

7/16/21  
2500

**PUTNAM COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**CONSTRUCTION PERMIT FOR SEWAGE TREATMENT SYSTEM**

PERMIT # PH 03-21

Located at MOUNTAIN BROOK DRIVE Town or Village PHILIPSTOWN

Subdivision name - Subd. Lot # - Tax Map 16 Block 1 Lot 34-50

Date Subdivision Approved - Renewal - Revision -

Owner/Applicant Name JRP 143 LLC Date of Previous Approval -

Mailing Address 2 HORATIO STREET - APT 11L, NYC Zip 10014

Amount of Fee Enclosed \$500.00

Building Type RES. Lot Area 12 No. of Bedrooms 4 Design Flow GPD 600

**Fill Section Only \_\_\_\_\_ Depth \_\_\_\_\_ Volume \_\_\_\_\_  
PCHD NOTIFICATION IS REQUIRED WHEN FILL IS COMPLETED**

**Separate Sewerage System** to consist of 1,250 gallon septic tank and 500 CF  
OF 24" WIDE ABSORPTION TRENCHES SPACED 6 FT ON-CENTER

Other Requirements: 1,250 GAL PUMP CHAMBER w/ AUDIO-VISUAL ALARM

To be constructed by POLITENUS CONSTRUCTION Address GARRISON, NY

**Water Supply:** \_\_\_\_\_ Public Supply From \_\_\_\_\_ Address \_\_\_\_\_

**or:**  Private Supply Drilled by BOYD ARTESIAN Address CARMEL, NY

I represent that I am wholly and completely responsible for the design and location of the proposed system(s) and that the separate sewage treatment system described above will be constructed as shown on the approved amendment thereto and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and that on completion thereof a "Certificate of Construction Compliance" satisfactory to the Public Health Director 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 sewage treatment system during the period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the original system or any repairs thereto.

Signed: [Signature] P.E.  R.A. \_\_\_\_\_ Date 09/13/21

Address BADEST-WATSON, PC COLD SPRING NY License # 103021

**APPROVED FOR CONSTRUCTION:** This approval expires two years from the date issued unless construction of the sewage treatment system has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Public Health Director. Any revision or alteration of the approved plan requires a new permit. Approved for discharge of domestic sanitary sewage only.

By: [Signature] Title: APHE Date: 10/18/21