

CONSTRUCTION APPROVAL APPLICATION

(WCDOH OFFICE USE ONLY)

WCDH File # \_\_\_\_\_ Municipality: \_\_\_\_\_ Fee Amount: \_\_\_\_\_

Watershed Basin Name: \_\_\_\_\_ If NYCDEP Watershed: \_\_\_\_\_ Joint Review  Delegated Review

On-site Wastewater Treatment System  Private Water Supply  Residential  Commercial

Is property in a Water District: Y  N  Name: \_\_\_\_\_ Is property in a Sewer District: Y  N  Name: \_\_\_\_\_

**Property Information:**

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_ Zip Code \_\_\_\_\_

TMD: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ R.S. Lot \_\_\_\_\_ Lot Area \_\_\_\_\_ Acres

Realty Subdivision: \_\_\_\_\_ Map # \_\_\_\_\_ Date Filed \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Building Type: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Total Habitable Space: \_\_\_\_\_ Sq. Ft.

**On-site Wastewater Treatment System (OWTS) Information:**

Design Flow: \_\_\_\_\_ gpd Soil Percolation Rate: \_\_\_\_\_ min./in Slope of OWTS Area: \_\_\_\_\_ % Septic Tank Size: \_\_\_\_\_ Gallons

Absorption Trench(es): Length: \_\_\_\_\_ Lin. Ft. Trench Width: \_\_\_\_\_ Ft. Area: \_\_\_\_\_ Sq. Ft.

Absorption Pit(s): # Pits \_\_\_\_\_ Diameter: \_\_\_\_\_ Ft. Depth: \_\_\_\_\_ Ft. Area: \_\_\_\_\_ Sq. Ft.

Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Other: \_\_\_\_\_

Number \_\_\_\_\_ Length: \_\_\_\_\_ Lin. Ft. Width: \_\_\_\_\_ Ft. Area: \_\_\_\_\_ Sq.Ft./Lin Ft.

ETU/ATU Make & Model \_\_\_\_\_

**Other Requirements:**

Pump System: Pump/Siphon Chamber: Size: \_\_\_\_\_ Gal. Dose Draw and Volume \_\_\_\_\_ inches \_\_\_\_\_ Gal.

Curtain Drain: Depth: \_\_\_\_\_ Ft. Width: \_\_\_\_\_ Ft. R.O.B. Sand and Gravel Fill Section: Depth: \_\_\_\_\_ Ft.

Separate Sewage Contractor (SSC): Name: \_\_\_\_\_ WCDH SSC License # \_\_\_\_\_

**Water Supply System Information:**  Private Water Supply  Public Water Supply Name: \_\_\_\_\_

Well Driller Name: \_\_\_\_\_ NYSDEC Reg # \_\_\_\_\_

Other Requirements/Conditions: \_\_\_\_\_

I represent that I am wholly and completely responsible for the design and location of the proposed system(s): 1] that the on-site wastewater treatment system above described will be constructed as shown on the approved plan or approved amendments thereto and in accordance with the standards, rules and regulations of the Westchester County Department of Health; that on completion thereof, a "Certificate of Construction Compliance" satisfactory to the Commissioner of Health will be submitted to the Department and a written guarantee will be furnished the owner, his successors, heirs or assigns, by the builder that said builder will place in good operating condition any part of said OWTS which fails to operate for a period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the OWTS or any repairs thereto; 2] that the drilled well described above will be located as shown on the approved plan and that said well will be installed in accordance with the standards, rules and regulations of the Westchester County Department of Health and requirements of the WCDOH Private Well Testing Law..

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ P.E./R.A. Seal \_\_\_\_\_

**APPROVED FOR CONSTRUCTION**

This approval expires one (1) year from the date issued unless construction of the building has been undertaken, and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any change or alteration of construction requires a new permit.

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_