



TOWN OF NORTH CASTLE

WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

RESIDENTIAL PROJECT
REVIEW COMMITTEE
Adam R. Kaufman AICP, Chair

Telephone: (914) 273-3000 x 43
Fax: (914) 273-3554
www.nortcastleny.com

RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

Section I- PROJECT

ADDRESS: 19 HADLEY ROAD ARMONK NY

Section III- DESCRIPTION OF WORK:

16' X 36' INGROUND POOL, POOL BARRIER
S STORMWATER MANAGEMENT SYSTEM
1000 SQFT HARDSCAPE

Section III- CONTACT INFORMATION:

APPLICANT: MIGUEL FRAGA OF SHORELINE POOLS

ADDRESS: 393 WEST AVE STAMFORD, CT

PHONE: 203-727-3924 MOBILE: _____ EMAIL: mfraga@shorelinepools.com

PROPERTY OWNER:

ANGELA & ANDREW BURT

ADDRESS: 19 HADLEY ROAD ARMONK, NY

PHONE: 914-273-5553 MOBILE: _____ EMAIL: aaeburt@gmail.com

PROFESSIONAL: JOHN DEFEO LANDSCAPE ARCHITECT

ADDRESS: 393 WEST AVE STAMFORD, CT

PHONE: 203-326-6783 MOBILE: _____

EMAIL: jdefeo@shorelinepools.com

Section IV- PROPERTY INFORMATION:

Zone: R-2A Tax ID (lot designation) 108,04-2-22



Town of North Castle
Residential Project Review Committee
17 Bedford Road Armonk, New York 10504
(914) 273-3542 (914) 273-3554 (fax)

RPRC COMPLETENESS REVIEW FORM

This form represents the standard requirements for a completeness review for all Residential Project Review Committee submissions. Failure to provide all of the information requested will result in a determination that the application is incomplete.

Project Name on Plan:

BURT

Initial Submittal Revised Preliminary

Street Location:

19 HADLEY ROAD ARMONK, NY

Zoning District: R-2A Property Acreage: 137,999 sq ft Tax Map Parcel ID: 108.04-2-22

Date: 3/10/22

DEPARTMENTAL USE ONLY

Date Filed: _____ Staff Name: _____

Preliminary Plan Completeness Review Checklist

Items marked with a are complete, items left blank are incomplete and must be completed, "NA" means not applicable.

- 1. Plan prepared by a registered architect or professional engineer
- 2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets
- 3. Map showing the applicant's entire property and adjacent properties and streets
- 4. A locator map at a convenient scale
- 5. The proposed location, use and design of all buildings and structures
- 6. Existing topography and proposed grade elevations
- 7. Location of drives
- 8. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences

RPRC COMPLETENESS REVIEW FORM

Page 2

<input type="checkbox"/>	p.	Description of method of water supply and sewage disposal and location of such facilities
<input type="checkbox"/>	0.	The name and address of the applicant, property owner(s) if other than the applicant and of the planner, engineer, architect, surveyor and/or other professionals engaged to work
<input type="checkbox"/>	1.	Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
<input type="checkbox"/>	2.	If a tree removal permit is being sought, submission of a plan depicting the location and graphical removal status of all Town-regulated trees within the proposed area of disturbance. In addition, the tree plan shall be accompanied by a tree inventory includes a unique ID number, the species, size, health condition and removal status of each tree.
<input type="checkbox"/>	3.	If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <http://www.northcastleny.com/townhall.html>

_____	On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.
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Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Residential Building Permit Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 19 Hadley Road Armonk, NY 10504 DATE: 3/8/22

Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.)

APPLICANT: MIGUEL FRAGA OF SHORELINE POOLS

ADDRESS: 393 WEST AVE STAMFORD, CT 06902

PHONE: 2037273924 MOBILE: _____ EMAIL: MFRAGA@SHORELINEPOOLS.COM

PROPERTY OWNER: ANGELA & ANDREW BURT

ADDRESS: 19 HADLEY EROAD ARMONK, NY 10504

PHONE: 914-273-5358 MOBILE: _____ EMAIL: aaaeburt@gmail.com

Section III- DESCRIPTION OF WORK: (Any work conducted outside of the house requires approval from the RPRC unless the proposed action is minor in nature and complies with 355-26 C (3) of the Town of North Castle code.)

16' x 36' INGROUND POOL & 918 SQFT OF TERRACE & 86 SQFT WALKWAYS

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: RESIDENTIAL

Section V- INSURANCES THAT ARE REQUIRED TO BE SUBMITTED: (All applications being submitted are required to be on NYS approved insurance forms. Check box.)

Liability Insurance (Acord form. Pease note: ACORD forms are NOT acceptable proof of NYS workers Compensation coverage.)

Workers Compensation (CE-200, C-105.2 or SI-12 form)

Disability Insurance (CE-200, DB-120.1 or DB-155 form)

Section VI- PERMIT FEES : (\$100 app fee plus \$14 per \$1000, cost of construction and a \$75 CO fee.)

ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ 100,000

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

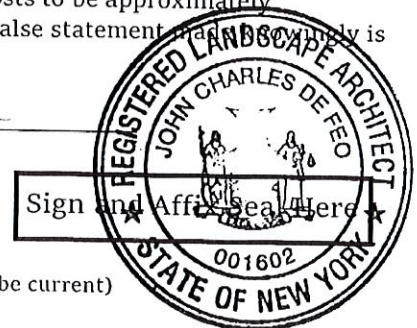
Town of North Castle Building Department

Section VI- (Continued)

John Defeo

do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately \$ 100,000, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: [Handwritten Signature] Date: 3/11/12



Section VII- CONTACT INFORMATION: (Please print clearly. All information must be current)

ARCHITECT/ ENG: STEVENS ENGINEERING

ADDRESS: 65 RALPH AVE WHITE PLAINS, NY

PHONE: 914-391-9550 MOBILE:

EMAIL: CHRIS@STEVENCOMPANIES.ORG

CONTRACTOR: SHORELINE POOLS

ADDRESS: 393 WEST AVE STAMFORD, CT 06902

PHONE: 203-727-3924 MOBILE: EMAIL: MFRAGA@SHORELINEPOOLS.COM

PLUMBER:

ADDRESS:

PHONE: MOBILE: EMAIL:

ELECTRICIAN: DESIGN LIGHTING BY MARKS

ADDRESS: 23 BEDFORD-BANKSVILLE ROAD BEDFORD, NY

PHONE: 2039674777 MOBILE: EMAIL: DESIGNLIGHTINGBYMARKS.COM

Section VIII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: [Handwritten Signature] Date: 3/11/12

Town of North Castle Building Department

Section X- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)

STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant Angela Burt has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) ANGELA BURT Owner's Signature [Signature]

Sworn to before me this 9th day of March, 2022

Notary Signature [Signature]



Notary Stamp Here

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: Section: Block: Lot:

Building Department Checklist:

- Does this permit require RPRC approval? Yes No
GC License Work. Comp. Liability. Ins. Disability Two sets of documents
Permit Fee Payment: Check #: Cash Credit Card
Name on check:

Received By: Application No.:

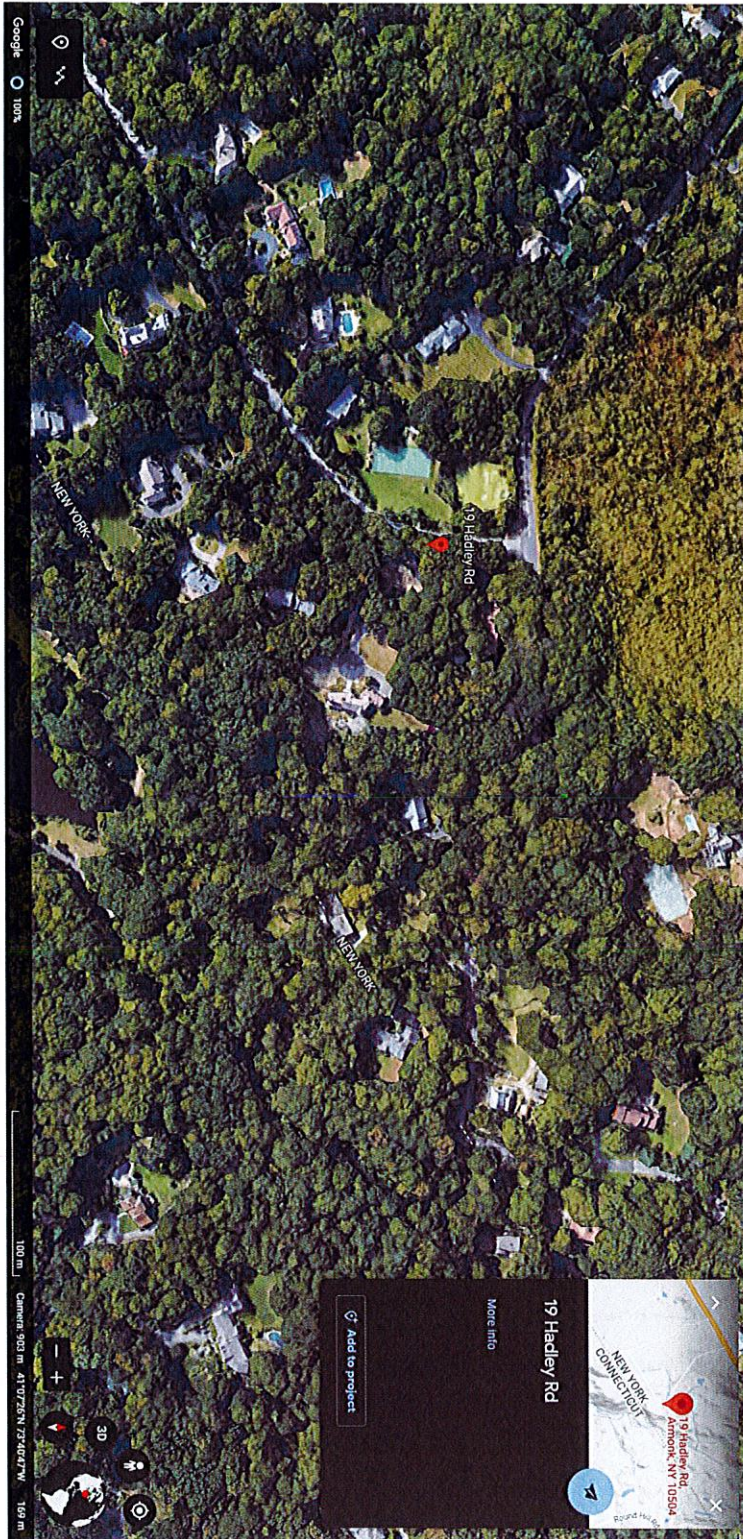
BUILDING INSPECTOR APPROVAL

- Has all the conditions of the RPRC been met? Yes NA
Is a Flood Development permit required? Yes No

Reviewed By: Date:

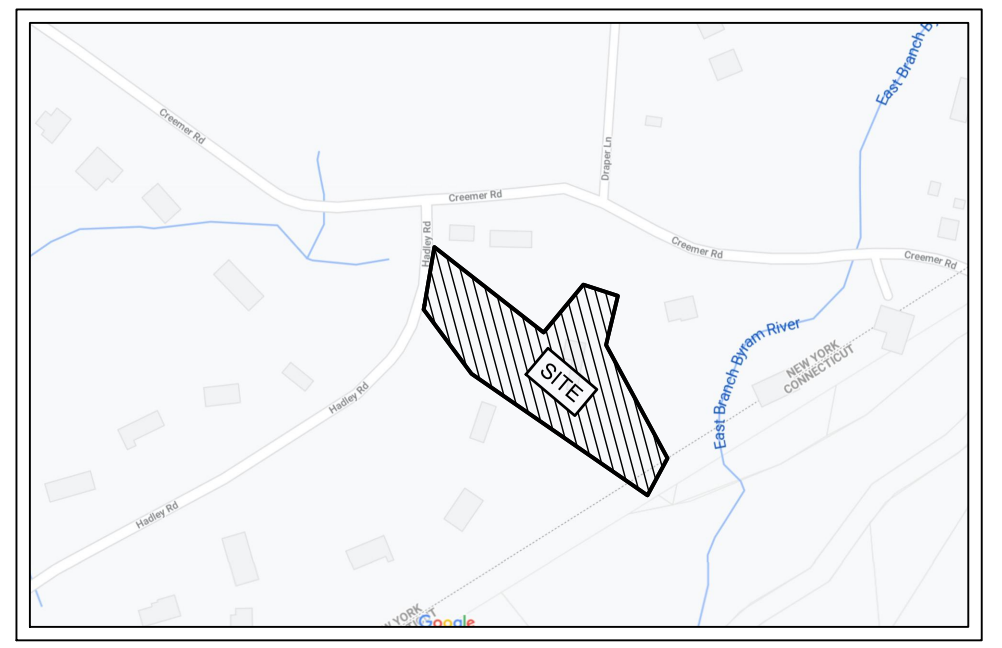
Building Inspector Approval: Date:

Conditions:

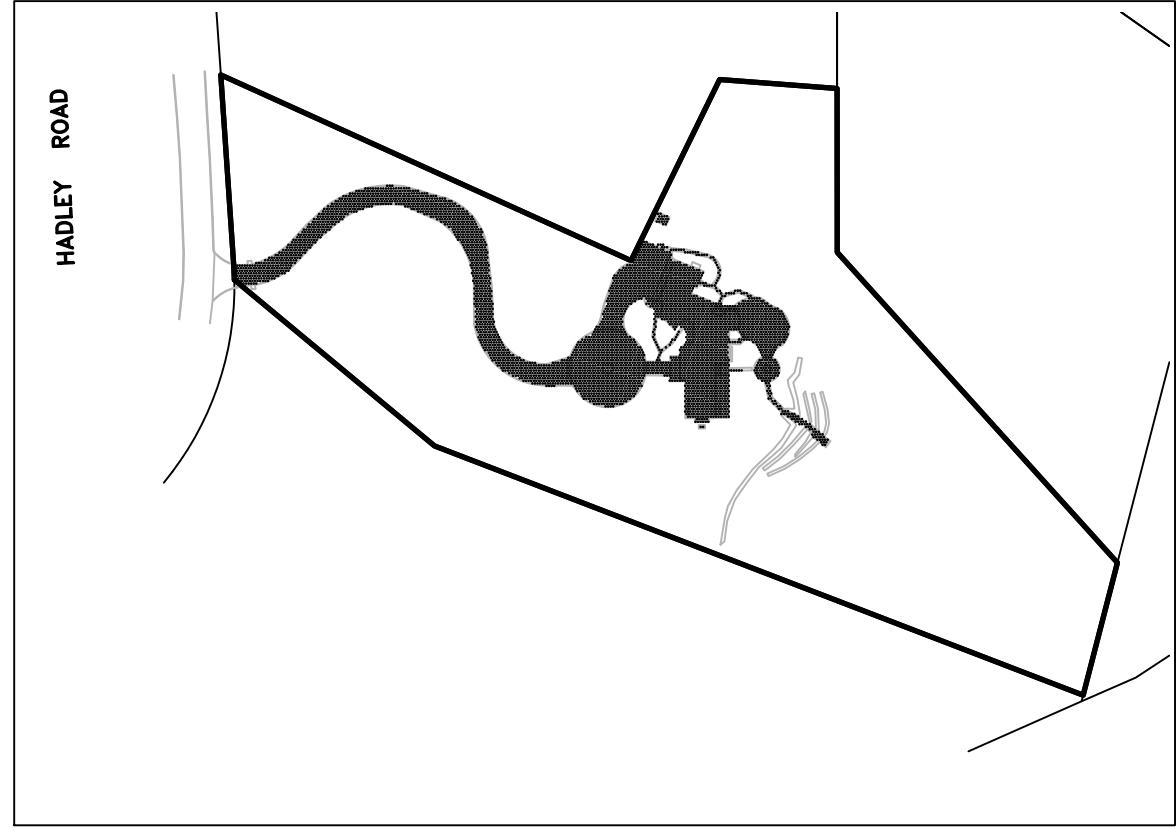


Test Pit #1	
Depth 60"	Elevation ± 500.0 performed on 6/22/22
0-18"	Topsail
18-84"	Sand with silt
84"	No groundwater, No refusal

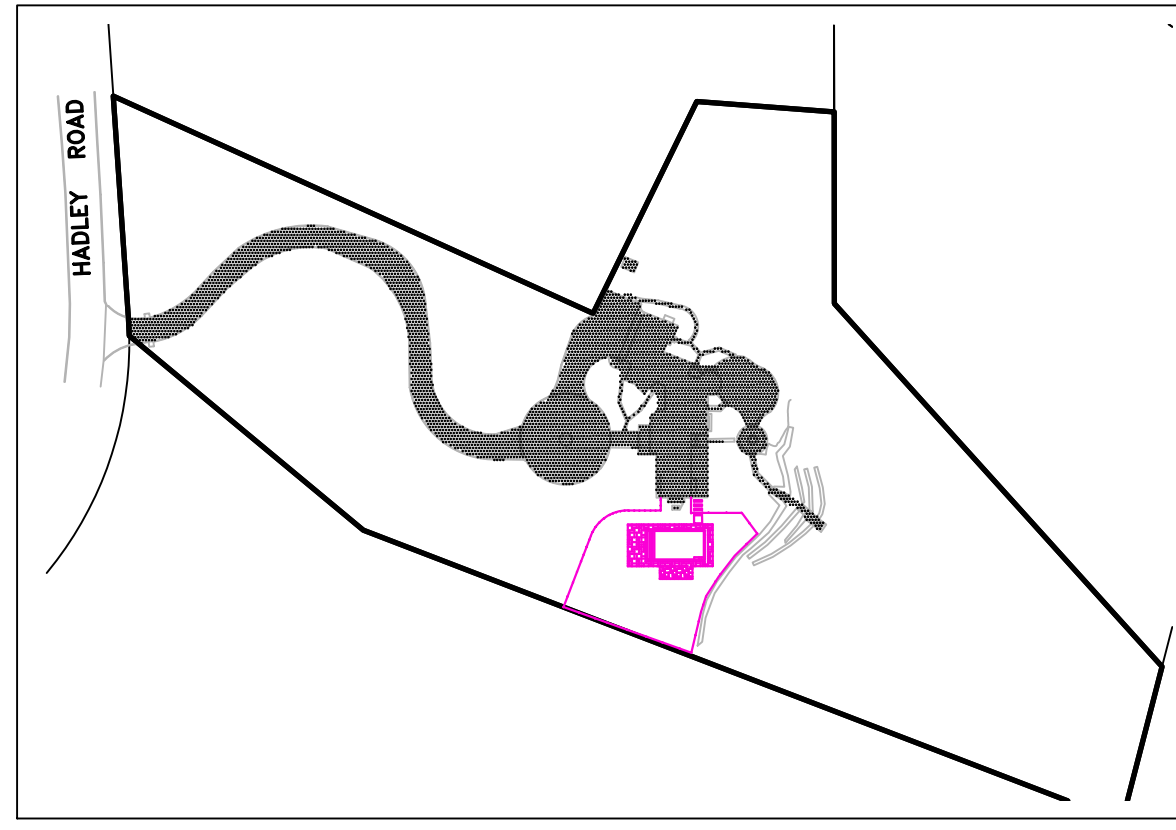
Percolation Test No. 1						
Start Time	End Time	Min. Elapsed	Depth to Water From Ground Surface		Water level Drop	Soil Rate (Min./in. drop)
			Start (in.)	Stop (in.)		
1:33	1:38	5	22	24	2	2.5
1:38	1:44	6	22	24	2	2.7
1:44	1:49	5	21	23.5	1.5	3



LOCATION MAP
N.T.S.



