

**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
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 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. |

Initials

As-Built plans must include the following information:

- | <u>WCHD
USE</u> | <u>Applicant</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | As-Built plans 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"/> | Vicinity Map with clear instructions on how to find the property |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Map Designation Number |

**COMPREHENSIVE ON SITE WASTEWATER TREATMENT SYSTEM
REMEDATION 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 (if pump dosing 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 or, if applicable, a licensed septic system contractor has supervised the construction of the OWTS 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: (Applicant) _____ DATE: _____

SIGNED: (Design Professional) _____ DATE: _____