

**COMPREHENSIVE ON SITE WASTEWATER TREATMENT SYSTEM  
DEVELOPMENT PLAN CHECKLIST**

Name Date: \_\_\_\_\_

Tax Map Designation Number (TMDN): \_\_\_\_\_

Site Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality: \_\_\_\_\_

**APPLICATIONS FOR CERTIFICATE OF CONSTRUCTION COMPLIANCE**

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

- | <u>WCHD<br/>USE</u>      | <u>Applicant</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"/> | Westchester County Department of Health Application Form for certificate of construction compliance (5 copies).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Guaranty for Separate Sewage Disposal System (3 copies) must be submitted. Form must be signed by both the owner/builder and licensed septic system installer.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Well completion report completed and signed by well driller registered with NYSDEC.   |
| <input type="checkbox"/> | <input type="checkbox"/> | As-Built plans (5 sets).  |
| <input type="checkbox"/> | <input type="checkbox"/> | Laboratory report of water well sampling as per private well water testing law effective November 19, 2007 from a NYSDOH Certified Laboratory.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Underwriter's Certificate for electrical facilities is needed where pumps or other electrical devices are used in the sewage treatment system.  |

\_\_\_\_\_  
Initials

As-Built plans must include the following information:

- | <u>WCHD<br/>USE</u>      | <u>Applicant</u>         |   |
|--------------------------|--------------------------|---|
| <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 & Mailing Address  |
| <input type="checkbox"/> | <input type="checkbox"/> | Project site address including zip code                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity Map  |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Map Designation Number  |

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Applicant

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If lot is part of a Realty Subdivision provide name and RS lot number   |
| <input type="checkbox"/> | <input type="checkbox"/> | Watershed, Reservoir Basin  |
| <input type="checkbox"/> | <input type="checkbox"/> | Title Block and scale   |
| <input type="checkbox"/> | <input type="checkbox"/> | North Arrow   |
| <input type="checkbox"/> | <input type="checkbox"/> | Date of Preparation/Revision Dates  |
| <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"/> | Preparer's Name and Address   |
| <input type="checkbox"/> | <input type="checkbox"/> | Tie-in dimensions   |
| <input type="checkbox"/> | <input type="checkbox"/> | Survey of as-built building (house) foundation and well location.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Design Data Information: design flow; linear feet; tank sizes; dose & volume no gallons (if dose system); number of bedrooms; fill; soil percolation rate; curtain drain; slope; etc.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Exact location of the OWTS and location of the 100% expansion area of the proposed septic house system, sewer septic tank, pump chamber, force main, dosing chamber.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Profile view of the onsite OWTS (primary and expansion) including, all elevations, depth to ledge rock, groundwater, etc.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Absorption trench lines (primary & expansion)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaching/Seepage Pits (primary & expansion)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Slope within the primary OWTS area and 100% expansion area  |
| <input type="checkbox"/> | <input type="checkbox"/> | Distribution system components - i.e. junction boxes, distribution boxes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Design details (when applicable) – i.e. septic tank, junction box, distribution box, absorption trench, pump chamber, dosing chamber, siphon chambers, seepage pit, curtain drain, overflow tank, run of bank fill and well. For pump or dosing systems, provide calculations to support sizing of the pump and required dose volume (gallons).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pump chamber - pump make and model  |
| <input type="checkbox"/> | <input type="checkbox"/> | Design data information: design flow, linear feet, septic tank size (gallons), soil percolation rate, number of bedrooms, fill, curtain drain, slope, etc.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of all deep test and soil percolation holes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Well detail (when applicable) showing the following minimum information: <ul style="list-style-type: none"><li>○ Depth of the well casing</li><li>○ Well casing diameter</li><li>○ Total depth of the drilled well</li><li>○ A minimum of 18-inches of well casing extending above the final ground surface with top soil or grade pitched away from casing to final ground surface</li><li>○ Well pump make and model</li><li>○ Well pump specifications to justify size selection</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Propane tank (when applicable) with setback to structures and property lines  |
| <input type="checkbox"/> | <input type="checkbox"/> | Power and electric lines location (overhead and below ground)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Well location   |

- Water line location
- Water main location (when applicable)

Notes:

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- The OWTS has been constructed 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.
- The design professional has supervised the construction of the OWTS and certifies to its installation is in accordance with the approved plans.

I HAVE READ THE CHECKLIST REQUIREMENTS 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 CERTIFICATE CONSTRUCTION COMPLIANCE.

SIGNED: (Design Professional) \_\_\_\_\_ DATE: \_\_\_\_\_