EXISTING IMPERVIOUS AREA = 15,582 SF



PROPOSED IMPERVIOUS AREA = 17,261 SF
NET IMPERVIOUS INCREASE = 1,679 SF

General Notes

- Contractor to verify all conditions and dimensions prior to the start of work, any discrepancies are to be reported to the design engineer immediately.
- The contractor shall notify DigSafetyNY at 811, no less than two days prior to commencing excavating activities.
- All work shall conform to the official rules and regulations of the State of New York Building Construction, Fire, Safety and all other applicable Municipal, State and Federal regulations.
- Underground Utilities are shown schematically and all utilities may not be shown hereon contractor to verify all utilities have been field marked by the appropriate agency and rely on those representations over locations indicated hereon.
- Grading of the property shall be performed to provide positive drainage away from the proposed foundation.

Erosion Control

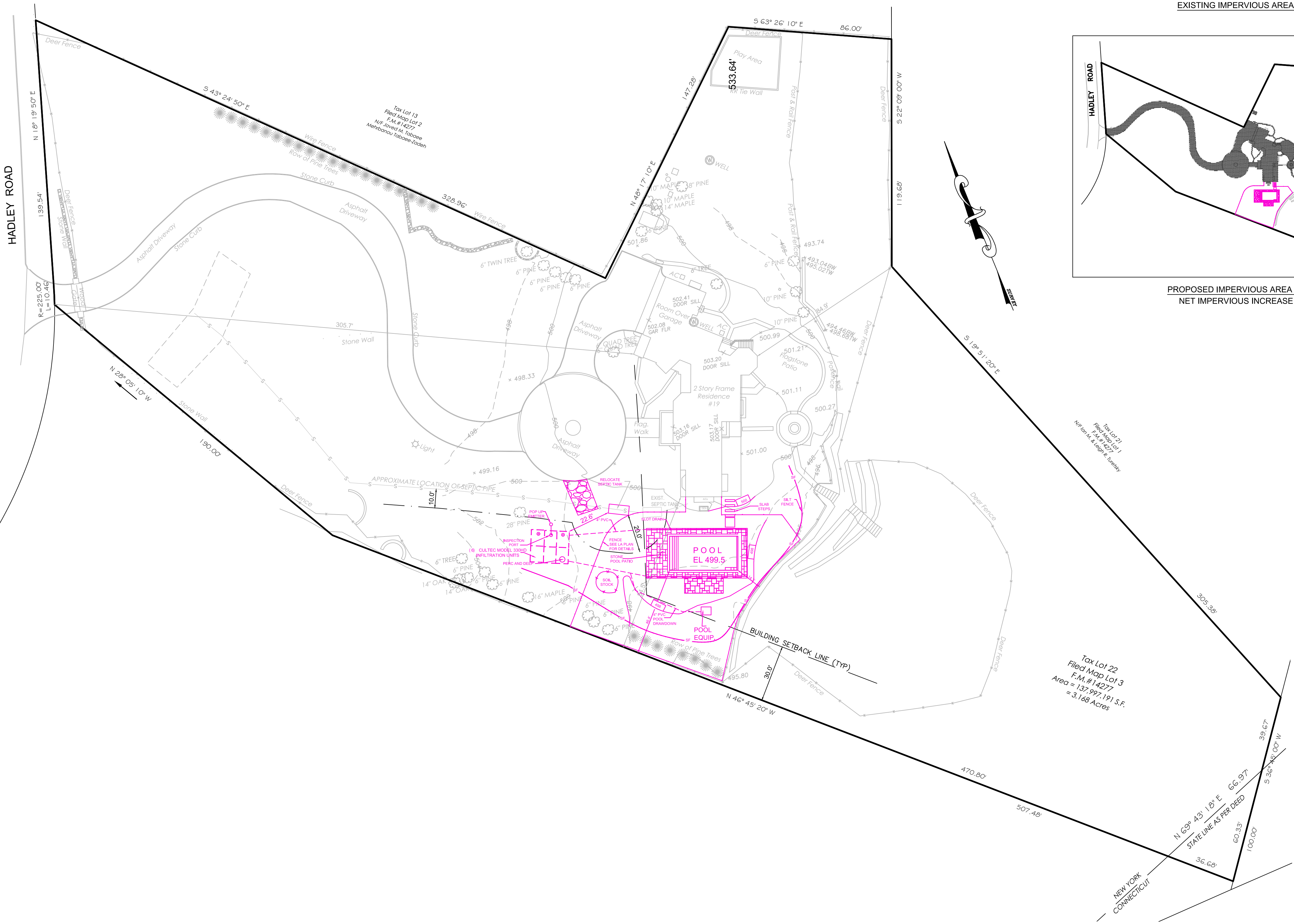
- Erosion control measures shall be installed as the first phase of work, and be maintained throughout the duration of the project
- Maintenance and installation shall be in accordance with NYSDEC "Standards and Specifications for Erosion and Sediment Control".
- The Town can require additional measures be implemented at their discretion.
- The plans indicate locations of erosion control measures however the contractor must use best management practices as necessary to assure proper controls.
- Grading of the property shall be performed to provide positive drainage away from the proposed foundation.

Town of North Castle Notes

- All driveway work shall conform with the Town of North Castle code
- Erosion control measures must be properly installed, maintained so the dirt and debris is not deposited on street.
- Exposed areas must be stabilized as soon as alterations are completed.
- Any under ground structures must be inspected prior to backfilling.
- A minimum of 24 hours notice is required for any inspection
- No Town Regulated tree removal is proposed.

Map Reference

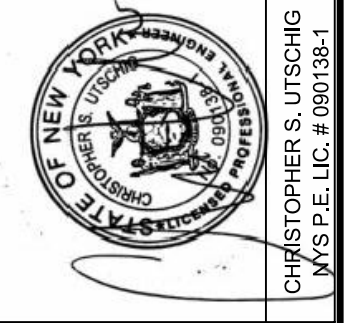
- Survey information shown was taken from a Topographic Survey prepared by TC Merritts Land Surveyors 11/5/21



ZONING TABLE				
19 HADLEY				
'R-2A' SINGLE FAMILY				
	REQUIRED/ALLOWED	EXISTING	PROPOSED	VARIANCE GRANTED
MIN. LOT AREA	43,560 SF	3,168 ACRES	UNCHANGED	
LOT COVERAGE	8%	11,040 SF	3,392 SF	UNCHANGED
MIN. LOT FRONTAGE	150'	151'	UNCHANGED	
FRONT YARD	50'	305.7'	UNCHANGED	
SIDE YARD	30'	84.5'	UNCHANGED	
SIDE YARD, TOTAL	60'	>60'	UNCHANGED	
REAR YARD	50'	>200'	UNCHANGED	
MAXIMUM HEIGHT (STORIES)	2.5	2.5	UNCHANGED	
MAXIMUM HEIGHT (FEET)	30'-0"		UNCHANGED	

LEGEND			
	● SS LOT SEWER SERVICE		HYDRANT
	● SGO SEWER CLEAN-OUT		W.V. WATER VALVE
	● STS LOT STORM SERVICE		G.V. GAS VALVE
	● WS LOT WATER SERVICE		UTILITY BOX
	● E-X ELECTRIC CROSSING		UTILITY BOX
	● L LIGHTPOLE		TEST PIT
	● U UTILITY POLE		PERCOLATION TEST
	● T TRANSFORMER		
	PROPERTY LINE		CURB LINE
	EXISTING CONTOUR - INDEX		CURB CUT
	EXISTING CONTOUR - INTER		APPROXIMATE LOCATION OF WATER MAIN
	PROPOSED CONTOURS		DRAINAGE LINE
	FENCE		APPROXIMATE LOCATION OF 8" PVC SANITARY SEWER
	SELF FENCE AND CONSTRUCTION FENCE		LIMIT OF DISTURBANCE
	EXISTING TREE TO BE REMOVED		

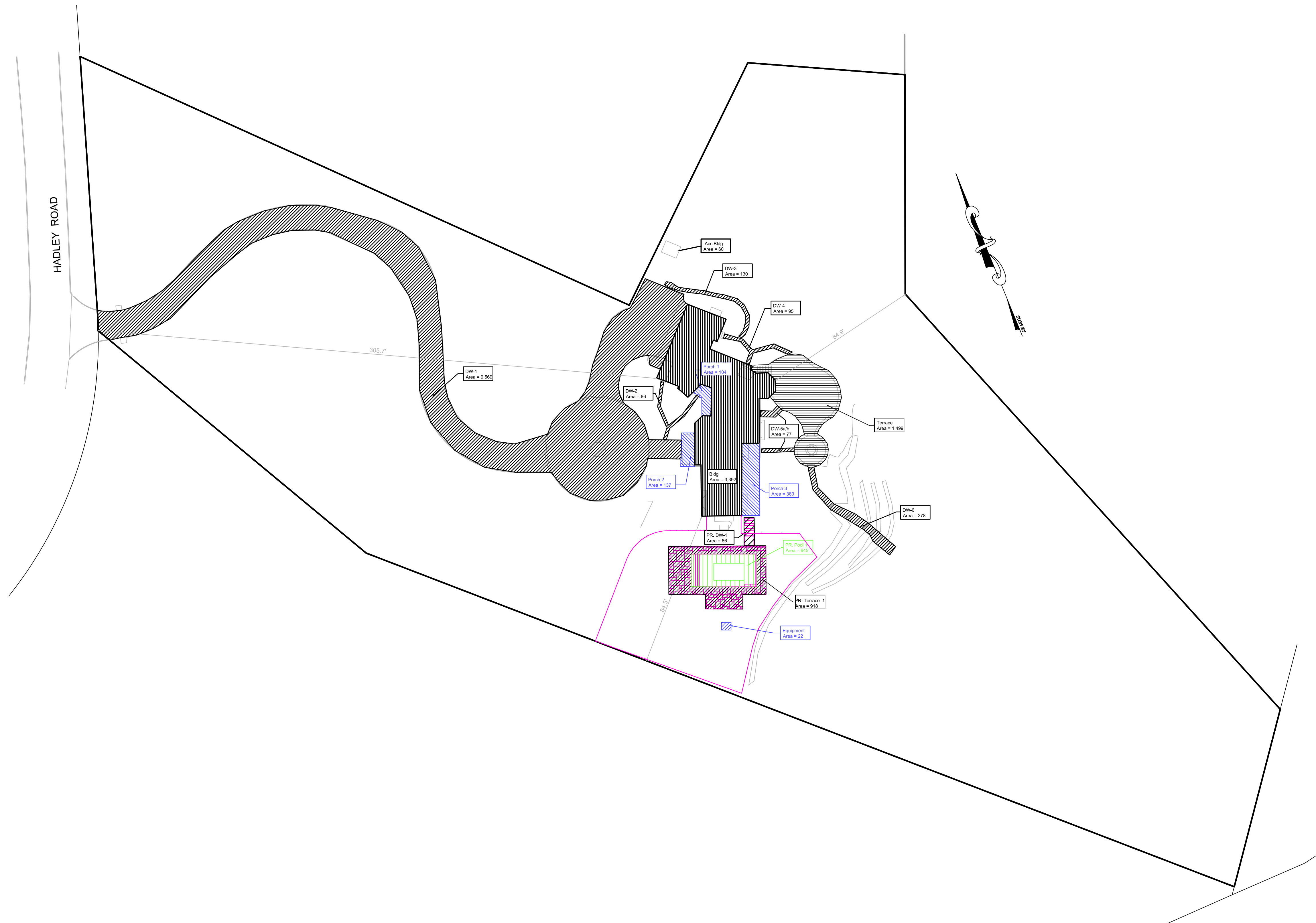
REVISIONS	
1	06/22/22 REVISED AS PER TOWN ENGINEER COMMENTS



SITE PLAN
BURT RESIDENCE
19 Hadley Road
Armonk, N.Y. 10504

CHRISTOPHER S. UTSCHIG, P.E.
Civil Engineering Design
Stamwater - Construction Management
65 Ralph Avenue
White Plains, NY 10606
(914) 397-9550

SCALE: 1"=30'
DATE: FEB 6, 2022
SHEET 1 OF 3
JOB No. 1285



BUILDING AREA SF		
Bldg	Existing	
		3,392
	TOTAL	3,392

PORCH AREA SF		
Porch	Existing	
Porch 1	Existing	104
Porch 2	Existing	137
Porch 3	Existing	383
	TOTAL	624

DRIVE AND WALKS AREA SF		
DW	Existing	
DW1	EXISTING	9569
DW2	EXISTING	86
DW3	EXISTING	130
DW4	EXISTING	95
DW5	EXISTING	77
PR DW1	PROPOSED	86
	TOTAL	10043

Acc. Bldg. AREA SF		
Shed	Existing	
Shed	EXISTING	60
	TOTAL	68

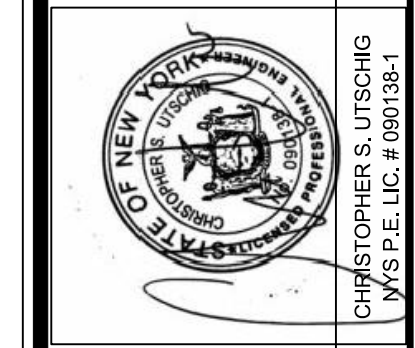
POOL AREA SF		
PR POOL	Proposed	
PR POOL	PROPOSED	645
	TOTAL	645

OTHER		
Category	Existing	
HVAC	EXISTING	30
GEN.	EXISTING	20
POOL EOP	PROPOSED	22
	TOTAL	72

TERRACE AREA SF		
Terrace	Existing	
Terrace 1	EXISTING	1499
Pr Terrace	PROPOSED	918
	TOTAL	2417

TOTAL COVERAGE 17,261 SF

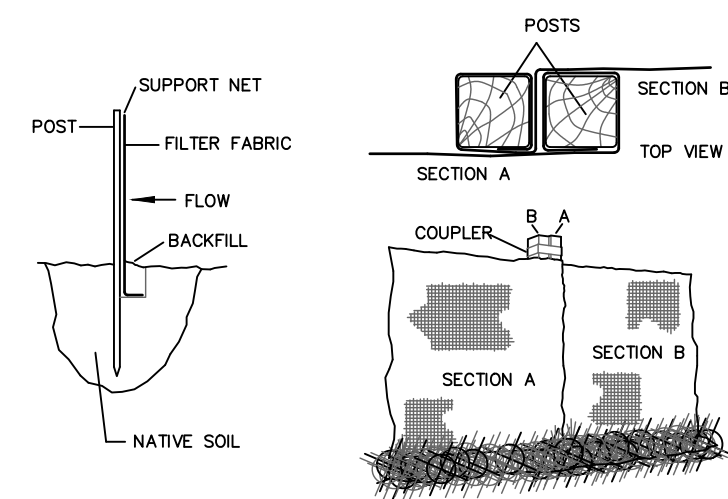
REVISIONS	
No.	Description
1	1/10/2022 REVISED AS PER TOWN ENGINEER COMMENTS



COVERAGE CALCULATION

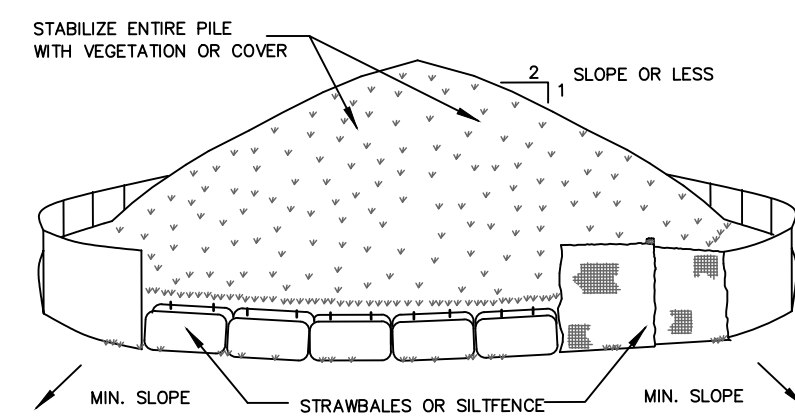
BURT RESIDENCE
19 Hadley Road
Armonk, N.Y. 10504

CHRISTOPHER S. UTSCHIG, P.E.
Civil Engineering Design
Stamwater - Construction Management
65 Ralph Avenue
White Plains, NY 10606
(914) 397-9550



