

CONSTRUCTION APPROVAL APPLICATION

WCDH File # _____ Municipality: Village of Mamaroneck Fee Amount: \$500.00

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

Watershed Basin Name: Coastal Long Island Sound If NYCDEP Watershed: Joint Review ☐ Delegated Review ☐

Is property in a Water District: Y ☒ N ☐ Name: Water Works Is property in a Sewer District: Y ☐ N ☒ Name: Mamaroneck

Property Information:

Property Name Fedyna Residence

Property Address 1165 Greacen Point Road, Village of Mamaroneck, NY Zip Code 10543

TMD: Section 9 Block 50 Lot 373 R.S. Lot Lot Area 1.09 Acres

Realty Subdivision: _____ Map # _____ Date Filed _____

Owner Last Name: Fedyna Owner First Name: Bill & Elisabeth

St. #: 1165 St. Address: Greacen Point Road State: NY Zip Code: 10543

Owner Phone #: (646) 321-2081 Owner E-mail Address: Wefedyna@hotmail.com

Building Type: Residential # of Bedrooms: 4 Total Habitable Space: 2,637± Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 800 gpd Soil Percolation Rate: 1-5 min./in

Slope of OWTS Area: 2 % Septic Tank Size: 1,250 Gallons (Gal.)

Absorption Trench(es): Length: 336 Lin. Ft. Trench Width: 2 Ft. Area: 672 Sq. Ft.

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

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

Trenches _____ Length: _____ Lin. Ft. Trench Width: _____ Ft. Sidewall Area: _____ Sq.Ft./Lin Ft.

Other Requirements:

Pump System: Pump Chamber: Size: Gal. Dose Gal. Overflow Tank: Size: Gal.

Curtain Drain: Depth: N/A Ft. Width: N/A Ft. R.O.B. Sand and Gravel Fill Section: Depth: 3.5 Ft.

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

Water Supply System Information:

☐ Private Water Supply ☒ Public Water Supply Name: _____

Well Driller Name: _____ NYSDEC Reg # _____

Address: _____ Phone: () _____

Other Requirements/Conditions:

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 Health; 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.

Date: 10/22/2020 Signed: P.E./R.A.Seal

APPROVED FOR CONSTRUCTION

This approval expires one (1) year from the date issued unless construction of the building has been undertaken, 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: _____