

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

(WCDOH OFFICE	USE ONLY)		V 11	Φ.	E00.00
WCDH File #	12025-07	Municipality:		Fee Amount:	
Watershed Basin N	_{ame:} New Croton F	Reservoir	If NYCDEP Watershed:	Joint Review □	Delegated Review ■
	Hudson Watershe				
□ 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:					
Is property in a Wa	ter District: Y≣ N □ Nan	ne:_YORKIOWN	Is property in a Sew	ver District: Y□ N ■ Name	:
Property Informat		(- 1			
Property Name C	oda Developmen	ts Inc.			10547
Property Address	2824 Stony Stree	t, Mohegan Lake		Zip C	ode
TMD: Section	26.14 1 Block Lot	10 R.S	S. Lot 13.1 Lot Area 2	2.05 Acres	
Realty Subdivision:	Susam Estate	S	Map # _188	B14 Date Filed _	06/07/24
Owner Name: Ro	bert Cohen		Owner Email: robert@	dtrustd.com	
Address: 2915 Ogletown Road, Newark State DE Zip Code: 19713					
Building Type: Re	sidential	# of Bedro	oms: 4 Total Ha	abitable Space: 2655	Sq. Ft.
	er Treatment System (C			8	
Design Flow: 44	·0 gpd Soil Percola	ation Rate: 6-7 mir	ı./in Slope of OWTS Area: $\frac{1}{}$	5.0 % Septic Tank Siz	ze: 1,250 Gallons
Absorption Trench	(es): Length: 220	Lin. F	t. Trench Width: 2	Ft. Area: <u>4</u> 4	40Sq. Ft.
Absorption Pit(s):	# Pits N/A	Diameter: N/A	Ft. Depth: N	N/A Ft. Area: N	/ASq. Ft.
Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Other:					
	Number_N/A	Length: N/A Lin.	Ft. Width: N/A Ft. Are	ea:_ N/A Sq.Ft./	/Lin Ft.
ETU/ATU Make &		*1			
Other Requireme					
		ze: N/A Ga	I. Dose Draw and Volume	N/A inches N/A	Gal.
Curtain Drain: D	epth: N/A Ft.	Width: N/A	Ft. R.O.B. Sand and Gra	avel, Fill Section: Depth: N	<u>/A</u> Ft.
Senarate Seware	Contractor (SSC): Name	T.B.D. Lice	Ft. R.O.B. Sand and Grantsed Septic Co.	CDH SSC License # T.B.	D
		Private Water Supply	■ Public Water Supply	Name: Yorktown Cons	solidated Water District
Well Driller Name:		NYSI			
Other Requiremen	nts/Conditions:				or Mr.
				ANTE	OF NEW LOS
system above des and regulations of Commissioner of builder that said following the date described above the West chaster (scribed will be constructed the Westchester County Health will be submitted builder will place in goo of the issuance of the a will be located as shown.	od as shown on the apply Department of Heath; to the Department and doperating condition a pproval of the Certification the approved plan an alth and requirements of	that on completion thereof, a 'a written guarantee will be furn by part of said OWTS which the of Construction Compliance and that said well will be installed that said well Will be well Tes	ments thereto and in according to the construction of the construction of the construction of the OWTS of any repairs to accordance with the start of the construction of the OWTS of any repairs the coordance with the start of the coordance with the co	e on-site Washewater treatment dance with the standards, rules controllance satisfactory to the security of the second by the dectwo (2) years immediately barete 2) that the diffed well indance rules and equilations of
APPROVED FOR	CONSTRUCTION				
This approval evo	ires one (1) year from the fied when considered ne	cessary by the Commiss	nstruction of the building has be nioner of Health. Any change o	een undertaken, and is revoc or alteration of construction i	cable for cause or may be requires a new permit.
Date: 5/0/	Approved By:	1,4,4		V	