

WESTCHESTER COUNTY DEPARTMENT OF HEALTH SEPTIC SYSTEM CONTRACTOR LICENSE

LICENSE NO. 144

This is to certify that: Eric Kelly repair and service.	is granted permission to construct, install, remediate
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ONSITE WASTEWATER TREATMENT SYSTEMS

Pursuant to Chapter 873, Article VIII of the Laws of Westchester County for use in the County of Westchester, State of New York under the following conditions:

- THAT the licensee shall comply with all applicable provisions of Chapter 873, Article VIII of the Laws of Westchester County and with rules and regulations of the Westchester County Department of Health.
- THAT the licensee shall perform construction, installation and remediation work in complete conformity with plans approved by the Department of Health, or approved amendments thereof, and with rules, regulations and standards of the Department of
- THAT the license is granted subject to any and all applicable, state, local and municipal laws, ordinances, codes, rules and regulations.

Sherlita Amler, M.D. Paul Kutzy, P.E., Assistant Commissioner

Bureau of Environmental Quality

Commissioner of Health

Date of Issue:

07/01/2016

This license expires on 06/30/2018 and may be revoked or suspended for cause.

This license is non-transferable.



Andrew J. Spano County Executive

Department of Health

Joshua Lipsman, M.D., J.D., M.P.H. Commissioner

October 5, 2009

TO ALL LICENSED SEPTIC SYSTEM CONTRACTORS:

Please allow this letter to serve as a reminder that you are required as a licensed septic system contractor to report to this department any repair you have performed on a septic system within thirty (30) business days of the service date. The enclosed septic system repair data form must be completed in its entirety and mailed to this office with a copy provided to the property owner.

The provisions for this requirement are contained within Chapter 873, Article VIII, Section 873.724 of the Westchester County Sanitary Code. Failure to comply with the above may result in enforcement action by this Department.

Thank you for your continued cooperation. Please address all questions to Ms. Patricia Tornello-Adams at (914) 864-7360.

Very truly yours

Paul Kutzy, P.E.

Assistant Commissioner

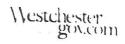
Bureau of Environmental Quality

Westchester gov.com

Department of Health

Septic System Contractor

(name)



ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) REPAIR AND REMEDIATION DATA FORM

Municipality:_	,	DIATION DATA FOR	AM .
Property Maili	ing Address (No. & Street):		
Town/ Village	:	G	
Owner Mailing	g Address (No. & Street) (if different):		
Town/ Village	:		
	[] Single Family [] Multi-Family [] Industr		Zip:
	[] Other - Describe:	iai [] Commercial	
OWTS Remo			
		WCDH I	File #:
	hall mean installation, replacement, or expansing, or impending failure, resulting in, or that nasive material on to the surface of the ground, hall not include repairs, as defined above, to contain the surface of the ground, the surface of the ground the surface of the su	into a storm sewer, or into a wa orrect an OWTS failure.	ment system components to correct sewage or domestic wastes or trade atercourse or water body.
OWTS Repa	I- D	OR	
		mation.	
treatment syste	ean the repair, maintenance, and replacement i m components.	n kind and in situ; of broken, o	damaged, or worn onsite wastewater
Number of Bed	frooms Number of Bathrooms:		
	Please note below only component	water Sup	ply Type: Public 🗌 Well 🗍
Repaired F	Replaced	s that have been repaired	or replaced.
	House Sewer or other Solid Pipe(s	`	
	Septic Tank#1 Size(gallons)	D.	RAW BUILDING AND LOCATION
	Septic Tank#2: Size (gallons):		F WORK PERFORMED ON BACK F THIS FORM
	Junction/Distribution Box(es)		THIS FORM
	Sewage Pump(s) or other Dosing F Absorption Trench Length Seepage Pit(s)	Equipment	
	F-8-11(3)	It. X Trench Width	_ft
	Galley(s)		
	Gravelless Trench(es)		
	75-A Alternative System Other Advanced Alternative System		
	Other System Component(s) - Desc	n vriba	
	Entire System Replaced		
Contractor's No.	me (print):	******	
		Date Repair/Remedi	iation Commission
Contractor's Sign	nature:	License No.	
Upon completion	please remit to:		
	Westchester County De 25 Moore A Mt. Kisco	epartment of Health- BEQ Ave, 1st Floor NY 10549 Tornello-Adams	

(1/12)

Repair File #: REP (WCDH Staff only)