

COMPREHENSIVE ON SITE WASTEWATER TREATMENT SYSTEM REMEDIATION
PLAN CHECKLIST

Name Date: _____

Tax Map Designation Number (TMDN): _____

Site Address: _____

City/Town _____ State _____ Zip Code _____

Municipality: _____

APPLICATIONS FOR CERTIFICATE OF CONSTRUCTION COMPLIANCE-OWTS REMEDIATION

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

- | <u>WCHD</u>
<u>USE</u> | <u>Applicant</u> | |
|---------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A licensed registered Professional Engineer or 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"/> | Westchester County Department of Health Application Form for certificate of OWTS remediation construction compliance (5 copies). |
| <input type="checkbox"/> | <input type="checkbox"/> | Guaranty of Remediation Work Onsite Wastewater Treatment Systems (OWTS) (5 copies) must be submitted. Form must be signed by both the owner/builder and licensed septic system installer. |
| <input type="checkbox"/> | <input type="checkbox"/> | As-Built plans (5 sets). |
| <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 if recorded Declaration document for ETU/ATU installation must be provided |

Initials

As-Built plans must include the following information:

- | <u>WCHD</u>
<u>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 |

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

APPLICATIONS FOR CERTIFICATE OF OWTS REMEDIATION CONSTRUCTION COMPLIANCE

- | <u>WCHD
USE</u> | <u>Applicant</u> | |
|--------------------------|--------------------------|---|
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Tie-in dimensions |
| <input type="checkbox"/> | <input type="checkbox"/> | Design Data Information: design flow; linear feet; tank sizes; dose and volume in 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 design professional must certify that the construction of the OWTS was under his supervision and/or that the construction was under an authorized representative 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 OF OWTS REMEDIATION CONSTRUCTION COMPLIANCE.

SIGNED: (Design Professional) _____ DATE: _____