

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
COMPREHENSIVE ON SITE WASTEWATER TREATMENT SYSTEM (OWTS) DEVELOPMENT
PLAN CHECKLIST

This checklist is provided to assist both you and the health department technical staff expedite the processing of your approval application.

PLEASE READ THIS CAREFULLY.

All items must be included and checked off as completed. The completed and signed checklist must accompany all on site wastewater treatment systems and/or wells construction approval and construction compliance applications.

COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM DEVELOPMENT PLAN
FILING REQUIREMENTS:

Applicable codes: Chapter 873, Article VII and VIII of the Laws of Westchester County, NY

Fees: Chapter 873, Article XXI, Sections 873.2111, 873.2112, 873.2113 of the Laws of Westchester County, NY and Policy Statement Env 1992-1 revised January 1998, revised July 2010, Revised August 2019.

A licensed Professional Engineer or Registered Architect licensed and registered to practice in the State of New York and experienced in onsite wastewater treatment systems must prepare all applications.

Application Fee: For Residential: \$500.00 per onsite wastewater treatment system (a.k.a. OWTS)
\$250.00 per individual well

For Commercial: \$40.00 per 100 gallons of design flow

Minimum: \$670.00 and Maximum: \$4,160.00

Check should be made out to the ***Westchester County Department of Health.***

A completed Westchester County Department of Health (WCDH) Application for construction approval* or certificate of construction compliance*, as appropriate is required.

A design professional's report which includes detailed description of project including design parameters and support documents (construction approval).

Letter of Authorization* (authorizes Professional Engineer (PE) or Registered Architect (RA) to file on behalf of owner) must be submitted and bear the original signature of both owner and design professional.

For Corporate ownership, a Corporate Resolution form* must be filed authorizing person within corporation to sign application/documents on behalf of the corporation.

Five sets of comprehensive site plans are required. Plans must be drawn in ink and in commonly recognized scale. The site plans must show the location of all site improvements (existing and new) including, but not limited to, well, OWTS, driveway, pool house, appurtenances and their impact upon the topography.

*Forms can be downloaded from the department's website:

(<http://www.westchestergov.com/health/Realty.htm#forms>)

REFERENCES/SOURCES TO ASSIST IN THE PREPARATION OF THE ON SITE WASTEWATER
TREATMENT SYSTEM DEVELOPMENT PLAN APPLICATION:

For the design of residential OWTS refer to Rules and Regulations for the Design and Construction of Residential Subsurface Sewage Treatment Systems and Drilled Wells in Westchester County NY (www.westchestergov.com/health/realty.htm#forms)

For the design of commercial OWTS refer to NYSDEC Design Standards for Wastewater Treatment Systems 2014, or latest addition (<http://www.dec.state.ny.us/website/dow/standards.pdf>)

OTHER SOURCES:

- **RECORDS REQUEST** ○ ENVIRONMENTAL HEALTH FILE ○
PLANNING LAND USE FILE ○ BUILDING DEPARTMENT FILE
- **RECORDED PARCEL MAP WITH SUPPLEMENTAL MAP
INFORMATION** ○ RECORDERS OFFICE ○ TITLE COMPANY
- **GRANT DEED**
- **TITLE REPORTS**
- **ASSESSOR'S OFFICE INFORMATION**
- **COUNTY GIS w/USGS QUADRANGLES**
- **USDA SOIL SURVEY** (<http://websoilsurvey.nrcs.usda.gov/app/websoilsurvey.aspx>)
- **SANITARY CODE** (www.westchestergov.com/health/sanitary%20code.htm)

Completed applications should be mailed to:

**Westchester County Department of Health Bureau of
Environmental Quality
25 Moore Ave.
Mount Kisco, NY 10549
914-864-7333**

COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) DEVELOPMENT PLAN

CHECKLIST:

