

REMEDIATION APPROVAL APPLICATION

(WCDOH OFFICE USE ONLY)

WCDH File # _____ Municipality: _____ Fee Amount: _____
 Watershed Basin: _____ If NYC Watershed: Joint Review Delegated Review

Property Information:

Property Name: _____
 Property Address: _____ Zip Code: _____
 TMD: Section: _____ Block: _____ Lot: _____ Lot Area: _____ Acres
 Owner Last Name: _____ Owner First Name: _____ Phone #: () _____
 St. #: _____ St. Address: _____ State: _____ Zip Code: _____
 Owner E-mail Address: _____
 Property Use: Single Family Multiple Family Industrial Commercial Other (describe) _____

Existing On-site Wastewater Treatment System Information:

Is property located in a Sewer District: Y N Name: _____ is there a public sewer available: Y N
 Is there a site plan or OWTS plan available? Y N WCDH File # (if available): _____
 # of Bedrooms: _____ # of Bathrooms: _____ Total Habitable Space: _____ Sq. Ft.

Proposed On-site Wastewater Treatment System Information:

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

| Components: | Existing | New | | |
|------------------------------------|----------|-------|-----------|-------------------|
| Septic Tank: | _____ | _____ | Gal. | |
| Pump Chamber: | _____ | _____ | Gal. | |
| Dose: _____ gallons | | | | |
| 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: _____ | _____ | _____ | | |
| ETU/ATU: Make and Model _____ | | | | |
| Junction/Distribution Box(es): | _____ | _____ | Number | _____ Size |
| Curtain Drain: | _____ | _____ | Ft Depth | _____ Ft. Width |
| ROB Sand/Gravel Fill: | _____ | _____ | Ft. Depth | _____ Sq. Ft Area |
| Other: _____ | _____ | _____ | | |

Will any portion of the existing OWTS remain? Y N If Y Total LF _____ Total SF _____

Describe remaining components: _____

Septic System Contractor (SSC): _____ License # _____

Existing Water Supply Information:

Private Water Supply Public Water Supply: Source Name: _____

Other Requirements/Conditions _____

I represent that I am wholly and completely responsible for the design and location of the remediation work: 1] that the remediation work above described will be constructed as shown on the approved plan or approved amendments thereto and with the rules and regulations of the Westchester County Department of Health; 2] that on completion thereof, a "Certificate of Construction Compliance" satisfactory to the Commissioner of Health will be submitted to the Department along with a completed Guaranty of Remediation Work form;

Date: _____ Signed: _____ P.E./R.A Seal _____

APPROVED FOR REMEDIATION

This approval expires one (1) year from the date issued, 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: _____