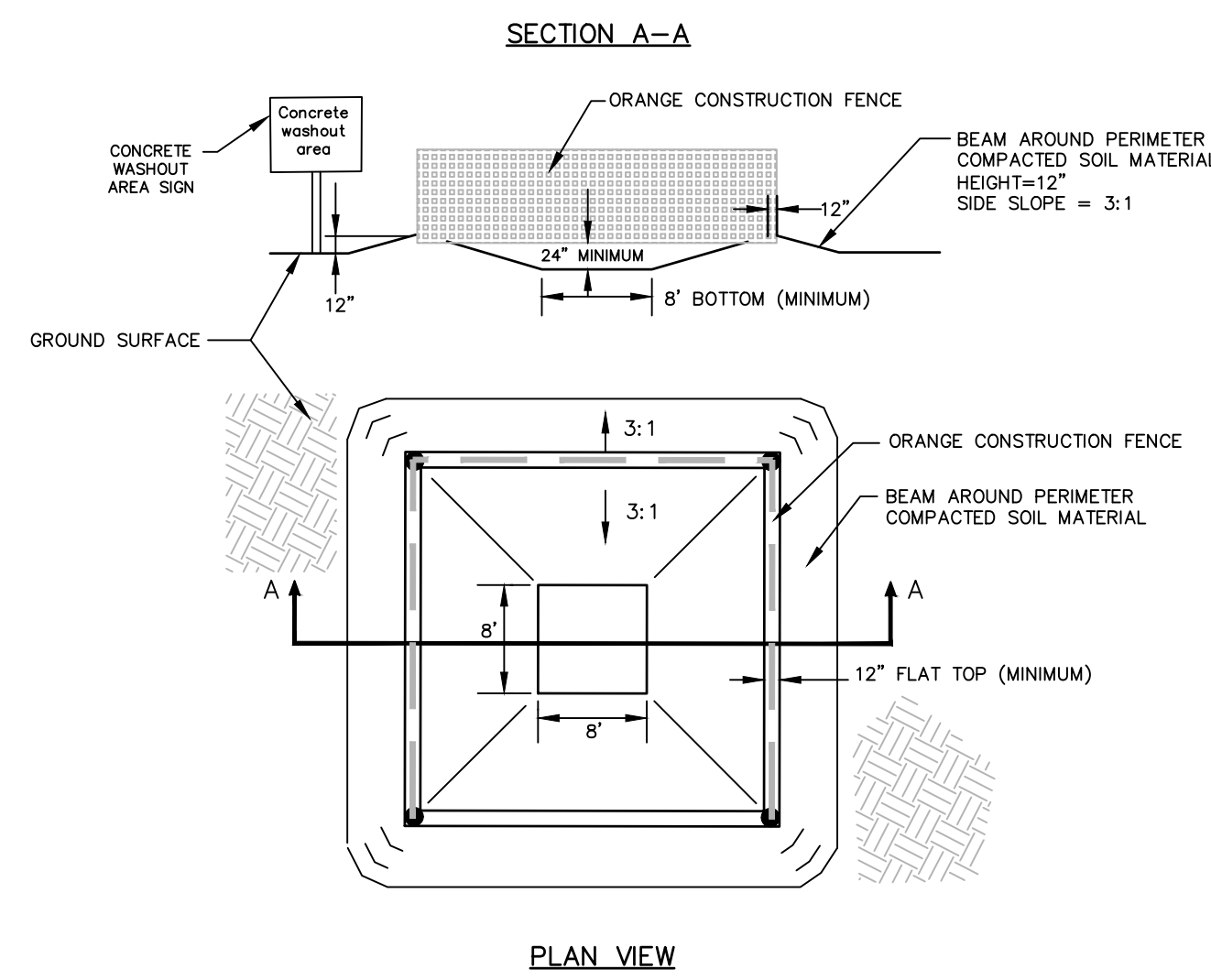
- TOE-IN METHOD**
- JOINING SECTIONS OF FENCING**
- INSTALLATION NOTES**
- EXCAVATE A 4 INCH X 4 INCH TRENCH ALONG THE PROPOSED FENCE ALIGNMENT.
 - UNROLL A SECTION AT A TIME AND POSITION THE POSTS AGAINST THE BACK (DOWNSTREAM) WALL OF THE TRENCH (NET SIDE AWAY FROM DIRECTION OF FLOW).
 - DRIVE THE POST INTO THE GROUND UNTIL THE NETTING IS APPROXIMATELY 2 INCHES FROM THE TRENCH BOTTOM.
 - LAY THE TOE-IN FLAP OF FABRIC ONTO THE UNDISTURBED BOTTOM OF THE TRENCH, BACKFILL THE TRENCH AND TAMP THE SOIL.
 - JOIN SECTIONS AS SHOWN ABOVE.
 - CONTRIBUTING AREA SLOPE LENGTH SHALL BE LIMITED TO LENGTHS ON N.Y.S. GUIDELINES.

SILT FENCE
NOT TO SCALE

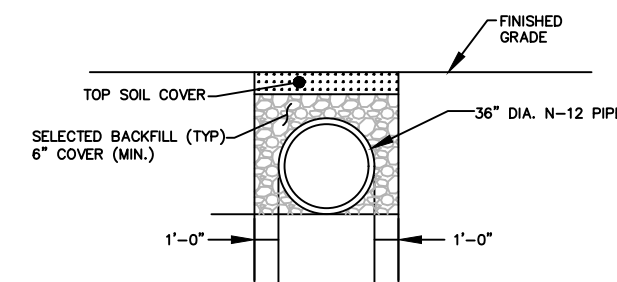


- INSTALLATION NOTES**
- AREA CHOSEN FOR STOCKPILING OPERATIONS SHALL BE DRY AND STABLE.
 - MAXIMUM SLOPE OF STOCKPILE SHALL BE 1:2.
 - UPON COMPLETION OF SOIL STOCKPILING, EACH PILE SHALL BE SURROUNDED WITH EITHER SILT FENCING OR STRAMBALES, THEN STABILIZED AS NOTED.
 - TEMPORARILY STABILIZE AS NOTED IN SPECIFICATIONS.

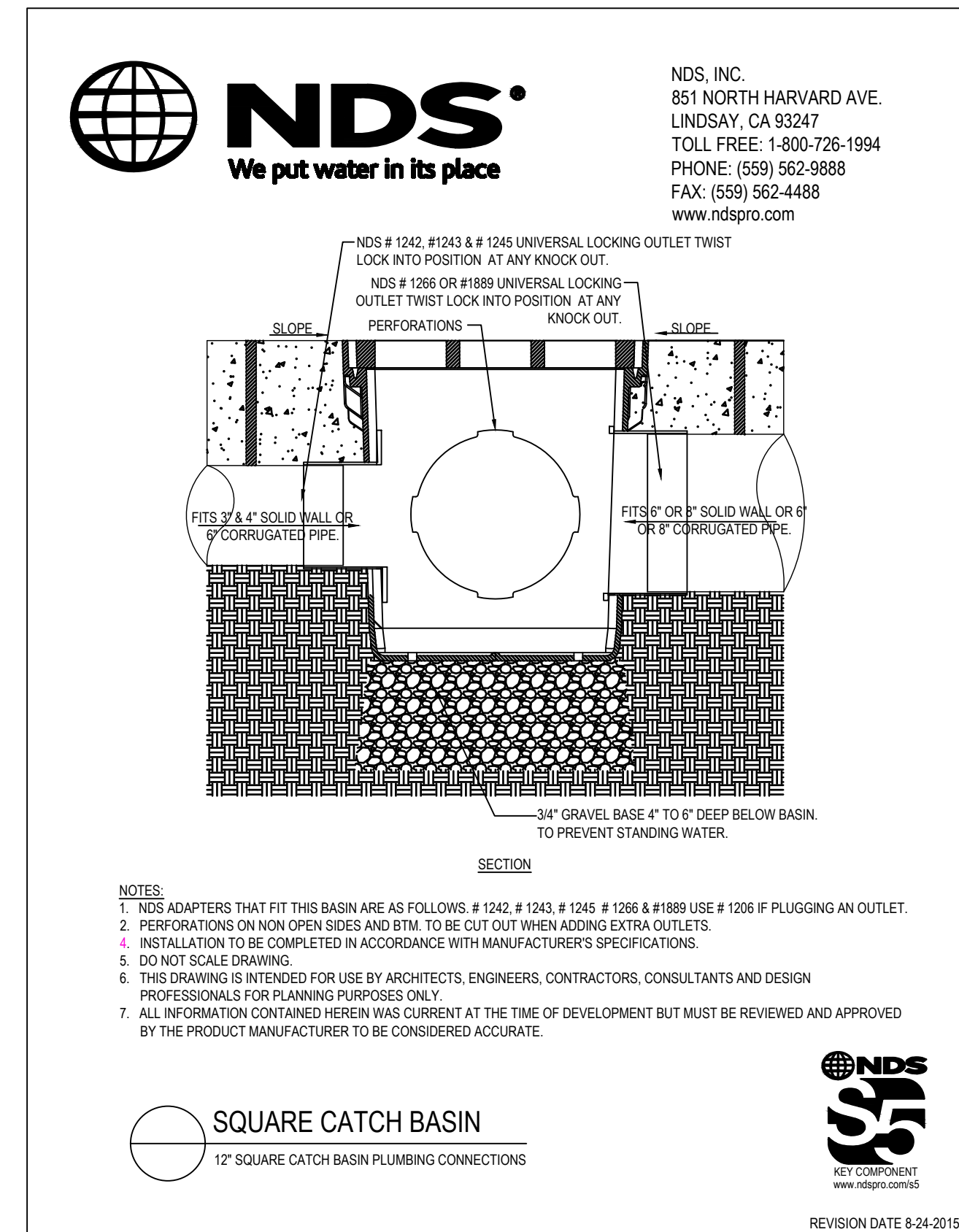
SOIL STOCKPILING
NOT TO SCALE



CONCRETE WASHOUT DETAIL
N.T.S.



TYPICAL PIPE TRENCH
N.T.S.



SQUARE CATCH BASIN
12" SQUARE CATCH BASIN PLUMBING CONNECTIONS



NDS WE PUT WATER IN ITS PLACE

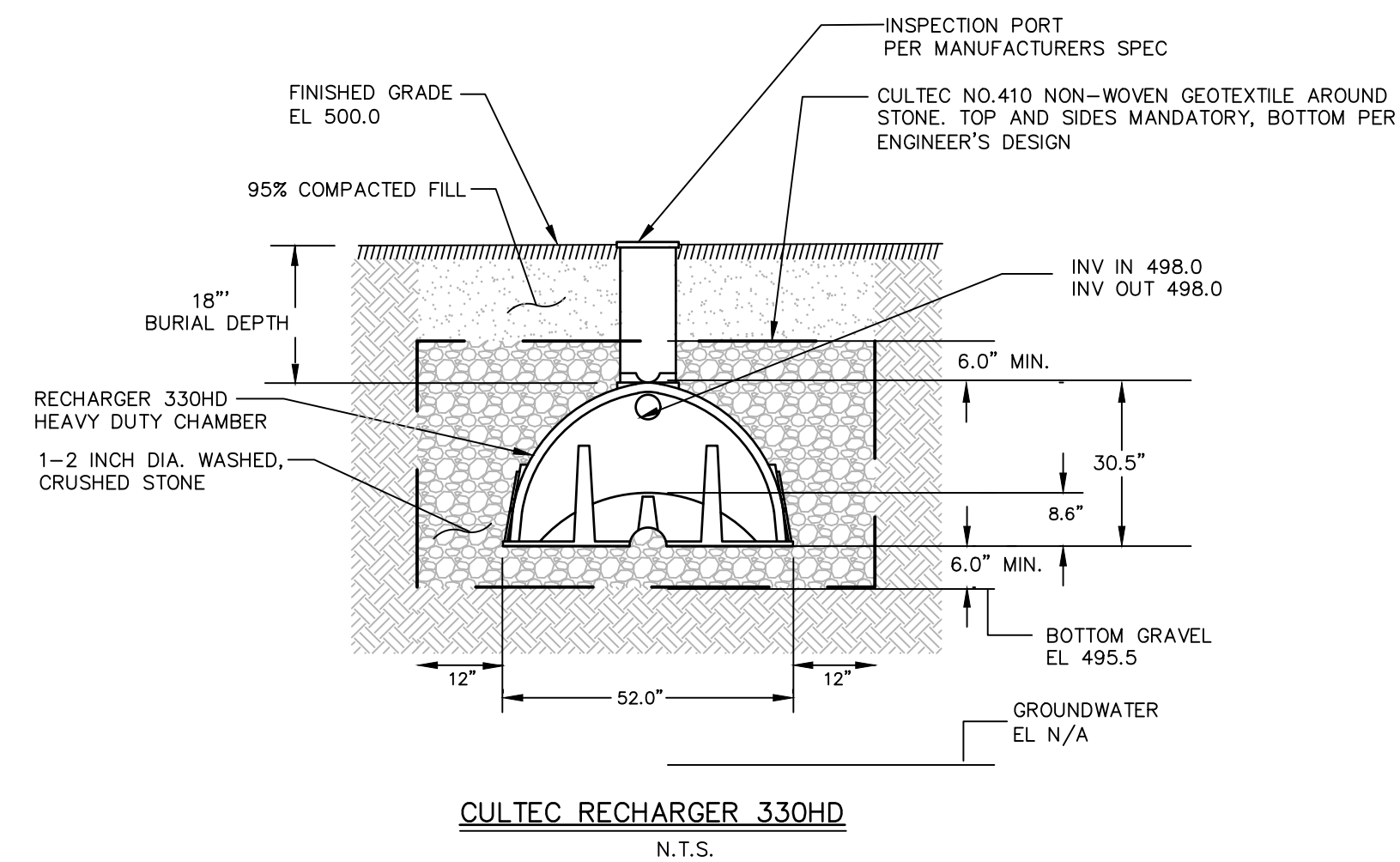
TECHNICAL SPECIFICATIONS

3" and 4" Pop-Up Drainage Emitter

Part #: 420
Material: High Density Polypropylene (HDPE)
Colors: Green
Fits: 3" and 4" sewer and drain pipe/fittings
Flow Rate: 40 G.P.M.
LUV inhibitor
Spring: Stainless Steel
Spring Tension: 0.04 PSI or 1" water required to rise cap.

Load Recommendation Guide

Class A
• Loads of 1400 psi.
• Recommended for pedestrians, bicycles and wheel chair traffic.



CULTEC RECHARGER 330HD
N.T.S.

REVISIONS

NO.	DATE	DESCRIPTION

CONSTRUCTION DETAILS

BURT RESIDENCE
19 Hadley Road
Armonk, N.Y. 10504

CHRISTOPHER S. UTSCHIG, P.E.
Civil Engineering Design
Stamwater - Construction Management
65 Ralph Avenue
White Plains, NY 10606

Engineer's Report

for

The Burt Residence

**19 Hadley Road
Armonk, New York**

Dated February 14, 2022

Revised 10/3/27

Prepared by:
Christopher S. Utschig P.E.
65 Ralph Ave White Plains, NY
914 391-9550

NYS Professional Engineer Lic # 090138

Introduction

This report has been prepared in support of the improvements to the property at 19 Hadley Road. The proposed improvements will include a pool, patio, and cabana. The report and associated plans were prepared in accordance with the Westchester County, NY, Stormwater Management Best Management Practices for Stormwater Runoff Control in compliance with the requirements of the Town of North Castle pursuant to a Surface Water Control Permit. The existing conditions identified on the site plan were taken from a survey prepared by TC Merritts. The geometry for the proposed improvements are from plans prepared by Shoreline Pools.

A. Existing Conditions

The existing property is a 3.168 Ac residentially zoned property within the R2-A zone. The property is occupied by a 2 story single family home; additional improvements include a driveway, patio, and walks. The balance of the property is landscaped lawn area and wooded areas. The existing condition includes 15,582 sf of impervious area. The subject properties topography can be described as gently sloping in the area of proposed development.. Based on Westchester County Soil Mapping the onsite soils in the area of infiltration and proposed development are (CrC) Urban land Charlton Chatfield type soils, having a type "B" hydrologic group.

C. Proposed Condition

The proposed condition includes a rear yard in ground pool, patio, ~~cabana~~, and walkways. The grading as proposed leaves the existing yard grading essentially untouched and thereby leaving the existing drainage patterns unchanged. The proposed condition will result in an impervious area of 17,701 sf, the balance of the property will remain unchanged, this represents an increase in impervious area of 2,119 sf. The comparative analysis was performed in Hydrocad for the area to be converted for both the Existing and Proposed condition for the 25 year storm. The analysis resulted in volumes of runoff for the existing and proposed condition to be 365 cf and 1,005 cf respectively, a net increase of 640 cf

The on site drainage has been designed to provide mitigation for all proposed increase in impervious area when analyzing for the 25 Year storm event. The design was analyzed using the Westchester County Best Management Practices Manual for Type III storms, modeled with Hydro Cad, for the 25-yr(6.4") storm event. The design proposes an underground detention system consisting of 6culotec 330 HD's. The system has been sized such that the additional volume of runoff from the design storm is fully mitigated through storage and infiltration.

EACH CULTEC W/STONE PROVIDES 110CF STORAGE/UNIT X 6 UNITS = 660CF STORAGE PROVIDED

D. Construction Phasing Plan and Sediment and Erosion Control Management

Maintenance of Temporary and Permanent Structures and Practices

Temporary and permanent erosion controls measures will be maintained and inspected in accordance with the **Grading and Drainage Plan**. All proposed soil erosion and sediment control practices are designed in accordance with the following publications:

- New York State Standards and Specifications for Erosion and Sediment Control, August 2005, latest edition.
- New York State Guidelines for Urban Erosion and Sediment Control, latest edition,
- New York State General Permit for Stormwater Discharges,

- **"Reducing the Impacts of Stormwater Runoff from New Development", as published by the New York State Department of Environmental Conservation (NYSDEC), second edition, April 1993.**

The proposed soil erosion and sediment control devices include: protective earthmoving procedures and grading practices, soil stabilization, inlet protection, stabilized construction entrance and silt fencing. The approach of the plan is to control off-site sedimentation, and re-establish vegetation as soon as practicable.

