



✓ Separate Sewerage System ✓ Private Water Supply

BLDG. SEPT.

LEWISBORO

Municipality

**CERTIFICATE OF CONSTRUCTION COMPLIANCE**

WCDH File No. 291-20

Located at TODD ROAD Section 5 Block 10776

Owner SUSAN CLAVIN Lot 34 Job \_\_\_\_\_

Separate Sewerage System built by ROBERT N. COWELL, JR. Address 9 JEAN DRIVE R.R. #3, PEEKSKILL NY 10566  
Consisting of 1,500 Gal. ~~Masonry, Metal Septic Tank~~ PRECAST CONCL. SEPTIC TANK  
345 lineal feet X 2 FT. width trench  
Other requirements N/A

Water Supply N/A Public Supply From N/A  
✓ Private Supply Drilled by TORLISH JASON Address 45 MAPLE AV. ARMONK, NY 10501

Building Type FRAME No. of bedrooms 5 Date Permit Issued 8/30/91

Erosion Control Completed YES Waived \_\_\_\_\_

Other Requirements NONE file for grading

I certify that the system(s) as listed serving the above premises were constructed essentially as shown on the plans of the completed work (copies of which are attached), and in accordance with the standards, rules and regulations, plans, filed, and the permit issued by the Westchester County Department of Health.

Date 10/28/91 Certified by Ronald A. Freeman, P.E.

Any person occupying premises served by the above system(s) shall promptly take such action as may be necessary to secure the correction of any unsanitary conditions resulting from such usage. Approval of the separate sewerage system shall become null and void as soon as a public sanitary sewer becomes available and the approval of the private water supply shall become null and void when a public water supply becomes available. Such approvals are subject to modification or change when, in the judgement of the Commissioner of Health, such revocation, modification or change is necessary, said modification or change shall be done under the supervision of a licensed Professional Engineer or Registered Architect.

With proper maintenance these systems can be expected to function satisfactorily and are not likely to create an unsanitary condition.

Date 12/13/91 Anita S. Curran, M.D., Commissioner, By [Signature]  
Westchester County Department of Health

