



Westchester County Department of Health
Bureau of Environmental Quality

CERTIFICATE OF CONSTRUCTION COMPLIANCE APPLICATION – OWTS REMEDIATION

WCDH File #: _____ Municipality: _____

Residential Commercial Watershed Basin Name: _____

NYCDEP Watershed: Y N Joint Review NYCDEP Log # _____ Delegated Review

Property Information:

Property Name _____

Property Address _____ Zip Code _____

TMD: Section _____ Block _____ Lot _____ Lot Area _____ Acres

Realty Subdivision: _____

Owner Last Name: _____ Owner First Name: _____

St. #: _____ St. Address: _____ State: _____ Zip Code: _____

Owner Phone #: (_____) _____

Building Type: _____ # of Bedrooms: _____ Date Construction Approval Issued _____

On-site Wastewater Treatment System (OWTS) Information:

Design Soil Percolation Rate: _____ min./in. Slope of OWTS Area: _____ % Design Flow: _____ gpd

| Components: | Existing | New | | |
|------------------------------------|----------|-------|-----------|-------------------|
| Septic Tank: | _____ | _____ | Gal. | |
| Pump Chamber: Dose: _____ | _____ | _____ | Gal. | |
| Overflow Tank: | _____ | _____ | Gal | |
| Absorption Trench(es): | _____ | _____ | LF | _____ Ft. Width |
| Gravelless Trench(es): | _____ | _____ | LF | |
| Absorption Pit(s): # of pits _____ | _____ | _____ | Ft Dia. | _____ Sq. Ft. |
| Galleys: | _____ | _____ | LF | _____ Sq. Ft. |
| Flow Diffusers: | _____ | _____ | LF | _____ Sq. Ft. |
| 75A Alternative: _____ | _____ | _____ | | |
| Junction/Distribution Box(es): | _____ | _____ | Number | _____ Size |
| Curtain Drain: | _____ | _____ | Ft Depth | _____ Ft. Width |
| ROB Sand/Gravel Fill: | _____ | _____ | Ft. Depth | _____ Sq. Ft Area |
| Other: _____ | _____ | _____ | _____ | _____ |

Erosion Control (EC) Completed _____

Separate Sewage Contractor (SSC): Name: _____ WCDH SSC License # _____

Other Requirements/Conditions: _____

I certify that the system(s) as listed serving the above premises were constructed as shown on the plans of the completed work (copies of which are attached), in accordance with the rules and regulations, plans filed and the approval issued by the Westchester County Department of Health.

Date: _____ Signed: _____ P.E./R.A./SSC License # _____

Any person occupying premises served by the above system(s) shall promptly take such action as may be necessary to secure the correction of any unsanitary conditions resulting from such usage. Approval of the on-site wastewater treatment system shall become null and void as soon as a public sanitary sewer becomes available and the approval of the private water supply shall become null and void when a public water supply becomes available. Such approvals are subject to modification or change when, in the judgment of the Commissioner of Health, such revocation, modification or change is necessary, said modification or change shall be done under the supervision of a licensed Professional Engineer or Registered Architect. With proper maintenance the systems can be expected to function satisfactorily and are not likely to create an unsanitary condition.

Date: _____ Approved By: _____