic System Contractor's Signature _____

WCHD License # _____