

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)  
REPAIR FORM

Municipality: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Property Mailing Address (No. & Street): \_\_\_\_\_

Town/ Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Should property be located within the Kensico, Croton Falls or Cross River watershed basin – Joint Review with NYCDEP may be required)

Property Use:  Single Family  Multi-Family  Industrial  Commercial  Other - Describe: \_\_\_\_\_

Water Supply Type: Public  Well

Westchester County Septic System Contractor: \_\_\_\_\_ WCSSC License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**OWTS repair – Complete the following information:**

**BASIS FOR REPAIR: WCDOH Approved As-Built or Repair Form \_\_\_\_\_ Site Investigation \_\_\_\_\_**

\_\_\_\_\_ In original absorption area with previous WCDOH approval (WCDOH pre-inspection may be required)

\_\_\_\_\_ In original absorption area without previous WCDOH approval (WCDOH pre-inspection may be required)

**Routine repair \_\_\_\_\_ Emergency Repair \_\_\_\_\_ Date WCDOH Notified \_\_\_\_\_**

**Please note below only components to be repaired and or replaced AND Provide Sketch of Existing & Proposed Conditions**

Repaired Replaced

- House Sewer or other Solid Pipe(s)
- Septic Tank#1 Size (gallons): \_\_\_\_\_
- Pump Chamber/Overflow Tank Size (gallons): \_\_\_\_\_
- Junction/Distribution Box(es)
- Sewage Pump(s) or other Dosing Equipment
- Absorption Trench Length \_\_\_\_\_ ft. X Trench Width \_\_\_\_\_ ft
- Seepage Pit(s) Describe: \_\_\_\_\_
- Galley(s): Describe: \_\_\_\_\_
- Gravelless Trench(es)
- 75-A Alternative System Describe: \_\_\_\_\_
- Other Advanced Alternative System Describe: \_\_\_\_\_
- Other System Component(s) - Describe: \_\_\_\_\_

**Entire System Replaced (Sketch attached)**

**I, as the property owner, agree to the proposed OWTS repair and conditions stated on this form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I, the licensed septic system contractor, agree to comply with the condition of this approval for the OWTS repair.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Conditions of Acceptance:**

1. The Westchester County Department of Health must be notified a minimum of 24 hours prior to repair being performed.
2. Procurement of any Town/Village permits, if applicable.
3. Submission of onsite Wastewater Treatment System (OWTS) As-Built Repair form within 30 days of the repair
4. OWTS repair to be performed in accordance with the accepted proposal, conditions and applicable Westchester County Rules & Regulations.
5. The proposed OWTS repair is considered a best fit design and this is no guarantee to the duration at which the completed OWTS repair will function.

**ACCEPTED FOR REPAIR**

**REPAIR FILE #** \_\_\_\_\_

This approval expires one (1) year from this date issued and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any changes or alterations of repair required a new permit

**DATE:** \_\_\_\_\_ **Accepted by:** \_\_\_\_\_

**SEE REVERSE SIDE FOR COMPLIANCE**

**COMPLIANCE**

**DESCRIPTION OF WORK PERFORMED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submission of Dimensioned As-Built Plan (dimensions from fixed referenced points)**

\_\_\_\_\_  
**Westchester County Licensed Septic System Contractor** **DATE**

**ACCEPTED FOR FILING:**

\_\_\_\_\_  
**Westchester County Department of Health** **DATE**

The proposed OWTS repair is considered a best fit design and this is no guarantee to the duration at which the completed OWTS repair will function.