

CONSTRUCTION APPROVAL APPLICATION

(WCDOH OFFICE USE ONLY)

WCDH File # Y2025-08 Municipality: Yorktown Fee Amount: \$500.00Watershed Basin Name: New Croton Reservoir If NYCDEP Watershed: ☐ Joint Review ☐ Delegated Review ☒
NYC East of Hudson Watershed☒ On-site Wastewater Treatment System ☐ Private Water Supply ☒ Residential ☐ CommercialIs property in a Water District: Y ☒ N ☐ Name: Yorktown Is property in a Sewer District: Y ☐ N ☒ Name: _____

Property Information:

Property Name Coda Developments Inc.Property Address 2830 Stony Street, Mohegan Lake Zip Code 10547TMD: Section 26.14 Block 1 Lot 9 R.S. Lot 13.1 Lot Area 1.29 AcresRealty Subdivision: Susam Estates Map # 18814 Date Filed 06/07/24Owner Name: Robert Cohen Owner Email: robert@ctrustd.comAddress: 2915 Ogletown Road, Newark State DE Zip Code: 19713Building Type: Residential # of Bedrooms: 3 Total Habitable Space: 2407 Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 330 gpd Soil Percolation Rate: 11-15 min./in Slope of OWTS Area: 15.0 % Septic Tank Size: 1,000 GallonsAbsorption Trench(es): Length: 255 Lin. Ft. Trench Width: 2 Ft. Area: 510 Sq. Ft.Absorption Pit(s): # Pits N/A Diameter: N/A Ft. Depth: N/A Ft. Area: N/A Sq. Ft.Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Other: N/ANumber N/A Length: N/A Lin. Ft. Width: N/A Ft. Area: N/A Sq.Ft./Lin Ft.ETU/ATU Make & Model N/A

Other Requirements:

Pump System: Pump/Siphon Chamber: Size: N/A Gal. Dose Draw and Volume N/A inches N/A Gal.Curtain Drain: Depth: N/A Ft. Width: N/A Ft. R.O.B. Sand and Gravel Fill Section: Depth: 2.5 Ft.Separate Sewage Contractor (SSC): Name: T.B.D Licensed Septic Contractor WCDH SSC License # T.B.DWater Supply System Information: ☐ Private Water Supply ☒ Public Water Supply Name: Yorktown Consolidated Water DistrictWell Driller Name: N/A NYSDEC Reg # N/A

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 thereof; 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: 4/24/25 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: 5/8/25 Approved By: _____