Construction shall be implemented in the following order:

- 1. Erosion and sediment control (ESC) measures and Pollution Prevention (PP) implementation,**
 - a) Install silt fences along easterly project limits,**
 - b) Maintain existing macadam driveway to utilize as a site construction entrance to the project area, material storage area and dumpster location.**
 - i) Contractor shall install stone stabilized entrance at end of the existing paved driveway in advance of construction vehicles requiring access from graded /exposed soils to City Streets.**
 - c) Install Tree Protection**
 - d) Install temporary sanitary facilities (portable toilets) in a location that is at least 20 from any drainage facility or flow path. Recommend staking the facility to prevent accidental tipping by construction activity or wind.**
 - e) Install waste container – maintain rigorous site cleaning schedule to prevent debris from blowing off site. Construction waste shall be stored in a dumpster and carried off-site on a regular basis**
 - f) Allocate concrete washout areas**
- 2. Clearing and grubbing.**
 - a) Strip top soil and stockpile. Initiate cover practices and sediment controls at the base of the stockpile. Stockpile can be temporarily stabilized with tarp or mulch and/or temporary seeding.**
 - b) Disturbed areas where construction will cease for more than 14 days will be stabilized with erosion controls, such hydro-seeding, hydro-mulch, or hay**
- 3. Excavate for pool.**
 - a) Install dewatering practice if necessary.**
- 4. Construct hardscape**
- 5. Install subsurface storage and infiltration system and site drainage to capture runoff.**
- 6. Final stabilization of disturbed areas**
 - a) Install minimum 4" topsoil and final stabilize with lawn or mulch in landscape areas.**
 - b) Remove all ESC and PP measures upon approval of design engineer and/or ESC inspector.**

Awarded contractor shall be responsible for the proper implementation of the ESC and PP practices. The following maintenance program is proposed in order to maintain the proper function of all drainage and erosion and sediment control facilities:

- **Inspect sediment control devices and construction access point routinely and if necessary remove accumulated sedimentation and debris; at no point should the filter bed be allowed to continue operations beyond 50% of its capacity being compromised by debris.**
- **All disturbed area will be stabilized and the sediment build-up in the filter removed. After the construction is completed, any areas disturbed shall be stabilized immediately after the required work is completed.**
- **Restore and re-seed any eroded areas as soon as possible**
- **The Stormwater Management Facilities Maintenance Program will be managed by the home owner and shall include removal of sediment from the on-site catch basins and underground storage facilities.**

The contractor shall provide a Trained Individual to be present on site at all times during soil disturbing activities

Any disturbed areas shall be re-vegetated as soon as possible. Topsoil shall be temporarily stockpiled for future use in grading and landscaping. Stockpile locations have been provided on the Erosion and Sediment Control Plan and shall be contained within a silt fence/hay bale barrier.

The existing driveway shall be maintained throughout construction to be utilized for the site construction entrance. A temporary stabilized construction entrance comprised of a stone anti-track pad shall be installed as necessary to minimize dirt tracking. The purpose of a stabilized entrance is to remove as much soil from the construction vehicle tires prior to exiting the site and traveling on the existing roadways.

For dewatering activities during excavation of the footings, a dewatering pump shall be located in a perforated tub surrounded by filter fabric and stone (or approved alternative). Clean discharge should be directed to onsite drainage appurtenances to minimize erosion of soils. Discharge with suspended sediment shall be connected to a sediment bag on undisturbed ground in a location where the discharge will not cause erosion or flow over exposed soils.

If the contractor encounters ground water during the excavation of the filtering system, he shall notify the design engineer immediately. The contractor shall store all excavated material at the designated location show on the Grading and Erosion Control Plan with the appropriate erosion control measures corresponding to the stockpile detail.

Contractor shall be responsible for maintaining the cleanliness of the streets (driveways/parking and adjacent areas) and storm drain inlet protection (as applicable) Best Management Practices (BMPs) throughout the construction project.

Permanent seeding shall be installed immediately after the final design grades are achieved but no later than fourteen (14) days after construction activities have ceased. After stabilization, accumulated sediment shall be removed from site for disposal along with construction debris, trash and temporary BMPs

E. Conclusion:

The implementation of this stormwater management plan will mitigate the post development stormwater flows and not adversely affect the adjacent properties or the existing drainage system. The additional stormwater runoff generated by the proposed addition has been attenuated by the construction of an underground storage system.

Existing Condition Calculations

APPENDIX A

Existing-imp

Type III 24-hr Rainfall=6.40"

Prepared by {enter your company name here}

Printed 2/14/2022

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Page 1

Summary for Subcatchment 2S: Proposed

Runoff = 0.08 cfs @ 12.37 hrs, Volume= 365 cf, Depth> 2.07"

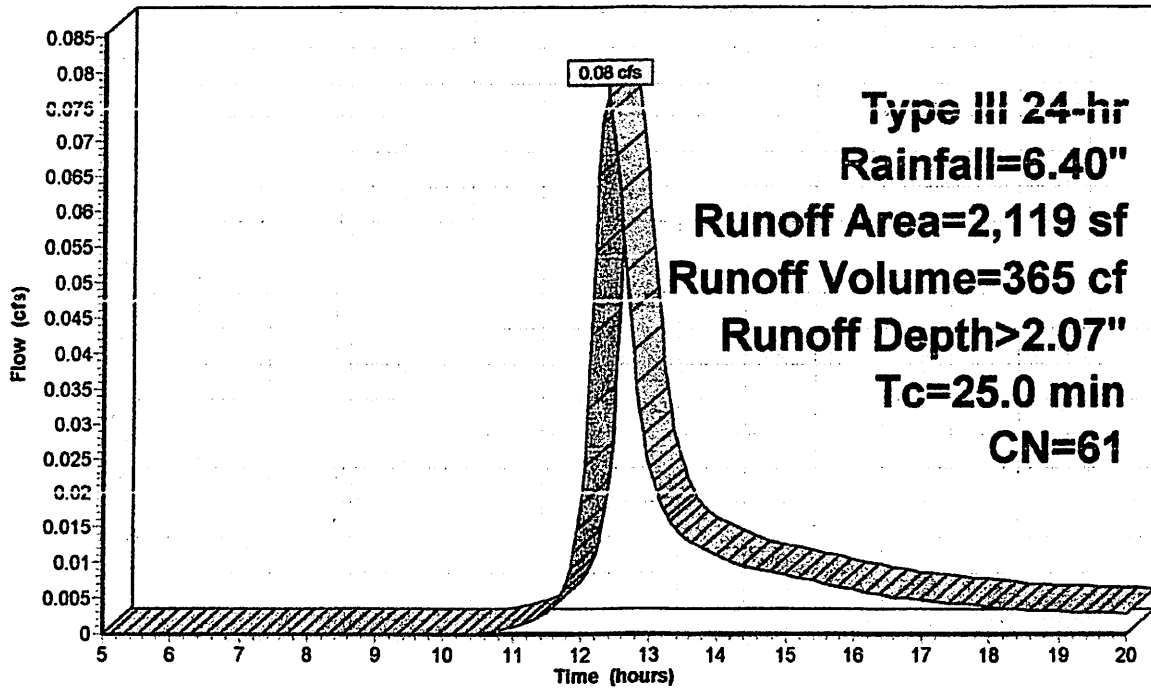
Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 5.00-20.00 hrs, dt= 0.05 hrs
Type III 24-hr Rainfall=6.40"

Area (sf)	CN	Description
2,119	61	>75% Grass cover, Good, HSG B
2,119		100.00% Pervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
25.0					Direct Entry,

Subcatchment 2S: Proposed

Hydrograph



APPENDIX B

Proposed Condition Calculations

Proposed-imp

Type III 24-hr Rainfall=6.40"

Prepared by {enter your company name here}

Printed 10/3/2022

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Page 1

Summary for Subcatchment 1S: Proposed

Runoff = 0.15 cfs @ 12.33 hrs, Volume= 796 cf, Depth> 5.69"

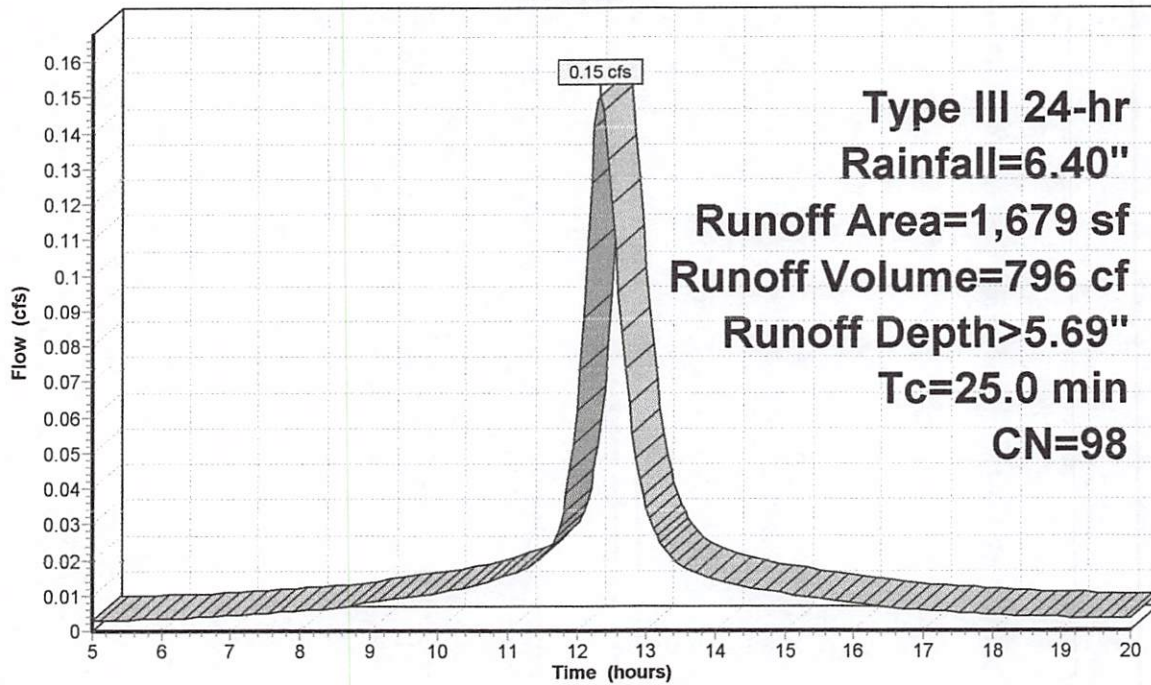
Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 5.00-20.00 hrs, dt= 0.05 hrs
Type III 24-hr Rainfall=6.40"

Area (sf)	CN	Description
1,679	98	Paved parking, HSG B
1,679		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
25.0					Direct Entry,

Subcatchment 1S: Proposed

Hydrograph



796
 - 365

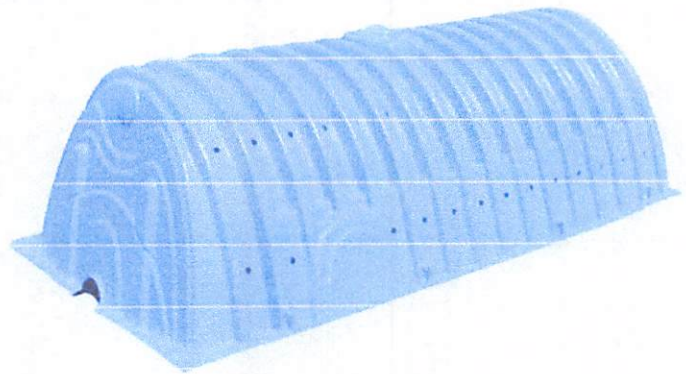
 431

APPENDIX C
Infiltration Calculations



CULTEC Recharger® 330XLHD Stormwater Chamber

The Recharger® 330XLHD is a 30.5" (775 mm) tall, high capacity chamber. Typically when using this model, fewer chambers are required resulting in less labor and a smaller installation area. The Recharger® 330XLHD has the side portal internal manifold feature. HVLV® FC-24 Feed Connectors are inserted into the side portals to create the internal manifold.



Size (L x W x H)	8.5' x 52" x 30.5" 2.59 m x 1321 mm x 775 mm
Installed Length	7' 2.13 m
Length Adjustment per Run	1.50' 0.46 m
Chamber Storage	7.46 ft ³ /ft 0.69 m ³ /m
Min. Installed Storage	52.21 ft ³ /unit 1.48 m ³ /unit
Min. Area Required	11.32 ft ² /ft 1.05 m ² /m
Chamber Weight	79.26 ft ³ /unit 2.24 m ³ /unit
Shipping	33.83 ft ² 3.14 m ²
Min. Center-to-Center Spacing	73.0 lbs 33.11 kg
Max. Allowable Cover	30 chambers/skid 2,335 lbs/skid 10 skids/48' flatbed
Max. Inlet Opening in End Wall	4.83' 1.47 m
Max. Allowable O.D. in Side Portal	12' 3.66 m
Compatible Feed Connector	24" HDPE, PVC 600 mm HDPE, PVC
	10" HDPE, 12" PVC 250 mm HDPE, 300 mm PVC
	HVLV FC-24 Feed Connector

Calculations are based on installed chamber length.
All above values are nominal.
Min. installed storage includes 6" (152 mm) stone base, 6" (152 mm) stone above crown of chamber and typical stone surround at 58" (1473 mm) center-to-center spacing.

	Stone Foundation Depth		
	6" 152 mm	12" 305 mm	18" 457 mm
Chamber and Stone Storage Per Chamber	79.26 ft ³ 2.24 m ³	86.03 ft ³ 2.44 m ³	92.79 ft ³ 2.63 m ³
Min. Effective Depth	3.54' 1.08 m	4.04' 1.23 m	4.54' 1.38 m
Stone Required Per Chamber	2.50 yd ³ 1.91 m ³	3.13 yd ³ 2.39 m ³	3.76 yd ³ 2.87 m ³

Calculations are based on installed chamber length.
Includes 6" (305 mm) stone above crown of chamber and typical stone surround at 58" (1473 mm) center-to-center spacing and stone foundation as listed in table.
Stone void calculated at 40%.

Recharger® 330XLHD Bare Chamber Storage Volumes

Elevation		Incremental Storage Volume				Cumulative Storage	
in.	mm	ft ³ /ft	m ³ /m	ft ³	m ³	ft ³	m ³
30.5	775	0.000	0.000	0.000	0.000	52.213	1.479
30	762	0.019	0.002	0.133	0.004	52.213	1.479
29	737	0.051	0.005	0.357	0.010	52.080	1.475
28	711	0.084	0.008	0.588	0.017	51.723	1.465
27	686	0.124	0.012	0.868	0.025	51.135	1.448
26	660	0.150	0.014	1.05	0.030	50.267	1.424
25	635	0.173	0.016	1.211	0.034	49.217	1.394
24	609	0.191	0.018	1.337	0.038	48.006	1.360
23	584	0.207	0.019	1.449	0.041	46.669	1.322
22	559	0.221	0.021	1.547	0.044	45.220	1.281
21	533	0.233	0.022	1.631	0.046	43.673	1.237
20	508	0.244	0.023	1.708	0.048	42.042	1.191
19	483	0.254	0.024	1.778	0.050	40.334	1.142
18	457	0.264	0.025	1.848	0.052	38.556	1.092
17	432	0.271	0.025	1.897	0.054	36.708	1.040
16	406	0.283	0.026	1.981	0.056	34.811	0.986
15	381	0.294	0.027	2.058	0.058	32.830	0.930
14	356	0.296	0.027	2.072	0.059	30.772	0.871
13	330	0.299	0.028	2.093	0.059	28.700	0.813
12	305	0.301	0.028	2.107	0.060	26.607	0.754
11	279	0.303	0.028	2.121	0.060	24.500	0.694
10	254	0.304	0.028	2.128	0.060	22.379	0.634
9	229	0.306	0.028	2.142	0.061	20.251	0.574
8	203	0.313	0.029	2.191	0.062	18.109	0.513
7	178	0.321	0.030	2.247	0.064	15.918	0.451
6	152	0.322	0.030	2.254	0.064	13.671	0.387
5	127	0.323	0.030	2.261	0.064	11.417	0.323
4	102	0.324	0.030	2.268	0.064	9.156	0.259
3	76	0.325	0.030	2.275	0.064	6.888	0.195
2	51	0.327	0.030	2.289	0.065	4.613	0.131
1	25	0.332	0.031	2.324	0.066	2.324	0.066
Total		7.459	0.693	52.213	1.479	52.213	1.479

Calculations are based on installed chamber length.





































Visit <http://cultec.com/downloads/> for Product Downloads and CAD details.

For more information, contact CULTEC at (203) 775-4416 or visit www.cultec.com.

**Engineer's Report
Burt Residence**

APPENDIX D
USDA Soils Report

MAP LEGEND

- | | | | | |
|-------------------------------|---|------------------------|---|-----------------------|
| Area of Interest (AOI) |  | Area of Interest (AOI) |  | Spoil Area |
| Soils |  | Soil Map Unit Polygons |  | Stony Spot |
| |  | Soil Map Unit Lines |  | Very Stony Spot |
| |  | Soil Map Unit Points |  | Wet Spot |
| Special Point Features |  | Blowout |  | Other |
| |  | Borrow Pit |  | Special Line Features |
| |  | Clay Spot | Water Features | |
| |  | Closed Depression |  | Streams and Canals |
| |  | Gravel Pit | Transportation | |
| |  | Gravelly Spot |  | Rails |
| |  | Landfill |  | Interstate Highways |
| |  | Lava Flow |  | US Routes |
| |  | Marsh or swamp |  | Major Roads |
| |  | Mine or Quarry |  | Local Roads |
| |  | Miscellaneous Water | Background | |
| |  | Perennial Water |  | Aerial Photography |
| |  | Rock Outcrop | | |
| |  | Saline Spot | | |
| |  | Sandy Spot | | |
| |  | Severely Eroded Spot | | |
| |  | Sinkhole | | |
| |  | Slide or Slip | | |
| |  | Sodic Spot | | |

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:12,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
 Web Soil Survey URL:
 Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Westchester County, New York
 Survey Area Data: Version 17, Sep 1, 2021

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

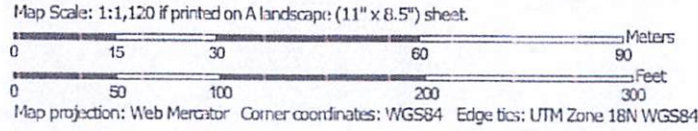
Date(s) aerial images were photographed: Oct 8, 2020—Oct 14, 2020

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Soil Map—Westchester County, New York



Soil Map may not be valid at this scale.



Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
CrC	Charlton-Chatfield complex, 0 to 15 percent slopes, very rocky	2.1	72.7%
CsD	Chatfield-Charlton complex, 15 to 35 percent slopes, very rocky	0.8	26.7%
RdB	Ridgebury complex, 3 to 8 percent slopes	0.0	0.6%
Totals for Area of Interest		2.8	100.0%

Hydrologic Soil Groups
Westchester County, New York

December 2012

[This table of hydrologic soil group data will be updated on eFOTG as needed, in order to maintain consistency with the official SSURGO soil survey data.]

Map Unit Symbol	Map Unit Name	Component Name	Hydrologic Soil Group
Ce	Carlisle muck	Carlisle	A/D
ChB	Charlton loam, 2 to 8 percent slopes	Charlton	B
ChC	Charlton loam, 8 to 15 percent slopes	Charlton	B
ChD	Charlton loam, 15 to 25 percent slopes	Charlton	B
ChE	Charlton loam, 25 to 35 percent slopes	Charlton	B
CIB	Charlton loam, 2 to 8 percent slopes, very stony	Charlton	B
CIC	Charlton loam, 8 to 15 percent slopes, very stony	Charlton	B
CID	Charlton loam, 15 to 25 percent slopes, very stony	Charlton	B
CIE	Charlton loam, 25 to 35 percent slopes, very stony	Charlton	B
CIF	Charlton loam, 35 to 45 percent slopes, very stony	Charlton	B
CrC	Charlton-Chatfield complex, rolling, very rocky	Charlton	B
CrC	Charlton-Chatfield complex, rolling, very rocky	Chatfield	B
CsD	Chatfield-Charlton complex, hilly, very rocky	Chatfield	B
CsD	Chatfield-Charlton complex, hilly, very rocky	Charlton	B
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Chatfield	B
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Hollis	D
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Rock outcrop	
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Chatfield	B
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Hollis	D
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Rock outcrop	
DAM	Dam	Dam	
Ff	Fluvaquents-Udifuvents complex, frequently flooded	Fluvaquents	A/D
Ff	Fluvaquents-Udifuvents complex, frequently flooded	Udifuvents	A
Fr	Fredon silt loam	Fredon	B/D
Fr	Fredon silt loam	Fredon	B/D
HnB	Hinckley gravelly loamy sand, 3 to 8 percent slopes	Hinckley	A
HnC	Hinckley gravelly loamy sand, 8 to 15 percent slopes	Hinckley	A
HnD	Hinckley gravelly loamy sand, 15 to 25 percent slopes	Hinckley	A
HrF	Hollis-Rock outcrop complex, very steep	Hollis	D
HrF	Hollis-Rock outcrop complex, very steep	Rock outcrop	
Ip	Ipswich mucky peat	Ipswich	A/D
KnB	Knickerbocker fine sandy loam, 2 to 8 percent slopes	Knickerbocker	A
KnC	Knickerbocker fine sandy loam, 8 to 15 percent slopes	Knickerbocker	A
LcA	Leicester loam, 0 to 3 percent slopes, stony	Leicester	A/D



TOWN OF NORTH CASTLE
WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

BUILDING DEPARTMENT
Robert Melillo
Building/ Fire inspector

Telephone: (914) 273-3000 ext. 44
Fax: (914) 273-3554
www.northcastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: 19 Hadley Road Date: 9/14/22

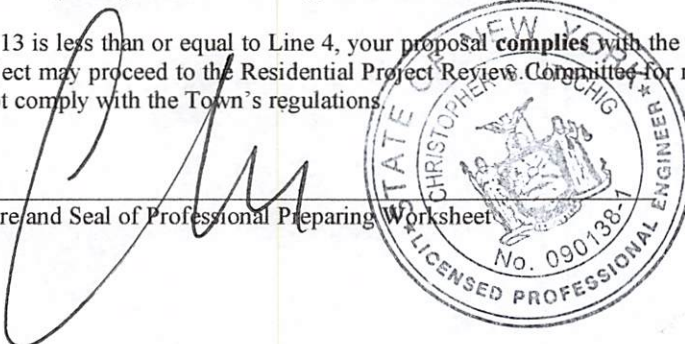
Tax Map Designation or Proposed Lot No.: 108.04-2-22

Gross Lot Coverage

- | | | |
|-----|--|----------------|
| 1. | Total lot Area (Net Lot Area for Lots Created After 12/13/06): | <u>137,997</u> |
| 2. | Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): | <u>17,085</u> |
| 3. | BONUS maximum gross land cover (per Section 355-26.C(1)(b)): | |
| | Distance principal home is beyond minimum front yard setback | |
| | <u>255</u> x 10 = | <u>2,550</u> |
| 4. | TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3 | <u>19,635</u> |
| 5. | Amount of lot area covered by principal building : | |
| | <u>3392</u> existing + <u>0</u> proposed = | <u>3,392</u> |
| 6. | Amount of lot area covered by accessory buildings : | |
| | <u>68</u> existing + <u>0</u> proposed = | <u>68</u> |
| 7. | Amount of lot area covered by decks : | |
| | <u>0</u> existing + <u>0</u> proposed = | <u>0</u> |
| 8. | Amount of lot area covered by porches : | |
| | <u>624</u> existing + <u> </u> proposed = | <u>624</u> |
| 9. | Amount of lot area covered by driveway, parking areas and walkways : | |
| | <u>9957</u> existing + <u>86</u> proposed = | <u>10,043</u> |
| 10. | Amount of lot area covered by terraces : | |
| | <u>1499</u> existing + <u>918</u> proposed = | <u>2417</u> |
| 11. | Amount of lot area covered by tennis court, pool and mechanical equip : | |
| | <u>645</u> existing + <u> </u> proposed = | <u>645</u> |
| 12. | Amount of lot area covered by all other structures : | |
| | <u>50</u> existing + <u>22</u> proposed = | <u>72</u> |
| 13. | Proposed gross land coverage : Total of Lines 5 – 12 = | <u>17,261</u> |

If Line 13 is less than or equal to Line 4, your proposal **complies** with the Town's maximum gross land coverage regulations and the project may proceed to the Residential Project Review Committee for review. If Line 13 is greater than Line 4 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet



10/3/22
Date

Only copies from the original of this topography map marked with an original of the Land Surveyors embossed seal or red colored seal shall be considered to be true, valid copies.

Unauthorized alteration or addition to a map bearing a licensed Land Surveyors seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law.

Possession only where indicated.

Adjacent property lines and easements not surveyed or certified. Access to adjacent rights of way, easements and public or private lands not guaranteed or certified.

Underground utilities shown hereon are approximate and should be verified before excavating. Additional underground utilities are not shown or certified. Encroachments and structures below grade, if any, not shown or certified.

Subject to covenants, easements, restrictions, conditions and agreements of record.

This map is prepared to show topography only and is not to be used for title transfer purposes. Map may not be certified to title companies and/or banks.

Tree species shown hereon to be verified by a licensed arborist and are not certified by surveyor.

Elevations shown hereon generally in accordance with North American Vertical Datum 88.

Premises hereon being Lot 3 as shown on a certain map entitled, "Subdivision Map of Property Belonging to The Estate of Hans P. Luhn." Said map filed in the Westchester County Clerk's Office, Division of Land Records March 24, 1965 as map number 14277.

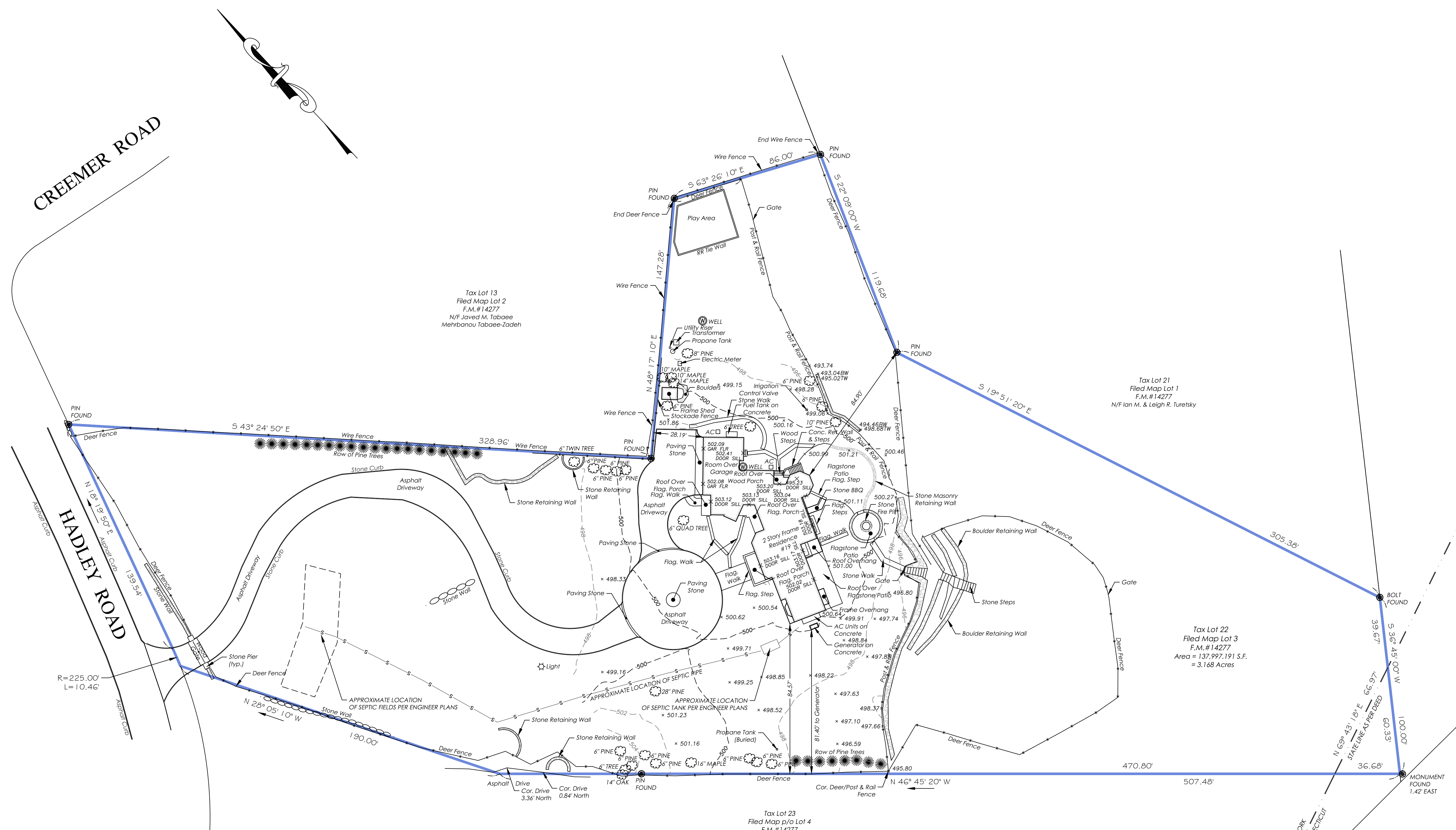
Surveyed in accordance with Deed Control Number 562143328.

Premises shown hereon designated on the Town of North Castle Tax Maps as: Section 108.04, Block 2, Lot 22.

Property Address: 19 Hadley Road
Armonk, NY 10504

CREEMER ROAD

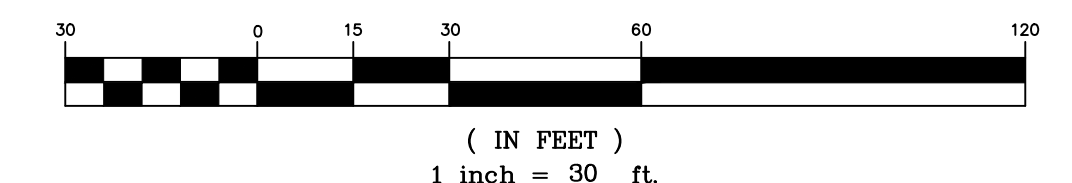
HADLEY ROAD



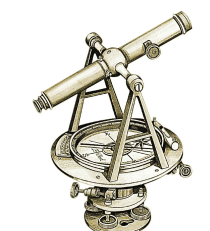
**TOPOGRAPHIC SURVEY OF
PROPERTY
PREPARED FOR
ANGELA AND ANDREW
BURT**
SITUATE IN THE
TOWN OF NORTH CASTLE
WESTCHESTER COUNTY, NEW YORK

SCALE: 1" = 30'

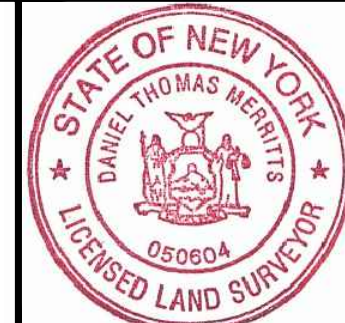
GRAPHIC SCALE



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TC MERRITTS LAND SURVEYORS
394 BEDFORD ROAD • PLEASANTVILLE • NY 10570
(914) 769-8003 • (203) 622-8899



Surveyed: November 3, 2021
Map Prepared: November 5, 2021
By: *Daniel T. Merritt*
New York State Licensed Land Surveyor No. 050604

Project: 21-486	Reference: NA
Field Survey By: AN/SH	Drawn By: CMP
Project Manager: CMP	Checked By: DM/CP

CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>203-967-1203</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p>060852914</p>
---	---

<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of North Castle 17 Bedford Road Armonk, NY 10504</p>	<p>3a Name of Insurance Carrier</p> <p>HARTFORD LIFE AND ACCIDENT</p> <p>3b Policy Number of Entity Listed in Box "1a"</p> <p>LNy785922</p> <p>3c Policy effective period</p> <p>01-01-2022 to 12-31-2022</p>
---	--

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.

B. Disability benefits only.

C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 04-07-2022 *Elizabeth Tello*

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 203-967-1203</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 90-83842</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 06-0852914</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of North Castle 17 Bedford Road Armonk, NY 10504</p>	<p>3a. Name of Insurance Carrier Redwood Fire and Casualty Insurance Co</p> <p>3b. Policy Number of Entity Listed in Box "1a" SHWC351323</p> <p>3c. Policy effective period 03/31/2022 to 03/31/2023</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

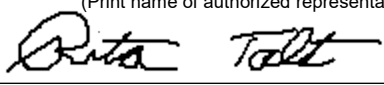
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Rita Talt
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  04/07/2022
(Signature) (Date)

