

CERTIFICATE OF CONSTRUCTION COMPLIANCE APPLICATION

WCDH File #: NOC 2010-05

Municipality: NORTH CASTLE

☒ Residential ☐ Commercial

Watershed Basin Name: UPPER LONG ISLAND SOUND

NYCDEP Watershed: Y ☐ N ☒ Joint Review ☐ NYCDEP Log # _____ Delegated Review ☒

Property Information:

Property Name VIVIAN, AUDREY & ELLEEN TELLIS

Property Address 4 CEDAR HILL ROAD, NORTH CASTLE NY Zip Code 10506

TMD: Section 1 Block 2 Lot 6.0-6.2 Lot Area 4 Acres

Really Subdivision: _____

Owner Last Name: TELLIS

Owner First Name: VIVIAN, AUDREY & ELLEEN

St. #: A St. Address: CEDAR HILL RD, BEDFORD State: NY Zip Code: 10506

Owner Phone #: (914) 424-1507

Building Type: RESIDENTIAL # of Bedrooms: 4 Date Construction Approval Issued 3/18/2010

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 200 gpd

Soil Percolation Rate: 8-10 min./in

Slope of OWTS Area: 8.15 %

Septic Tank Size: 1250 Gallons (Gal.)

Absorption Trench(es): Length: 448 Lin. Ft. Trench Width: 2 Ft. Area: 4,300 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: _____ Ft. Width: _____ Ft. R.O.B. Sand and Gravel Fill Section: Depth: 2 Ft.

Erosion Control (EC) Completed _____

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

Water Supply System Information:

☒ Private Water Supply

☐ Public Water Supply Name: EXISTING

Well Driller Name: _____ NYSDEC Reg # _____

Address: _____ Phone: () _____

Other Requirements/Conditions: _____

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

Date: 12/22/10 Signed: John J. [Signature] P.E./R.A. Seal: 073040

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 on-site wastewater treatment 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 judgment 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 the systems can be expected to function satisfactorily and are not likely to create an unsanitary condition.

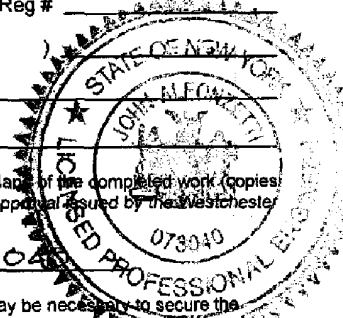
Date: 8/29/2011

Approved By: [Signature]

CORRY ARCHSALIS

Corry Yang, DrPH, Acting Commissioner, Westchester County Department of Health

Rev. 1/12/10



USED FOR
GRADING
ONLY

Westchester County Department of Health
Bureau of Environmental Quality
118 North Bedford Road
Mt. Kisco, NY 10549

VIVIAN, AUDREY & EILEEN TELLIS
Owner or Purchaser of Building

NORTH CASTLE
Municipality

Building Constructed By

Section-Ward

4 CEDAR HILL ROAD
Location - Street

Block

RESIDENTIAL
Building Type

Lot

GUARANTY OF SEPARATE SEWAGE SYSTEM

I represent that I am wholly and completely responsible for the location, workmanship, material construction and drainage of the sewage treatment system serving the above described property, and that it has been constructed as shown on the approved plan or approved amendment thereto, and in accordance with the standards, rules and regulations of the Westchester County Department of Health, and hereby guaranty to the owner, his successors, heirs or assigns, to place in good operating condition any part of said system constructed by me which fails to operate for a period of two (2) years immediately following the date that the sewage treatment system was first placed into operation or any repairs made by me to such system, except where the failure to operate properly is caused by the willful or negligent act of the occupant of the building utilizing the system.

The undersigned further agrees to accept as conclusive the determination of the Assistant Commissioner of Health for Environmental Quality of the Bureau of Environmental Quality of the Westchester County Department of Health as to whether or not the failure of the system to operate was caused by willful or negligent act of the occupant of the building utilizing the system.

Property Owner/Builder Audrey Tellis Bonello
PRINT NAME

Property Owner/Builder's Signature Audrey Tellis Bonello

Septic System Contractor's Name R.L.G. BON EXC
PRINT NAME

Septic System Contractor's Signature [Signature]

WCHD License # 182

(If Corporation, give name and address)

CONSTRUCTION APPROVAL APPLICATION

WCDH File 100 2010-05 Municipality: NORTH CASTLE Fee Amount: \$380-

☒ On-site Wastewater Treatment System ☐ Private Water Supply ☒ Residential ☐ Commercial
Watershed Basin Name: UPPER LONG ISLAND SOUND NYCDEP Watershed: Joint Review ☐ Delegated Review ☒
Is property in a Water District: Y ☐ N ☒ Name: _____ Is property in a Sewer District: Y ☐ N ☒ Name: _____

Property Information:

Property Name: VIVIAN, AUDREY & EILEEN TELLIS
Property Address: 4 CEDAR HILL ROAD, NORTH CASTLE NY Zip Code: 10506
TMD: Section 1 Block 2 Lot 6.C-62 R.S. Lot _____ Lot Area 4.00 Acres
Realty Subdivision: N/A

