

**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
USE</u> | <u>Applicant</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> A licensed registered Professional Engineer or Registered Architect, licensed currently 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. |
| <input type="checkbox"/> | <input type="checkbox"/> Copy of recorded Declaration documents for ETU/ATU installation must be provided |

Initials

As-Built plans must include the following information:

- | <u>WCHD
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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|--------------------------|--|
| <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 alteration 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. |

Notes:

- | <u>WCHD
USE</u> | <u>Applicant</u> |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> 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. |
| <input type="checkbox"/> | <input type="checkbox"/> The design professional has supervised the construction of the OWTS and certified that the 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: _____