Title: Client Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: 203-634-5912

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

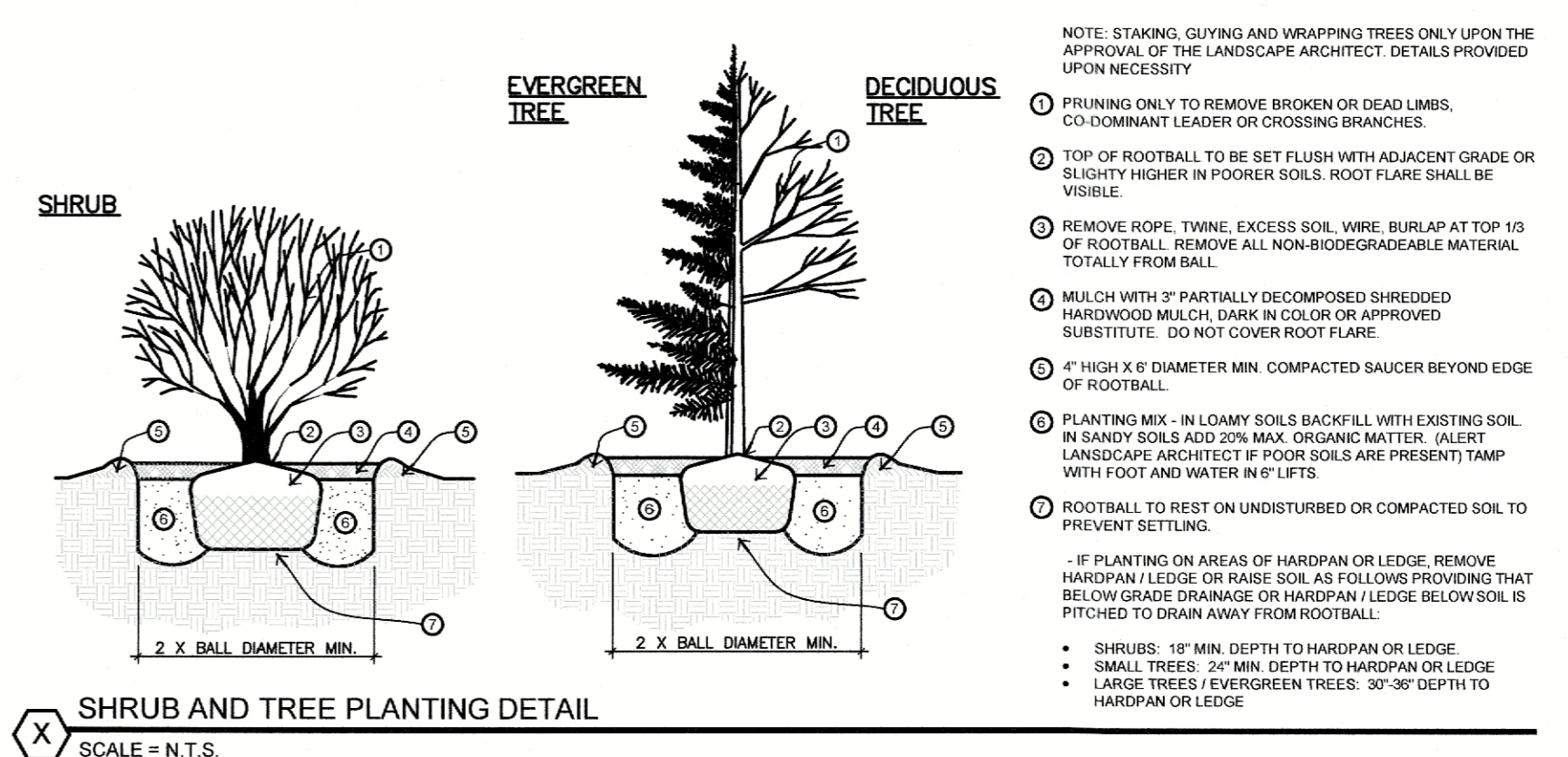
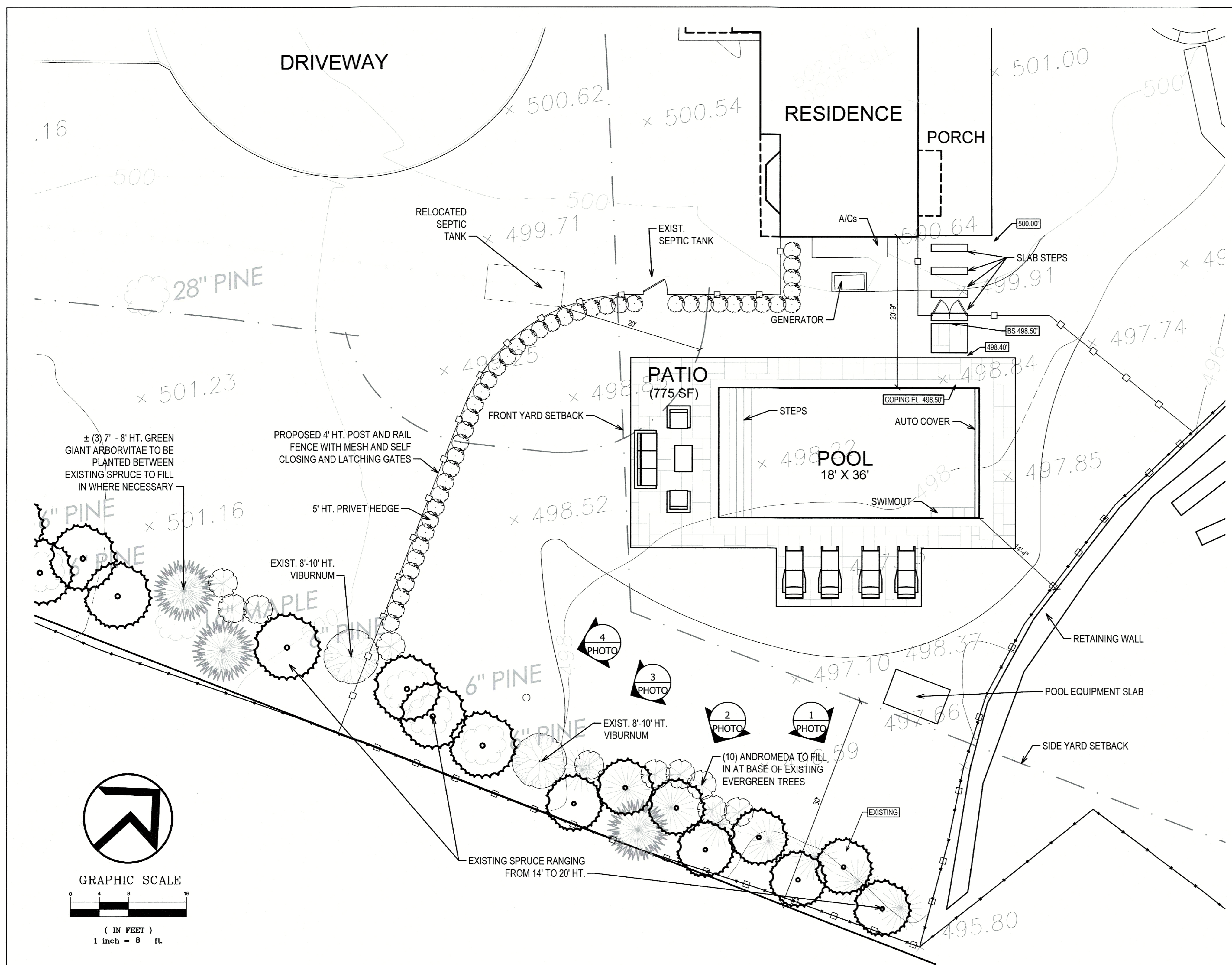
SHORELINE POOLS, INC.
393 WEST AVENUE
STAMFORD, CT-06902

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal. Proof of citizenship or immigration status is not required for issuance of this license.
NOT FOR FEDERAL PURPOSES

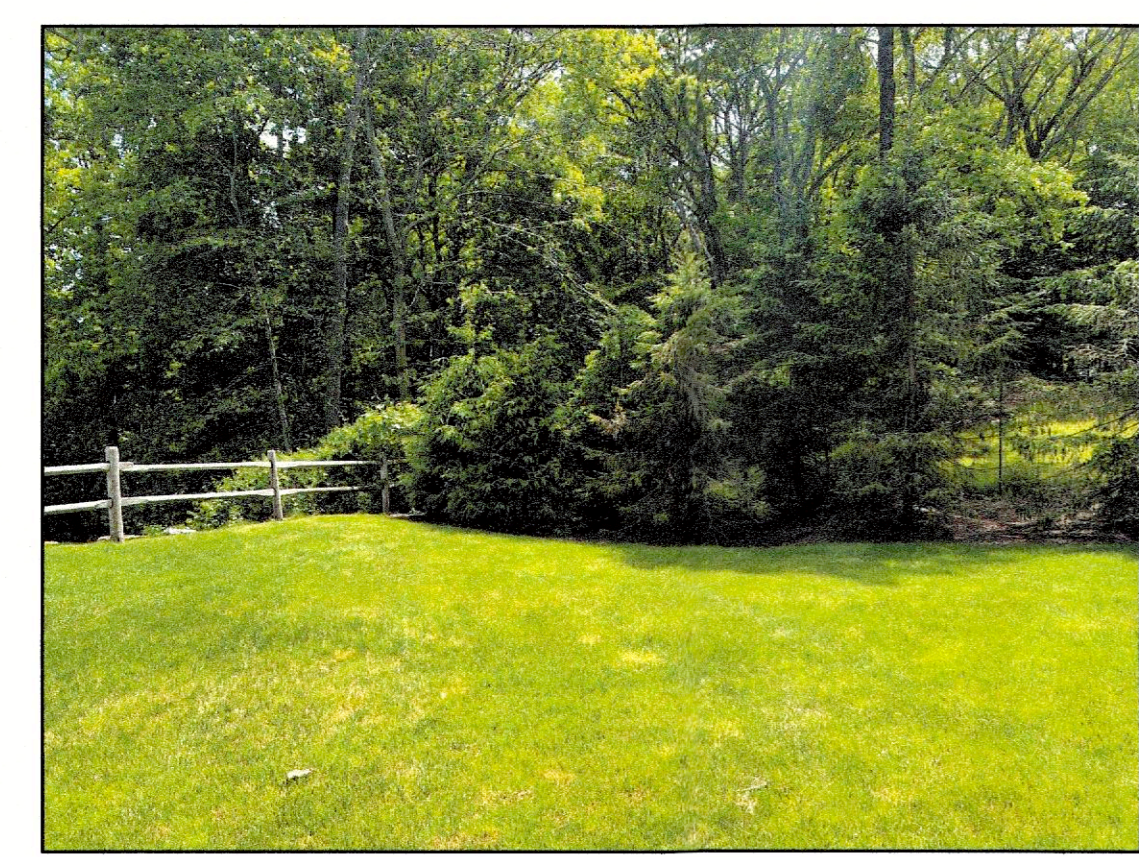
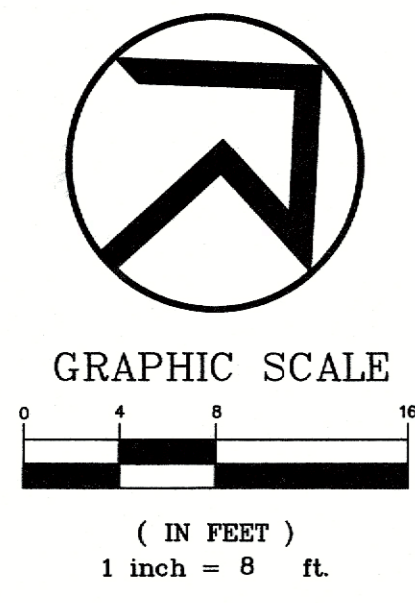
License Number
WC-02092-H89

Date of Expiration
01/23/2024





- ### PLANTING NOTES
- ALL BIDS INCLUDE SITE PREPARATION, SOIL, AND PLANT MATERIALS, TREE PITS, INSTALLATION, FERTILIZER, MULCH, GUYING, AND TREE GUARANTEE, UNLESS OTHERWISE STATED.
 - LANDSCAPE CONTRACTOR IS TO LOCATE AND VERIFY ALL UNDERGROUND AND OVERHEAD UTILITIES PRIOR TO DIGGING FOR FIELD VERIFICATION. THE OWNER AND LANDSCAPE ARCHITECT SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO UTILITY LINES OR IRRIGATION LINES.
 - LANDSCAPE CONTRACTOR IS TO VERIFY ALL CURRENT DRAWINGS AND CHECK DISCREPANCIES AND BRING TO THE ATTENTION OF THE LANDSCAPE ARCHITECT PRIOR TO COMMENCING WITH THE WORK. CONTRACTOR SHALL REFERENCE DRAWINGS BY HUDSON ENGINEERING FOR ADDITIONAL NOTES, DRAINAGE MITIGATION / RAIN GARDEN DESIGN, SEDIMENT AND EROSION CONTROLS, DETAILS, CALCULATIONS, SEQUENCING, ETC.
 - PLANTING PLANS SHALL TAKE PRECEDENCE OVER PLANT LISTS IN CASE OF DISCREPANCIES. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL PLANT QUANTITIES NECESSARY TO COMPLETE THE PLANTINGS AS SPECIFIED ON THE PLANTING PLAN.
 - NO CHANGES ARE TO BE MADE WITHOUT THE PRIOR CONSENT OF THE LANDSCAPE ARCHITECT AND/OR OWNER.
 - ALL PLANT MATERIALS ARE TO BE INSTALLED IN COMPLIANCE WITH STANDARDS AS ESTABLISHED BY RECOGNIZED LANDSCAPE ARCHITECTURAL AND HORTICULTURAL PRACTICES. SIZE AND GRADING STANDARDS SHALL CONFORM TO "AMERICAN STANDARDS FOR NURSERY STOCK", SPONSORED BY THE AMERICAN NURSERY AND LANDSCAPE ASSOCIATION. PLANTS SHALL EQUAL OR EXCEED SIZES AS SCHEDULED.
 - ALL EXISTING AREAS AND NEW LAWN DISTURBED DURING THE CONSTRUCTION PROCESS SHALL BE REPAIRED AND SEEDED TO ESTABLISH LAWN FREE OF DEPRESSIONS CAUSED BY CONSTRUCTION.
 - LANDSCAPE ARCHITECT TO APPROVE LAYOUT OF PLANTINGS IN FIELD.
 - TOP ALL PLANTING BEDS WITH NATIVE SHREDDED BARK MULCH, 2\"/>



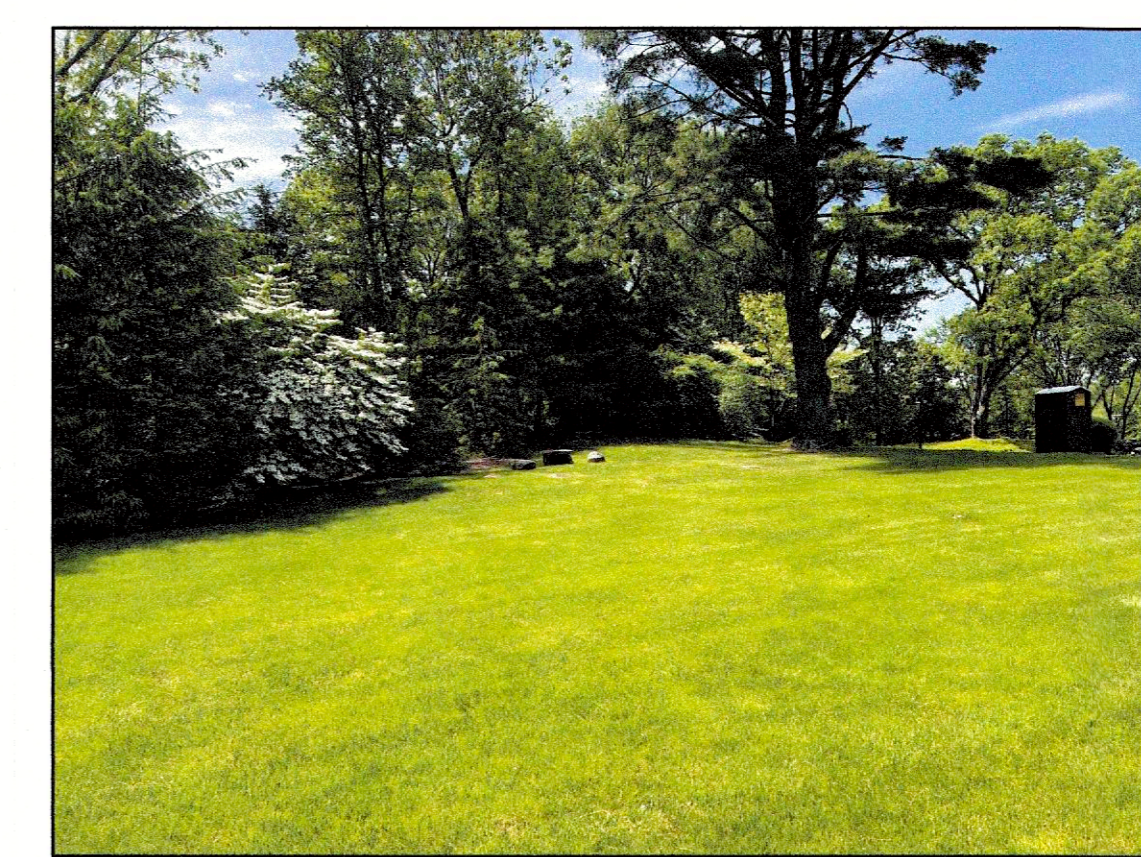
① PHOTO - 1



② PHOTO - 2



③ PHOTO - 3



④ PHOTO - 4

IT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW FOR ANY PERSON, UNLESS HE IS ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER OR REGISTERED LANDSCAPE ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

IF AN ITEM BEARING THE SEAL OF A LANDSCAPE ARCHITECT IS ALTERED, THE ALTERING ENGINEER OR LANDSCAPE ARCHITECT SHALL AFFIX TO THIS DOCUMENT THEIR SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY THEIR SIGNATURE AND THE DATE OF SUCH ALTERATION, AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

THIS DRAWING IS THE PROPERTY OF SHORELINE POOLS, INC. UNDER NO CIRCUMSTANCE IS THIS DRAWING TO BE UTILIZED WITHOUT PROPER CONSENT FROM SHORELINE POOLS, INC.