Owner Last Name: TELLIS Owner First Name: VIVIAN, AUDREY & EILEENSt. #: 4 St. Address: CEDAR HILL RD, BEDFORD State: NY Zip Code: 10506Owner Phone #: (914) 424-1501Building Type: RESIDENTIAL # of Bedrooms: 4 Total Habitable Space: 4650 Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 200 gpd Soil Percolation Rate: 8-10 min./in
Slope of OWTS Area: 8.75 % Septic Tank Size: 1250 Gallons (Gal.)
Absorption Trench(es): Length: 448 Lin. Ft. Trench Width: 2 Ft. Area: 4,300 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: _____ Ft. Width: _____ Ft. R.O.B. Sand and Gravel Fill Section: Depth: 2 Ft. →

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

Water Supply System Information:

☒ Private Water Supply ☐ Public Water Supply Name: EXISTING

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: 2-19-10 Signed: John Alferzetti P.E./R.A. Seal 073648

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: 3/18/2010 Approved By: Patsy Yang

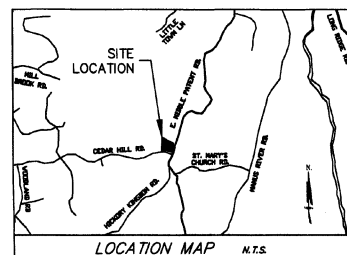
THE OWTS HAS BEEN CONSTRUCTED IN ACCORDANCE WITH THE RULES AND REGULATIONS FOR THE DESIGN AND CONSTRUCTION OF RESIDENTIAL SUBSURFACE SEWAGE TREATMENT SYSTEMS AND DRILLED WELLS IN WESTCHESTER COUNTY, NY

THE DESIGN PROFESSIONAL HAS SUPERVISED THE CONSTRUCTION OF THE OWTS AND CERTIFIES TO ITS INSTALLATION IS IN ACCORDANCE WITH THE APPROVED PLANS

PROPOSED DESIGN:

USING 200 GPD/BEDROOM
USING A PERCOLATION RATE OF 8-10 MIN./INCH
USING AN APPLICATION RATE OF 0.9 GPD/FT²
REQUIRED/INSTALLED LENGTH OF FIELDS:
FOUR (4) BEDROOM PRIMARY SYSTEM = 448 L.F.
FOUR (4) BEDROOM 100% EXPANSION AREA = 448 L.F.
REQUIRED/INSTALLED SEPTIC TANK SIZE = 1,250 GAL. CAPACITY
AVERAGE ABSORPTION AREA SLOPE:
PRIMARY & EXPANSION: $\leq 8.75\%$

TOTAL DISTURBED AREA APPROX. 6,400 SQ. FT. (SEPTIC ONLY)



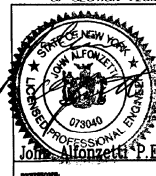
PROPERTY OWNER: VIVIAN A. TELLIS, AUDREY TELLIS & EILEEN TELLIS
MAILING ADDRESS: 4 CEDAR HILL ROAD
BEDFORD NY 10506
SITE LOCATED AT: 4 CEDAR HILL ROAD
TOWN OF NORTH CASTLE, NY
SECTION: 1 BLOCK: 02 LOT: 6.C-62
WCDH APPROVED FILE NUMBER FOR THIS OWTS: N0C 2010-05

AS-BUILT MEASUREMENTS

DESCRIPTION	PT. A	PT. B	PT. C	PT. D	PT. E
SEPTIC TANK	39.5'	68'	68'		
DISTRIBUTION BOX	47'	65'	57'		
CLEAN OUT #1					33'
CLEAN OUT #2					31.5'
JB1	53'	84.5'	54.5'		
JB1 END	76'	97'	22.5'		
JB2	56'	64'	54'		
JB2 END	83'	100'	18.5'		
JB3	67.5'	81.5'	55'		
JB3 END	100'	115'	8'		
JB4	67.5'	59.5'	59.5'		
JB4 END	113'	124'	17'		
JB5	72'	58'	58'		
JB5 END	106'	110'	24'		
JB6	79'	55'	71'		
JB6 END	113'	115'	27'		
JB7	87'	59'	74'		
JB7 END	122'	120'	37.5'		
JB8	-	91'	-	47.5'	
JB8 END	-	-	63.5'	53'	
JB9	-	96'	-	41'	
JB9 END	-	-	70.5'	46'	

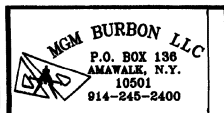
AS-BUILT
LATERALS PROVIDED = 448 L.F.
SEPTIC TANK SIZE PROVIDED = 1250 GAL.

UNAUTHORIZED ALTERATIONS OR ADDITIONS TO THIS DRAWING IS A VIOLATION OF SECTION 7209 (2) OF THE NEW YORK STATE EDUCATION LAW.

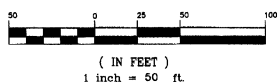


AS-BUILT SEPTIC		
TELLIS/BONIELLO RESIDENCE		
4 CEDAR HILL ROAD TOWN OF NORTH CASTLE WESTCHESTER CO., N.Y.		
SECTION: 1	BLOCK: 2	LOT: 6.C-62
SCALE: AS SHOWN	DATE: Dec 22, 2010	FILE No. 080114.11

SURVEY OBTAINED FROM
BAITER LAND SURVEYING, P.C.
P.O. Box 147
Mahopac, NY 10541
(845) 284-3005



GRAPHIC SCALE



USDA SOIL CLASSIFICATIONS
C-C-CHARLTON-CHATFIELD

WATER SHED BASIN
UPPER LONG ISLAND SOUND