

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</u>
<u>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 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</u>
<u>USE</u> | <u>Applicant</u> | |
|---------------------------|--------------------------|---|
| <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 & Mailing Address |
| <input type="checkbox"/> | <input type="checkbox"/> | Project site address including zip code |
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity |
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Tie-in dimensions |
-
- | <u>WCHD</u>
<u>USE</u> | <u>Applicant</u>
Applicant | |
|---------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Design Data Information: design flow; linear feet; tank sizes; dose and volume in gallons (if dose system); number of bedrooms; fill; soil percolation rate; curtain drain; slope; etc. |

- Exact location of the OWTS of the proposed septic house system, sewer septic tank, pump chamber, force main, dosing chamber.
- Absorption trench lines
- Leaching/Seepage Pits
- Slope within the primary OWTS area
- Distribution system components - i.e. junction boxes, distribution boxes
- Profile view of the onsite OWTS including, all elevations, depth to ledge rock, groundwater, etc.
- Design details (when applicable) – i.e. septic tank, junction box, distribution box, absorption trench, pump chamber, dosing chamber, siphon chambers, seepage pit, curtain drain, overflow tank, run of bank fill and well. For pump or dosing systems, provide calculations to support sizing of the pump and required dose volume (gallons).
- Pump chamber - pump make and model
- Design data information: design flow, linear feet, septic tank size (gallons), soil percolation rate, number of bedrooms, fill, curtain drain, slope, etc.
- Location of all deep test and soil percolation holes
- Propane tank (when applicable) with setback to structures and property lines
- Power and electric lines location (overhead and below ground)
- Well location
- Water line location
- Water main location (when applicable)

Notes:

WCHD Applicant
USE

- The design professional 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: (Design Professional) _____ DATE: _____