

Westchester County Department of Health
Bureau of Environmental Quality
25 Moore Ave
Mt. Kisco, NY 10549

Owner or Purchaser of Building	Municipality
Building Constructed By	Section – Ward
Location – Street	Block
Building Type	Lot

**GUARANTY OF REMEDIATION WORK
ON SITE WASTEWATER TREATMENT SYSTEM (OWTS)**

I _____ represent that I am wholly and completely responsible for the location,
(Licensed Septic Contractor – Print Name)

workmanship, material, construction and drainage of the sewage treatment system serving the above described property, and that it has been constructed as shown on the approved plan or approved amendment thereto, and in accordance with the standards, rules and regulations of the Westchester County Department of Health, and hereby guaranty to the owner, his successors, heirs or assigns, to place in good operating condition any part of said system constructed by me which fails to operate for a period of six (6) months immediately following the date that the sewage treatment system was first placed into operation or any repairs made by me to such system, except where the failure to operate properly is caused by the willful or negligent act of the occupant of the building utilizing the system.

The undersigned further agrees to accept as conclusive the determination of the Assistant Commissioner of Health for the Bureau of Environmental Quality of the Westchester County Department of Health as to whether or not the failure of the system to operate was caused by willful or negligent act of the occupant of the building utilizing the system.

Property Owner/Builder's Name: (Print) _____
Property Owner/Builder's (Signature) _____
Septic Contractor's Name (Printed) _____
Septic Contractor's Signature _____
WCSSC License# _____
(If Corporation, give name and address)