

CERTIFICATE OF CONSTRUCTION COMPLIANCE APPLICATION – OWTS REMEDIATION

WCDH File #: _____ Municipality: _____

Residential Commercial Watershed Basin Name: _____

NYCDEP Watershed: Y N Joint Review NYCDEP Log # _____ Delegated Review

Property Information:

Property Name _____

Property Address _____ Zip Code _____

TMD: Section _____ Block _____ Lot _____ Lot Area _____ Acres _____

Realty Subdivision: _____

Owner Last Name: _____ Owner First Name: _____

St. #: _____ St. Address: _____ State: _____ Zip Code: _____

Owner Phone #: () _____

Building Type: _____ # of Bedrooms: _____ Date Construction Approval Issued _____

On-site Wastewater Treatment System (OWTS) Information:

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

Components:	Existing	New		
Septic Tank:	_____	_____	Gal.	
Pump Chamber: Dose: _____ Gallons	_____	_____	Gal.	
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 & model)	_____	_____	Filed Declaration	_____
Junction/Distribution Box(es):	_____	_____	Number	_____ Size
Curtain Drain:	_____	_____	Ft Depth	_____ Ft. Width
ROB Sand/Gravel Fill:	_____	_____	Ft. Depth	_____ Sq. Ft Area
Other: _____	_____	_____		

Separate Sewage Contractor (SSC): Name: _____ WCDH SSC License # _____

Other Requirements/Conditions: _____

I certify that the system(s) as listed serving the above premises were constructed as shown on the plans of the completed work (copies of which are attached), in accordance with the rules and regulations, plans filed and the approval issued by the Westchester County Department of Health.

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

Any person occupying premises served by the above system(s) shall promptly take such action as may be necessary to secure the correction of any unsanitary conditions resulting from such usage. Such approvals are subject to modification or change when, in the judgment of the Commissioner of Health, such revocation, modification or change is necessary, said modification or change shall be done under the supervision of a licensed Professional Engineer or Registered Architect. With proper maintenance the systems can be expected to function satisfactorily and are not likely to create an unsanitary condition.

Date: _____ Approved By: _____