

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
SEPTIC SYSTEM CONTRACTOR LICENSE**

**LICENSE NO. 144**

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

**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 Health.
- THAT the license is granted subject to any and all applicable, state, local and municipal laws, ordinances, codes, rules and regulations.

*Sherlita Amler MD*

**SHERLITA AMLER, M.D.**  
Sherlita Amler, M.D.  
Commissioner of Health

*Paul Kutzy*

**Paul Kutzy, P.E., Assistant Commissioner**  
Bureau of Environmental Quality

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

License No. 144

Eric Kelly  
(name)

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

Municipality: \_\_\_\_\_

Property Mailing Address (No. &amp; Street): \_\_\_\_\_

Town/ Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Mailing Address (No. &amp; Street) (if different): \_\_\_\_\_

Town/ Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

 Property Use: ☐ Single Family ☐ Multi-Family ☐ Industrial ☐ Commercial  
☐ Other - Describe: \_\_\_\_\_
**OWTS Remediation ☐**

WCDH File #: \_\_\_\_\_

**Remediation** shall mean installation, replacement, or expansion of onsite wastewater treatment system components to correct an OWTS failure, or impending failure, resulting in, or that may result in, the discharge of sewage or domestic wastes or trade wastes or offensive material on to the surface of the ground, into a storm sewer, or into a watercourse or water body. Remediation shall not include repairs, as defined above, to correct an OWTS failure.

OR

**OWTS Repair ☐ Complete the following information.**

**Repair** shall mean the repair, maintenance, and replacement in kind and in situ; of broken, damaged, or worn onsite wastewater treatment system components.

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Water Supply Type: Public ☐ Well ☐

**Please note below only components that have been repaired or replaced.**

Repaired

Replaced

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

House Sewer or other Solid Pipe(s)

Septic Tank#1 Size(gallons): \_\_\_\_\_

Septic Tank#2: Size (gallons): \_\_\_\_\_

Junction/Distribution Box(es)

Sewage Pump(s) or other Dosing Equipment

Absorption Trench Length \_\_\_\_\_ ft. X Trench Width \_\_\_\_\_ ft

Seepage Pit(s)

Galley(s)

Gravelless Trench(es)

75-A Alternative System

Other Advanced Alternative System

Other System Component(s) - Describe: \_\_\_\_\_

**DRAW BUILDING AND LOCATION  
OF WORK PERFORMED ON BACK  
OF THIS FORM**

☐ **Entire System Replaced**

Contractor's Name (print): \_\_\_\_\_ Date Repair/Remediation Completed: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ License No.: \_\_\_\_\_

Upon completion please remit to:

Westchester County Department of Health- BEQ  
25 Moore Ave, 1<sup>st</sup> Floor  
Mt. Kisco, NY 10549  
Attn: Patricia Tornello-Adams

 Repair File #: REP \_\_\_\_\_  
 (WCDH Staff only)