City/Town

Name: _____ Date: _____

Tax Map Designation Number (TMDN): _____

Site Address: _____

State _____ Zip Code _____

Municipality: _____

APPLICATIONS FOR CONSTRUCTION APPROVAL FOR OWTS AND/OR WELL

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

<u>WCHD</u>	<u>Applicant</u>	<u>USE</u>
<input type="checkbox"/>	<input type="checkbox"/>	A licensed and registered Professional Engineer, Registered Architect, licensed and currently registered to practice in the State of New York and experienced in design of onsite wastewater treatment and disposal system must prepare all applications.
<input type="checkbox"/>	<input type="checkbox"/>	An official survey of property (if not on an approved Realty Subdivision) shall be submitted, along with other information, which may be required to determine origin of lot.
<input type="checkbox"/>	<input type="checkbox"/>	Westchester County application form for an approval to construct an OWTS and /or well (5 copies).
<input type="checkbox"/>	<input type="checkbox"/>	A Design Data Sheet, including results of a minimum of 3 percolation tests and 3 deep test holes. (1 copy)
<input type="checkbox"/>	<input type="checkbox"/>	Design Professional's Report, which describes proposed project that is signed and sealed by the Professional Engineer or Registered Architect. (1 copy)
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Authorization (see first page)
<input type="checkbox"/>	<input type="checkbox"/>	Corporate Resolution (see first page).
<input type="checkbox"/>	<input type="checkbox"/>	House plans (2 sets) (Residential), including basement
<input type="checkbox"/>	<input type="checkbox"/>	Building plans (2 sets) (Commercial), including basement
<input type="checkbox"/>	<input type="checkbox"/>	Provide equipment specifications, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Plans, a minimum of 5 sets of construction plans are required,
<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"/>	(Renewal only) Design professional to submit a letter indicating date of site inspection certifying to the location and condition of the proposed OWTS area and that the house plans remain unchanged from the original approval

Construction Plans should include the following information:

<u>WCHD</u>	<u>Applicant</u>	<u>USE</u>
<input type="checkbox"/>	<input type="checkbox"/>	Site plan must be on clear unlined paper; minimum size 11"x17", to scale.
<input type="checkbox"/>	<input type="checkbox"/>	The entire property must be shown (including all property lines, easements & dimensions) with metes & bounds description
<input type="checkbox"/>	<input type="checkbox"/>	Owner's name and 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
<input type="checkbox"/>	<input type="checkbox"/>	If lot is part of a Realty Subdivision provide name, RS lot number and filed map number (land records office)
<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"/>	Preparer's Name and Address (including zip code)
<input type="checkbox"/>	<input type="checkbox"/>	The estimated start and finish dates of construction applicable to this approval

Initials

<u>WCHD</u>	<u>Applicant</u>	<u>USE</u>
<input type="checkbox"/>	<input type="checkbox"/>	Site plan showing 2 foot contours and all watercourses, wet weather drainage channels, NYSDEC or locally regulated wetlands, springs on the property or within 100' of any property lines, existing or proposed easements.
<input type="checkbox"/>	<input type="checkbox"/>	Complete layout of proposed onsite wastewater treatment system and/or individual well, including curtain drains, roof and footing drains, fill, driveways, existing and proposed grading lines, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Exact location and layout of the proposed septic system, house sewer, septic tank, pump chamber, force main, and dosing chamber.
<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, i.e., junction boxes, distribution boxes
<input type="checkbox"/>	<input type="checkbox"/>	OWTS layout and location of the 100% expansion area
<input type="checkbox"/>	<input type="checkbox"/>	Accurate location of all soil testing done on the property with numbering to correspond with approved subdivision approval or witnessing by WCDH.
<input type="checkbox"/>	<input type="checkbox"/>	All existing wells and subsurface sewage treatment systems on the property and on adjacent properties within 200 feet of the property line or a note that there are no existing or WCDH approved well or OWTS located within 200 feet of proposed OWTS or well respectively.
<input type="checkbox"/>	<input type="checkbox"/>	Show the location, width, slope, surfacing, and curve radius of all existing and proposed driveways.
<input type="checkbox"/>	<input type="checkbox"/>	Complete driveway grading and profile for any driveway grade 15% or more if driveway is within 25 feet of the OWTS.
<input type="checkbox"/>	<input type="checkbox"/>	Location of all soil percolation and deep test holes must be shown.

- Profile view of the proposed onsite wastewater treatment system (a.k.a. OWTS) including, all elevations, slope, depth to ledge rock, groundwater, etc.
- Design details, where appropriate, for example, 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).
- Design data information: design flow, linear feet, septic tank size (gallons), soil percolation rate, number of bedrooms, fill, curtain drain, slope, etc.
- Soil Classification information
- Locate propane tank (if applicable) with any approved setback to structures and property lines
- Locate power and electric lines (overhead and below ground)
- Locate water lines

Notes required on plans: (Illustrative examples):