REVISIONS:	DATE:	BY:

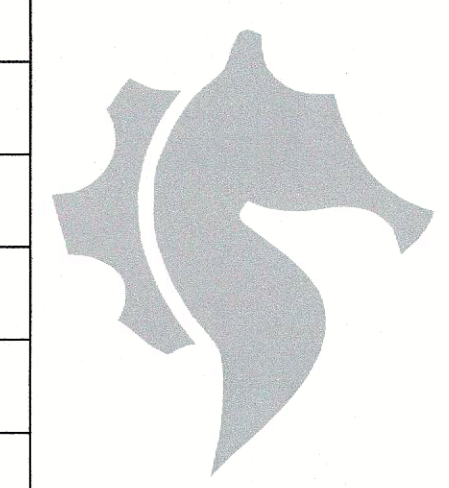


John DeFeo

SWIMMING POOL FENCING AND SCREENING FOR THE
BURT RESIDENCE
19 HADLEY ROAD
NORTH CASTLE, NEW YORK

SHORELINE POOLS
393 WEST AVE, STAMFORD, CT 06902
TEL. (203) 967-1203

DRAWN BY:	JCDEFEO
DATE:	JUNE 9, 2022
SCALE:	1/8" = 1'-0"
DWG LOCATION:	
FILE NUMBER:	
TITLE:	FENCE



SHORELINE POOLS

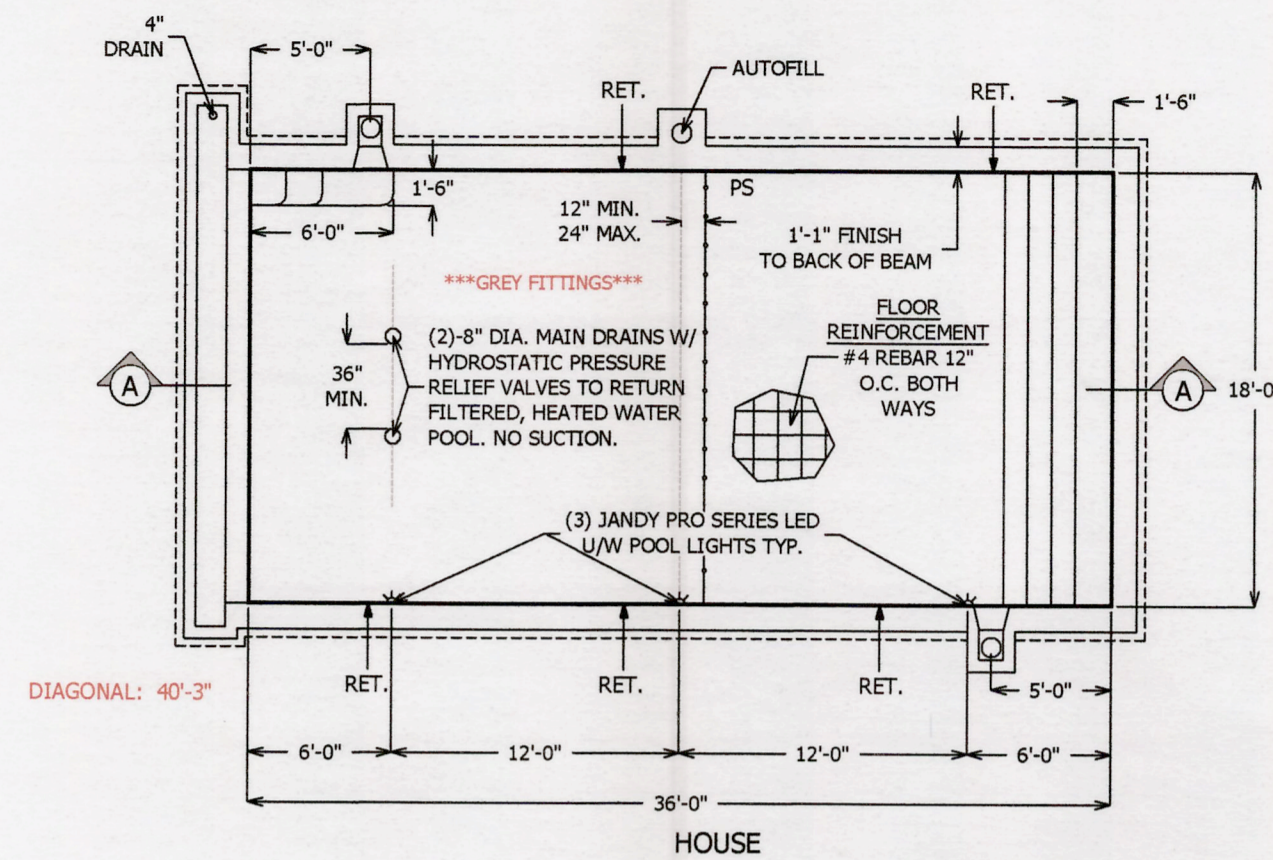
393 WEST AVE
STAMFORD, CT 06902
TEL. (203) 967-1203

LICENSES: NJ: 13VH02627600 CT: 0508652
Westchester: WC02092 Rockland: H-11107-26-00-00 Putnam: 1832

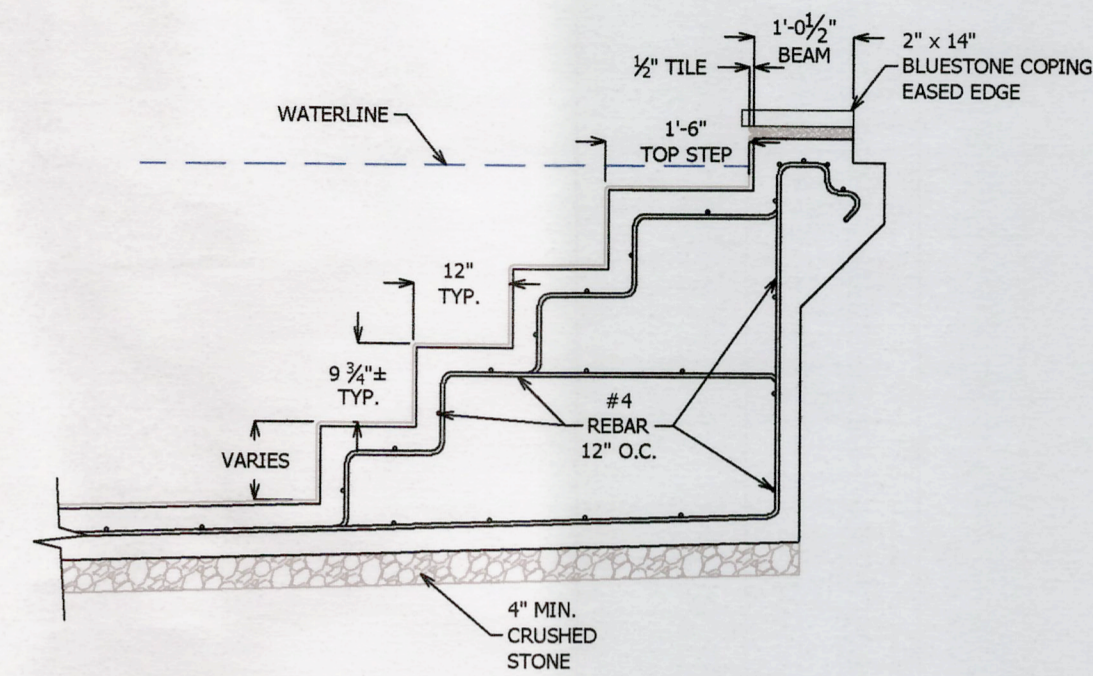
NOTES

1. THE ENGINEER IS RESPONSIBLE FOR THE CONTENTS OF THIS DRAWING ONLY AND NOT ANY OTHER DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION. THE ENGINEER HAS NOT REVIEWED ZONING CRITERIA AND PERMITTING REQUIREMENTS AND SHALL BE INDEMNIFIED AGAINST ALL DAMAGES ARISING FROM NON COMPLIANCE WITH ZONING AND PERMITTING REQUIREMENTS.
2. THE POOL SHALL BE WIRED AND GROUNDED IN STRICT ACCORDANCE WITH NFPA-70 AND THE ADOPTED LOCAL ELECTRICAL CODE.
3. ELECTRICAL EQUIPMENT AND MATERIAL SHALL BE LISTED BY UNDERWRITERS LABORATORIES (U.L. - LISTED) FOR THE USE INTENDED. PANEL ENCLOSURES FOR OUTDOOR USE SHALL BE NEMA 2 IF EXPOSED TO PRECIPITATION ONLY, OR NEMA 4 IF EXPOSED TO CONCENTRATED SPRAY.
4. CONCRETE CYLINDER STRENGTH SHALL BE A MINIMUM OF 3500 PSI AFTER 28 DAYS. REINFORCING STEEL SHALL BE GRADE A-60.
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9. ALL SUBMERGED SUCTION OUTLETS TO BE SEPARATED BY A MINIMUM OF 36" AND TEED IN TOGETHER.
10. THIS POOL IS NOT APPROVED FOR DIVING.
11. THIS POOL HAS BEEN DESIGNED IN ACCORDANCE WITH ANS/APSP/ICC-5 2011 STANDARD FOR RESIDENTIAL INGROUNDED SWIMMING POOLS AND 2020 INTERNATIONAL RESIDENTIAL CODE SECTIONS R326.4.1 THROUGH R326.4.3. & APSP 16-11 AMERICAN NATIONAL STANDARD FOR SUCTION FITTINGS FOR USE IN SWIMMING POOLS, WADING POOLS, SPAS AND HOT TUBS.
12. THE POOL HAS BEEN DESIGNED IN ACCORDANCE WITH ANS/APSP-7-13 STANDARD FOR SUCTION ENTRAPMENT AVOIDANCE IN SWIMMING POOLS, WADING POOLS, SPAS, HOT TUBS AND CATCH BASINS.
13. THE AUTOMATIC POOL COVER MEETS ASTM 1346-91 (2010) PERFORMANCE SPECIFICATION FOR SAFETY COVERS AND LABELING REQUIREMENTS FOR ALL COVERS FOR SWIMMING POOLS, SPAS AND HOT TUBS.

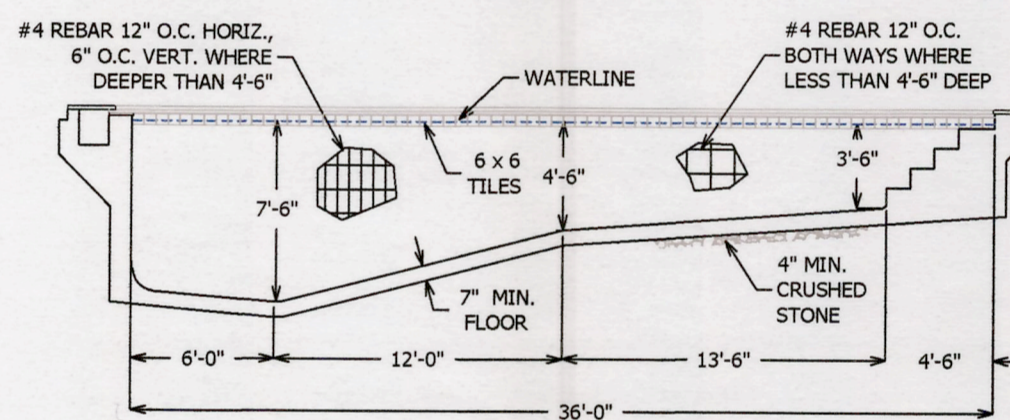
NOTE: THESE PLANS WERE DESIGNED
IN ACCORDANCE WITH THE 2020
RESIDENTIAL CODE OF NYS



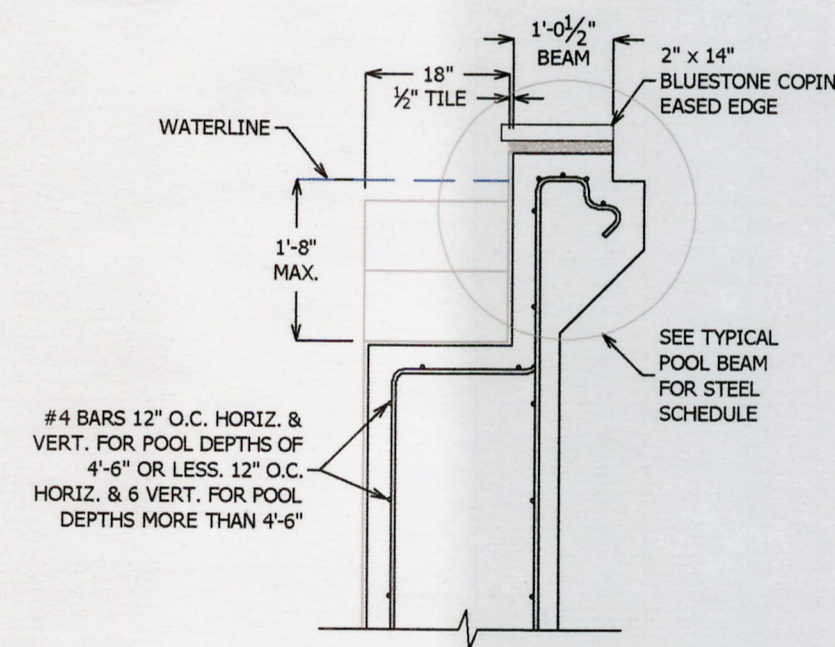
1 PLAN VIEW
1/8" = 1'-0"



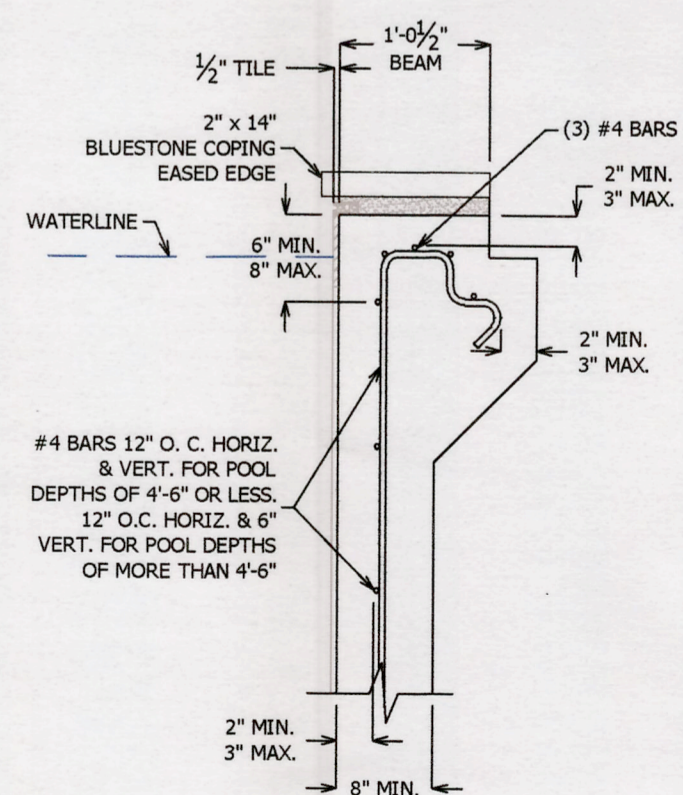
4 TYP. SEC @ STEPS
1/2" = 1'-0"



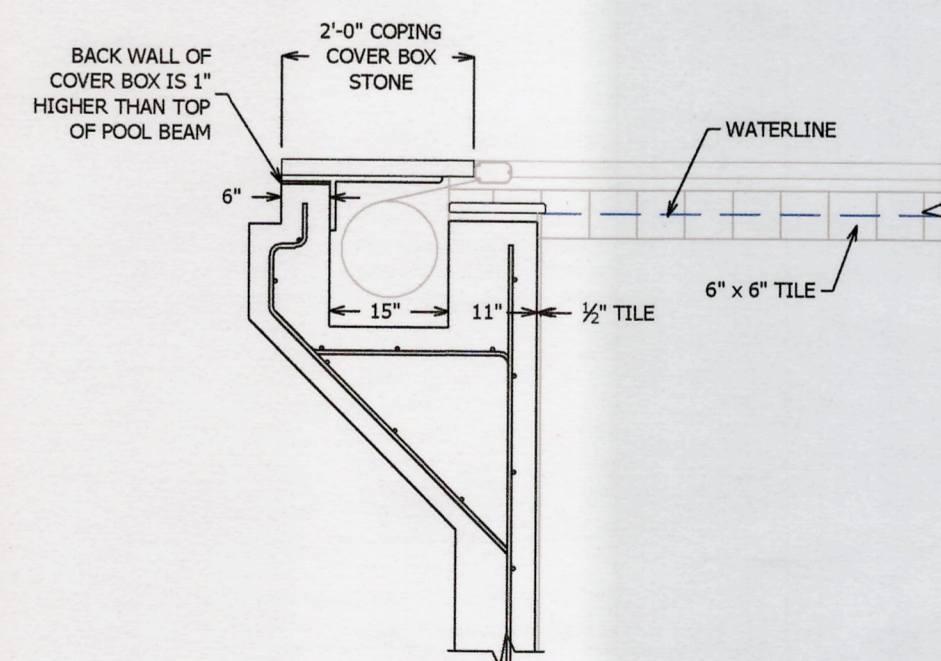
2 SECTION "A-A"
1/8" = 1'-0"



5 TYP. SEC. @ SWIMOUT BENCH
1/2" = 1'-0"



3 TYP. BEAM DETAIL
3/4" = 1'-0"



6 TYP. SEC. @ COVERBOX
1/2" = 1'-0"

POOL AREA = 648 SQ. FT.
POOL PERIM. = 108 LF

THIS DRAWING IS THE PROPERTY OF SHORELINE POOLS, INC. UNDER NO CIRCUMSTANCE IS THIS DRAWING TO BE UTILIZED WITHOUT PROPER CONSENT FROM SHORELINE POOLS, INC.



