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June 3, 2021

## BY FEDERAL EXPRESS & ELECTRONIC SUBMISSION

Chairman Thomas Burt and Members of the Harbor & Coastal Zone Management Commission Village of Mamaroneck 169 Mt. Pleasant Avenue Mamaroneck, NY 10543

Re:

Elisabeth & William Fedyna

Supplemental Materials

Harbor & Coastal Zone Management Commission Application

Consistency Review of Wetlands Permit Application

Premises: 1165 Greacen Point Road, Village of Mamaroneck, New York

(Parcel ID: 9-65-75)

Dear Chairman Burt and Members of the Harbor & Coastal Zone Management Commission:

This letter and enclosed materials are respectfully submitted on behalf Elisabeth and William Fedyna (the "Applicants"), the owners of residential property located at 1165 Greacen Point Road in the Village of Mamaroneck, New York (the "Premises"), in furtherance of the proposed reconstruction of a single-family home, garage and driveway (the "Project").<sup>1</sup>

The Applicants are pleased to notify the Harbor & Coastal Zone Management Commission ("HCZMC") that on May 25, 2021, the Westchester County Department of Health Bureau of Environmental Quality approved the plans to construct the proposed onsite wastewater treatment system ("OWTS") on the Premises (the "DOH Approval"). Enclosed are two (2) paper copies and an electronic copy of the DOH Approval and the approved OWTS Plans, prepared by JMC, PLLC, dated October 16, 2020, with Sheets OWTS-1 and OWTS-2, last revised May 24, 2021.

<sup>&</sup>lt;sup>1</sup> The Applicants submitted an application for Consistency Review related to the pending wetlands permit application on April 3, 2020.



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We look forward to appearing before the HCZMC on June 16<sup>th</sup>. Should the Commission or Village Staff have any questions or comments in the interim, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Very truly yours,

Kristen Motel Enclosures

cc:

Amber Nowak, Assistant Village Planner Steven Gates, AKRF, Inc., Village Planner Charles Gottlieb, Esq., HCZMC Attorney Frank Tavolacci, Building Inspector

JMC, PLLC

Beth Evans, Evans Associates Environmental Consulting, Inc.

Anthony B. Gioffre III, Esq.

Client



## Westchester County Department of Health Bureau of Environmental Quality

| CONSTRUCTION APPROVAL APPLICATION   |
|---|
| WCDH File # MA2021 02 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   |
| Westchester Joint   Sproperty in a Water District: Y⊠ N □ Name: Water Works   Is property in a Sewer District: Y□ N ☑ Name: Mamaroneck   Mamarone   |
| Property Information:   |
| Property Name Fedyna Residence  |
| Property Address1165 Greacen Point Road, Village of Mamaroneck, NY Zip Code10543  |
| TMD: Section 9 Block 50 Lot 373 R.S. Lot Lot Area 1.09 Acres  |
| Realty Subdivision:   |
| Owner Last Name: Fedyna Owner First Name: Bill & Elisabeth  |
| St. #:1165  |
| 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:gpd Soil Percolation Rate:1-5 min./in   |
| Slope of OWTS Area: % 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: TBDIcensed _septic WCDH SSC License #   |
| Water Supply System Information:  |
| □ Private Water Supply □ Public Water Supply □ Name: □ Public Water Supply □ Public Water Supply □ Name: □ Public Water Supply □ Public Wat |
| Well Driller Name: NYSDEC Reg #   |
| Address: Phone: ( )   |
| Other Requirements/Conditions: entire area, 3.5ft min. high retaining wall  |
| 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 writter 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 trules and regulations of the Westchester County Department of Health.   |
| 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 5/25/21 Approved By:   |