- | <u>WCHD</u> | <u>Applicant</u> | <u>USE</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | There shall be no trees within 10 feet of the OWTS. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no wells within 200' of OWTS unless otherwise shown on plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no OWTS within 200' of well unless otherwise shown on plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | The proposed OWTS area shall be isolated and protected against damage by erosion, storage of earth or materials, displacement, compaction or other adverse physical change in the characteristics of the soil or in the drainage of the area. |
| <input type="checkbox"/> | <input type="checkbox"/> | If for any reason the approved construction plan cannot be followed, a revised plan must be prepared, submitted, and approved by WCDH. |
| <input type="checkbox"/> | <input type="checkbox"/> | The design professional shall supervise the construction of the OWTS and either the design professional and/or an authorized person shall make an open works inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> | Within 24-hours of the completion of the OWTS, the design professional must notify the Westchester County Department of Health (WCDH) that the OWTS is ready for inspection by submitting a completed request for an open works inspection on the appropriate form to WCDH. |
| <input type="checkbox"/> | <input type="checkbox"/> | That no backfilling of a completed OWTS can occur until after it has been inspected and accepted by the Westchester County Department of Health. |
| <input type="checkbox"/> | <input type="checkbox"/> | After backfilling the OWTS, the area shall be covered with a minimum of 4 inches of clean top soil seeded and mulched. |
| <input type="checkbox"/> | <input type="checkbox"/> | The installation of the OWTS shall be in accordance with the most recently enacted 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"/> | All pipes connecting to tank and boxes shall be cut flush with the inside wall of box. |
| <input type="checkbox"/> | <input type="checkbox"/> | The proposed OWTS shall be installed by a Westchester County licensed septic contractor. Well shall be installed by a New York State Department of Environmental Conservation Registered well driller. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to any excavation all underground utilities must be located. Call 1-800-962-7962. |
| <input type="checkbox"/> | <input type="checkbox"/> | The Westchester County Health Department approval expires one year from the date on the approval stamp and is required to be renewed on or before the expiration date. The approval is revocable for cause or may be amended or modified when considered necessary by the department. |

- There are no sources of contamination within 200 feet of the proposed well (when new wells are proposed).
- The minimum well yield is 5 gpm; yields less than 5 gpm must be immediately reported to the department (when new wells are proposed).
- Drilled well to be sampled and tested in accordance with WCDOH Private Well Testing Law
- Irrigation wells to be reviewed and approved by WCDOH

Initials

For properties located in NYC Watershed, the following information is needed:

- | <u>WCHD</u> | <u>Applicant</u> | <u>USE</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | There are no reservoirs, reservoir stems or controlled lake within 500 feet of the proposed OWTS unless otherwise shown on plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no NYSDEC wetlands or watercourses within 200 feet of the proposed OWTS unless otherwise shown on plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | NYCDEP must be contacted at least two days prior to start of construction of the OWTS so that the NYCDEP may inspect and monitor the installation. |

Initials

Characterization of slope and topography in area of land disturbance:

- | <u>WCHD</u> | <u>Applicant</u> | <u>USE</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Unless required for technical reasons related to a septic system, arrows and grade breaks may represent contours in the area of land disturbance identifying slope and drainage. Plans should show no greater than 2 foot contours. Where the natural topography is to be altered, contour shall be represented by contour lines for the grading work. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide an indication of the existing topography and the new/finish grade. |
| <input type="checkbox"/> | <input type="checkbox"/> | Total amount and location of land disturbance in square feet (including driveway, house pad, septic system, any other clearing). |

Label all existing/proposed structures or improvements, including but not limited to:

- | <u>WCHD</u> | <u>Applicant</u> | <u>USE</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Single family dwellings/2 nd dwelling/senior citizen's dwellings |
| <input type="checkbox"/> | <input type="checkbox"/> | Manufactured homes (permanent/temporary) |
| <input type="checkbox"/> | <input type="checkbox"/> | Swimming pools, pool cabana |
| <input type="checkbox"/> | <input type="checkbox"/> | Barns/storage building/workshops |

Initials

Identify all easements including, but not limited to the following:

- | <u>WCHD</u> | <u>Applicant</u> | <u>USE</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Utility easements |
| <input type="checkbox"/> | <input type="checkbox"/> | Private easement, including water or sewage |
| <input type="checkbox"/> | <input type="checkbox"/> | Road easements/right-of-way |

- Driveway easements
- Equestrian easements
- Recreation easements
- "No-Access" easements (See title report, recorded map, etc.)

Initials

All notes from any Recorded Map/Supplemental Information that may restrict the use of the property, including but not limited to: (*See Recorder's Office/Title Co.)

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Required setbacks |
| <input type="checkbox"/> | <input type="checkbox"/> Dedicated right of ways |
| <input type="checkbox"/> | <input type="checkbox"/> Archeological sites |
| <input type="checkbox"/> | <input type="checkbox"/> Wetland areas – Specify type: NYSDEC, local, etc. |

Initials

Identify all year round & seasonal watercourses, drainage ditches, etc. This shall include all bodies of water, including but not limited to: (*See USGS Maps – GIS)

- | <u>WCHD</u> | <u>Applicant USE</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Ponds, existing and proposed |
| <input type="checkbox"/> | <input type="checkbox"/> Creeks and rivers |
| <input type="checkbox"/> | <input type="checkbox"/> Springs |
| <input type="checkbox"/> | <input type="checkbox"/> 100 year flood plain located by a qualified professional |
| <input type="checkbox"/> | <input type="checkbox"/> Setbacks from all structures, wells/septic (existing or proposed), to all Property lines. |

Initials

I HAVE READ THE CHECKLIST REQUIREMENT 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 APPROVAL TO CONSTRUCT, AND ADDITIONAL PROCESSING FEES MAY BE INCURRED.

SIGNED: (Design Professional) _____ DATE: _____