CARL RUSPINI P.E.
CONSULTING ENGINEER
CT LIC No: 11426 NY LIC No: 056746

SWIMMING POOL DETAILS
FOR THE

BURT RESIDENCE
19 HADLEY ROAD
ARMONK, NY

DRAWN BY:

LL

DATE:

12-07-2021

SCALE:

AS NOTED

DWG LOCATION:

2021 NY POOL

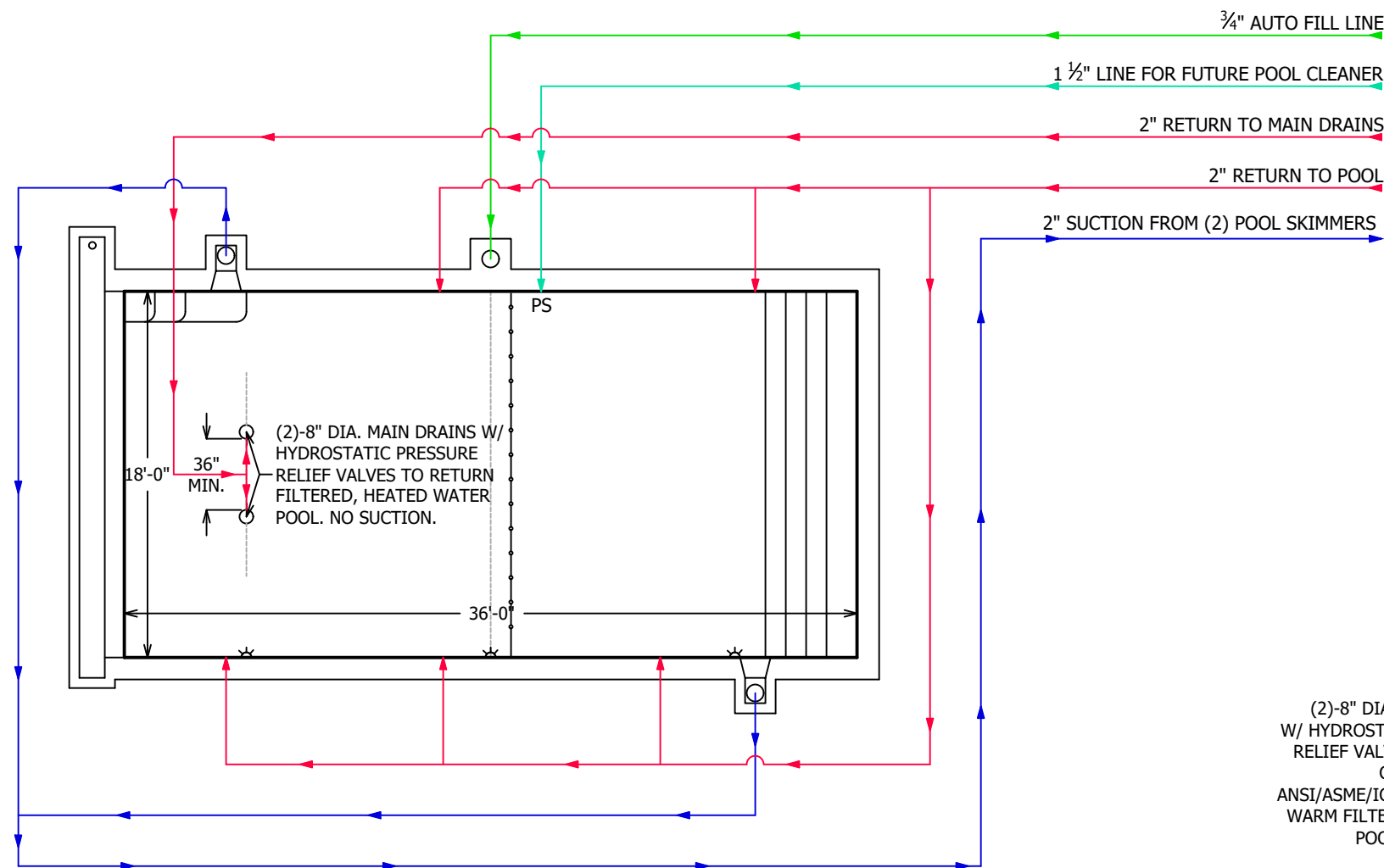
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21-102-DEC

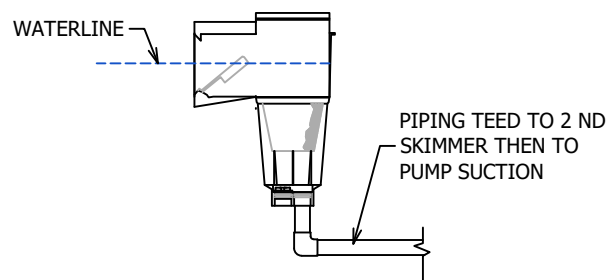
DWG:

S-1



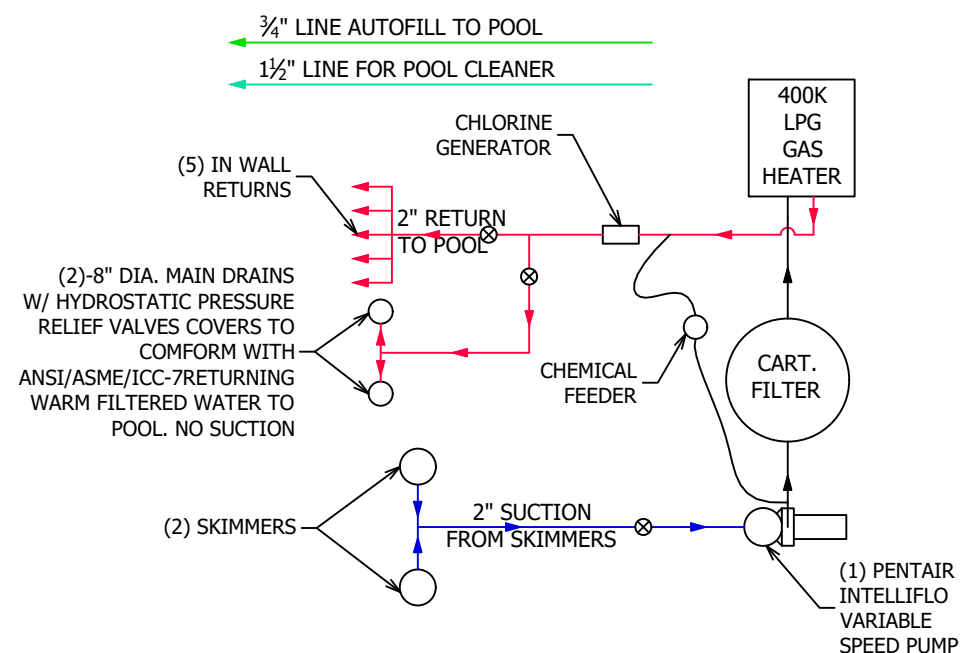


1 POOL FILTER PLUMBING
1/8" = 1'-0"



2 TYP. DETAIL (2) POOL SKIMMERS
N.T.S.

NOTE: THESE PLANS WERE DESIGNED IN ACCORDANCE WITH THE 2020 RESIDENTIAL CODE OF NYS



3 POOL PLUMBING SCHEMATIC
N.T.S.

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PLUMBING SCHEMATIC FOR THE BURT RESIDENCE

19 HADLEY ROAD
ARMONK, NY

SHORELINE POOLS

393 WEST AVE
STAMFORD, CT 06902
TEL. (203) 967-1203

LICENSES: NJ: 13VH02627600 CT: 0508652
Westchester: WC02092 Rockland: H-11107-26-00-00 Putnam: 1832

DRAWN BY:	LL
DATE:	12-07-2021
SCALE:	AS NOTED
DWG LOCATION:	2021 NY POOL
FILE NUMBER:	21-102-DEC
DWG:	P-1



ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
REPAIR FORM

Municipality: NORTH CASTLE Owner Name: ANGELA BURT AND ANDREW BURT

Property Mailing Address (No. & Street): 19 HADLEY RD

Town/Village: ARMONK State: NY Zip: 10504
(Should property be located within the Kensico, Croton Falls or Cross River watershed basin - Joint Review with NYCDEP may be required)

Property Use: Single Family Multi-Family Industrial Commercial Other - Describe: _____

Water Supply Type: Public Well

Westchester County Septic System Contractor: COUNTY EXCAVATING, LLC WCSSC License #: 666
Address: 119 AUTUMN CHASE DRIVE Phone #: (914) 546-3322
Email: COUNTY EXCAVATING@YIPPO.COM HARWELL CT, NY 12533

OWTS repair - Complete the following information:

BASIS FOR REPAIR: WCDOH Approved As-Built or Repair Form Site Investigation _____
_____ In original absorption area with previous WCDOH approval (WCDOH pre-inspection may be required)
_____ In original absorption area without previous WCDOH approval (WCDOH pre-inspection may be required)

Routine repair _____ Emergency Repair _____ Date WCDOH Notified _____

Please note below only components to be repaired and or replaced AND Provide Sketch of Existing & Proposed Conditions

- | Repaired | Replaced | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | House Sewer or other Solid Pipe(s) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Septic Tank#1 Size (gallons): <u>1,500</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Pump Chamber/Overflow Tank Size (gallons): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Junction/Distribution Box(es) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewage Pump(s) or other Dosing Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Absorption Trench Length _____ ft. X Trench Width _____ ft |
| <input type="checkbox"/> | <input type="checkbox"/> | Seepage Pit(s) Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Galley(s): Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Gravelless Trench(es) |
| <input type="checkbox"/> | <input type="checkbox"/> | 75-A Alternative System Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Advanced Alternative System Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other System Component(s) - Describe: _____ |

Entire System Replaced (Sketch attached)

I, as the property owner, agree to the proposed OWTS repair and conditions stated on this form.

Signature: [Signature] Date: 8/21/2022

I, the licensed septic system contractor, agree to comply with the condition of this approval for the OWTS repair.

Signature: [Signature] Date: 8-21-2022

Conditions of Acceptance:

1. The Westchester County Department of Health must be notified a minimum of 24 hours prior to repair being performed.
2. Procurement of any Town/Village permits, if applicable.
3. Submission of onsite Wastewater Treatment System (OWTS) As-Built Repair form within 30 days of the repair
4. OWTS repair to be performed in accordance with the accepted proposal, conditions and applicable Westchester County Rules & Regulations.
5. The proposed OWTS repair is considered a best fit design and this is no guarantee to the duration at which the completed OWTS repair will function.

ACCEPTED FOR REPAIR

REPAIR FILE # REP2022-213

This approval expires one (1) year from this date issued and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any changes or alterations of repair required a new permit

DATE: 9/16/22 Accepted by: [Signature]

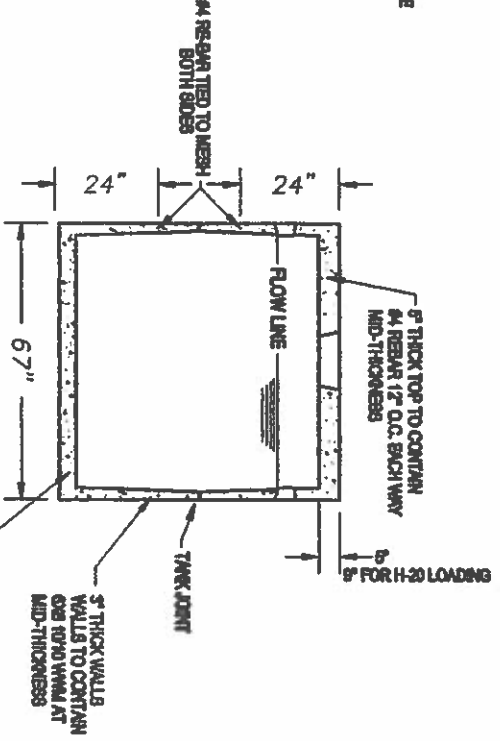
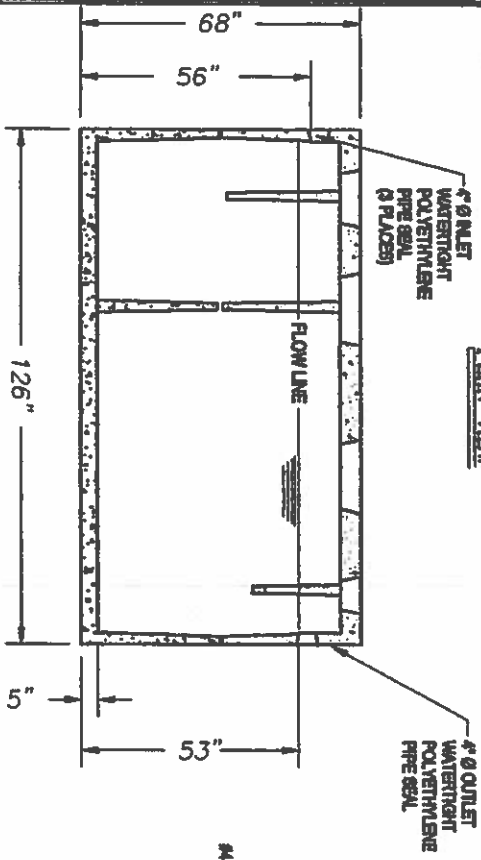
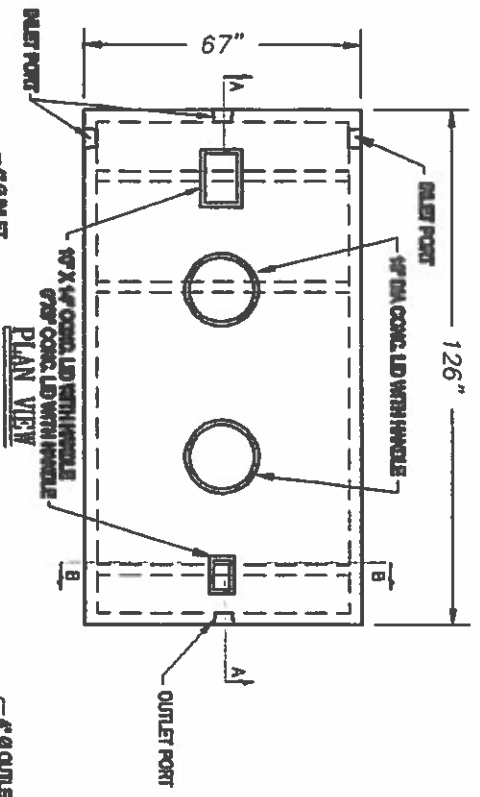
SEE REVERSE SIDE FOR COMPLIANCE



PRODUCT SPECIFICATION
1500 GALLON MID SEAM SEPTIC TANK

DRAWING NUMBER
1500-ST-4AS
DATE: 2/1/2012

- NOTES:
1. Two compartment mid-depth
 2. Steel reinforcement: A.S.T.M. A606-A616 Grade 60-60 hot
 3. Joints sealed with asphalt cement or equal
 4. Concrete: 4000 psi @ 28 days, 5% - 9% air entrainment
 5. Equipped with polylock seats
 6. Internationally list tank
 7. Design loading A-0.3/ 300 psi - windings, foundation forces not accounted for
 8. Max. cover over tank: 3' of earth fill
 9. Min. 1" concrete cover over reinforcement
 10. Tank to conform with ASTM C1227



SECTION A-A

SECTION B-B

Note:

This drawing is for concept purposes only and is not to be used for construction. Any items depicted such as fencing, drainage, plantings, structures, etc. in the design are not intended to be the responsibility of Shoreline Pools, Inc. or John C. De Feo, Landscape Architect.

This drawing is the property of Shoreline Pools, Inc. and shall not be used for construction, obtaining permits, etc. without written consent.

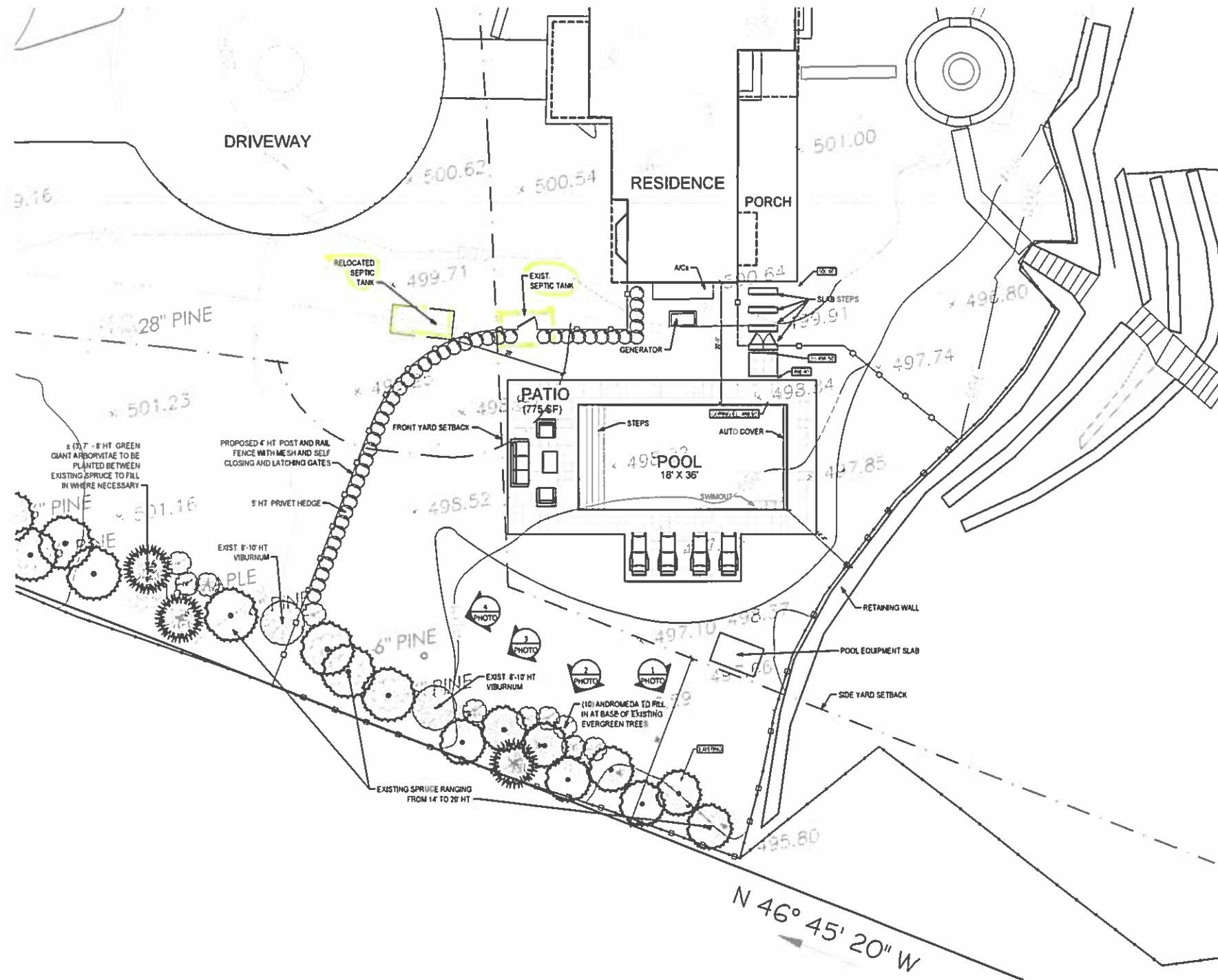
Drainage design, calculations and structural designs by a professional engineer may be necessary.

Location and staking of pertinent setbacks by a licensed land surveyor are required prior to any construction.

All underground utility locations to be verified by the homeowner.

Adequate pool enclosure devices may not be depicted in this design including fencing, gates, door alarms, window latches, etc. and shall be determined and installed by the owner as per all codes having jurisdiction and are not the responsibility of Shoreline Pools, Inc.

Lot Coverage will require calculations by licensed land surveyor or engineer and are not calculated as part of this design.



**BURT
RESIDENCE**

CONCEPTUAL POOL PLAN
19 HADLEY ROAD
NORTH CASTLE, NEW YORK



SHORELINE POOLS

393 WEST AVE, STAMFORD, CT 06902
TEL. (203) 967-1203

DESIGN BY: JOHN C. DE FEO
LANDSCAPE ARCHITECT



GRAPHIC SCALE



(IN FEET)
1 inch = 0 ft.

DATE: NOVEMBER 23, 2021
JUNE, 30, 2022