P.E

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Westchester County Department of Health
Bureau of Environmental Quality
CONSTRUCTION APPROVAL APPLICATION

(WCDOH OFFICE USE ONLY)

WCDH File # OT2024-01 Municipality: VILLAGE OF OSSINING Fee Amount: $500

Watershed Basin Name: HUDSON RIVER If NYCDEP Watershed: Joint Review ☐ Delegated Review ☐

☐ On-site Wastewater Treatment System ☐ Private Water Supply ■ Residential ☐ Commercial

Is property in a Water District: Y☐ N ■ Name: Is property in a Sewer District: Y☐ N ■ Name:

Property Information:

Property Name SHRON

Property Address 83 MORNINGSIDE DRIVE, OSSINING NY Zip Code 10562

TMD: Section 90.15 Block 1 Lot 14.21 R.S. Lot - Lot Area 1.1695 Acres

Realty Subdivision: SECTION 20-21 OF BRIARCLIFF HILLS Map # 3221 Date Filed DECEMBER 5, 1927

Owner Name: MAXWELL SHRON & SARAH PICKMAN Owner Email: MAX@SHRON.NET

Address: 83 MORNINGSIDE DRIVE, OSSINING State NY Zip Code: 10562

Building Type: SINGLE FAMILY RESIDENTIAL # of Bedrooms: 4 Total Habitable Space: +/-1,200 Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 440 gpd Soil Percolation Rate: 8-10 min./in Slope of OWTS Area: 3.6 % Septic Tank Size: 1,500 Gallons

Absorption Trench(es): Length: 246 Lin. Ft. Trench Width: 2 Ft. Area: 492 Sq. Ft.

Absorption Pit(s): # Pits - Diameter: - Ft. Depth: - Ft. Area: - Sq. Ft.

Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Other:

Number Length: Lin. Ft. Width: Ft. Area: Sq.Ft./Lin Ft.

ETU/ATU Make & Model -

Other Requirements:

Pump System: Pump/Siphon Chamber: Size: - Gal. Dose Draw and Volume - inches - Gal.

Curtain Drain: Depth: - Ft. Width: - Ft. R.O.B. Sand and Gravel Fill Section: Depth: - Ft.

Separate Sewage Contractor (SSC): Name: LICENSED SEPTIC CONTRACTOR TBD WCDH SSC License # TBD

Water Supply System Information: ■ Private Water Supply ☐ Public Water Supply Name: Existing well

Well Driller Name: - NYSDEC Reg # -

Other Requirements/Conditions: NONE

I represent that I am wholly and completely responsible for the design and location of the proposed system(s): 1] that the on-site wastewater treatment system above described will be constructed as shown on the approved plan or approved amendments thereto and in accordance with the standards, rules and regulations of the Westchester County Department of Heath; that on completion thereof, a "Certificate of Construction Compliance" satisfactory to the Commissioner of Health will be submitted to the Department and a written guarantee will be furnished the owner, his successors, heirs or assigns, by the builder that said builder will place in good operating condition any part of said OWTS which fails to operate for a period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the OWTS or any repairs thereto; 2] that the drilled well described above will be located as shown on the approved plan and that said well will be installed in accordance with the standards, rules and regulations of the Westchester County Department of Health and requirements of the WCDOH Private Well Testing Law..

Date: 6/3/24 Signed: P.E./R.A.Seal

STATE OF NEW YORK MICHAEL [illegible] 087679 LICENSED PROFESSIONAL ENGINEER

APPROVED FOR CONSTRUCTION

This approval expires one (1) year from the date issued unless construction of the building has been undertaken, and is completed, 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: 6/13/24 Approved By: RZ

Commissioner, Westchester County Department of Health

Rev. 1/2022