

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

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

PLEASE READ THIS CAREFULLY.

All items must be included and checked off as completed. The completed and signed checklist must accompany all OWTS remediation construction approval and OWTS remediation construction compliance applications.

COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM
REMEDICATION 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.

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. A Westchester County Licensed Septic System Contractor may prepare applications only in cases as defined in the Onsite Wastewater Treatment System (OWTS) Remediations and Repairs Rules and Regulations effective November 7, 2008.

Application Fee: For Residential: \$420.00 per onsite wastewater treatment system (a.k.a. OWTS)
For Commercial: \$35.00 per 100 gallons of design flow
Minimum: \$555.00 and Maximum: \$3465.00

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

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

A project report which includes detailed description of project including design parameters and support documents (remediation approval).

Letter of Authorization* (authorizes Professional Engineer (PE) or Registered Architect (RA) or, if applicable a licensed Westchester County Septic System Contractor to file on behalf of owner) must be submitted and bear the original signature of both owner and design professional or licensed septic system contractor.

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.

*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 REMEDIATION 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 1988 (<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)

If you would like to meet with engineering staff to discuss your application please call 914-864-7333 for an appointment.

Completed applications should be mailed to:

**Westchester County Department of Health
Bureau of Environmental Quality
25 Moore Avenue
Mount Kisco, NY 10549**

COMPREHENSIVE ON-SITE WASTEWATER TREATMENT SYSTEM (OSWTS)

REMEDATION PLAN CHECKLIST:

Name: _____ Date: _____

Tax Map Designation Number (TMDN): _____

Site Address: _____

City/Town _____ State _____ Zip Code _____

Municipality: _____

APPLICATIONS FOR REMEDIATION APPROVAL FOR OWTS

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

- | <u>WCHD
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 or, if applicable, a licensed septic system contractor must prepare all applications. |
| <input type="checkbox"/> | <input type="checkbox"/> | Westchester County application form for a remediation approval for an OWTS (5 copies) |
| <input type="checkbox"/> | <input type="checkbox"/> | A Design Data Sheet, including results of all soil testing performed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Report, which describes proposed project, existing OWTS evaluation and basis for proposed remediation |
| <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), as required by Department. |
| <input type="checkbox"/> | <input type="checkbox"/> | Building plans (2 sets) (Commercial), as required by Department. |
| <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, additional copies of plans may be submitted at owner's discretion |

Construction Plans should include the following information:

- | <u>WCHD
USE</u> | <u>Applicant</u> | |
|----------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Site plan must be on clear unlined paper; minimum size 8 ½"x11", to scale. |
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Owner's Mailing Address |
| <input type="checkbox"/> | <input type="checkbox"/> | Project site address (including zip code) |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing OWTS Westchester County Department of Health approval number |
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity Map with clear instructions on how to find the property |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Map Designation 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"/> | Preparer's Name and Address (including zip code) |

Initials

<u>WCHD USE</u>	<u>Applicant</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Site plan showing 2 foot contours and all watercourses, wet weather drainage channels, NYSDEC 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 including curtain drains, roof and footing drains, fill, driveways, existing and proposed grading lines, etc. including but not limited to:
<input type="checkbox"/>	<input type="checkbox"/>	Exact location and layout of the existing and proposed OWTS, septic tank, pump tank, overflow tank, dosing chamber.
<input type="checkbox"/>	<input type="checkbox"/>	Absorption trench lines
<input type="checkbox"/>	<input type="checkbox"/>	Leaching/Seepage Pits
<input type="checkbox"/>	<input type="checkbox"/>	Slope within the OWTS remediation 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
<input type="checkbox"/>	<input type="checkbox"/>	Accurate location of all soil testing done on the property with numbering to correspond with testing witnessed by WCDOH
<input type="checkbox"/>	<input type="checkbox"/>	All existing wells and onsite wastewater treatment systems on the property and on adjacent properties within 200 feet of the property line or a note there are no existing or WCDH approved well located within 200 feet of proposed remediation OWTS
<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"/>	Location of all soil percolation and deep test holes must be shown.
<input type="checkbox"/>	<input type="checkbox"/>	Profile view of the proposed OWTS remediation area including, all elevations, depth to ledge rock, groundwater, etc.
<input type="checkbox"/>	<input type="checkbox"/>	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, 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"/>	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"/>	Soil Classification information
<input type="checkbox"/>	<input type="checkbox"/>	Locate propane tank (if applicable) with any approved setback to structures and property lines
<input type="checkbox"/>	<input type="checkbox"/>	Locate power and electric lines (overhead and below ground)
<input type="checkbox"/>	<input type="checkbox"/>	Locate water lines

Notes required on plans: (Illustrative examples):

<u>WCHD USE</u>	<u>Applicant</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"/>	The proposed OWTS remediation 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 or, if applicable, a licensed septic system contractor shall supervise the construction of the OWTS and make an open works inspection

- Within 24-hours of the completion of the OWTS, the design professional or, if applicable, a licensed septic system contractor 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.
- That no backfilling of a completed OWTS can occur until after it has been inspected and accepted by the Westchester County Department of Health.
- After backfilling the OWTS, the area shall be covered with a minimum of 4 inches of clean top soil, seeded and mulched.
- All pipes connecting to tank and boxes shall be cut flush with the inside wall of box.
- The proposed OWTS remediation work shall be installed by a Westchester County licensed septic system contractor.
- Prior to any excavation all underground utilities must be located. Call 1-800-962-7962.
- 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.

Initials

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

- | <u>WCHD
USE</u> | <u>Applicant</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

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

- | <u>WCHD
USE</u> | <u>Applicant</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
USE</u> | <u>Applicant</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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Driveway easements |
| <input type="checkbox"/> | <input type="checkbox"/> | Equestrian easements |
| <input type="checkbox"/> | <input type="checkbox"/> | Recreation easements |
| <input type="checkbox"/> | <input type="checkbox"/> | "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
USE</u> | <u>Applicant</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
USE</u> | <u>Applicant</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: (Applicant) _____ DATE: _____

SIGNED: (Design Professional) _____ DATE: _____