



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: 5 Leatherman Court, Armonk, N.Y. 10504

Section III- DESCRIPTION OF WORK:

Tree-removal for septic replacement and expansion of septic system

Section III- CONTACT INFORMATION:

APPLICANT: Jeffrey Binder

ADDRESS: 5 Leatherman Court, Armonk

PHONE: 917-716-4327 MOBILE: same EMAIL: jbinder@jeffreybinderlaw.com

PROPERTY OWNER: Jeffrey + Cindy Binder

ADDRESS: 5 Leatherman Court, Armonk, N.Y. 10504

PHONE: 917-716-4327 MOBILE: same EMAIL: jbinder@jeffreybinderlaw.com

PROFESSIONAL: Anthony Pisarri - Licensed Prof Engineer

ADDRESS: 3 Rosalind Drive, Cortlandt Manor, N.Y. 10567

PHONE: 914-329-1605 MOBILE: (same)

EMAIL: apisarri@aol.com

Section IV- PROPERTY INFORMATION:

Zone: R-1A Tax ID (lot designation) 107.04-2-27



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:

Initial Submittal Revised Preliminary

Street Location:

Zoning District: _____ Property Acreage: _____ Tax Map Parcel ID: _____

Date: _____

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

- 9. Description of method of water supply and sewage disposal and location of such facilities
- 10. 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
- 11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 12. 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.
- 13. 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.

CONSTRUCTION APPROVAL APPLICATION

(WCDOH OFFICE USE ONLY) Original WC file no. NOC 2006-20

WCDH File # NOC 2023-23 Municipality: North Castle Fee Amount: \$500.00

Watershed Basin Name: Kensico Reservoir Basin If NYCDEP Watershed: Joint Review [X] Delegated Review []

[X] On-site Wastewater Treatment System [] Private Water Supply [X] Residential [] Commercial

Is property in a Water District: Y [] N [X] Name: Is property in a Sewer District: Y [] N [X] Name:

Property Information:

Property Name Jeffrey and Cindy Binder Xx

Property Address 5 Leatherman Court, Armonk, New York Zip Code 10504

TMD: Section 107.04 Block 2 Lot 27 R.S. Lot Lot Area 1.01 Acres

Really Subdivision: Subdivision for June Macinnes 1967 Map # Date Filed

Owner Name: Jeffrey and Cindy Binder Owner Email: jbinder@jeffreybinderlaw.com

Address: 5 Leatherman Court, Armonk State NY Zip Code: 10504

Building Type: Residence # of Bedrooms: 4+1 future Total Habitable Space: Existing Sq. Ft.

On-site Wastewater Treatment System (OWTS) Information:

Design Flow: 550 gpd Soil Percolation Rate: 8-10 min./in Slope of OWTS Area: 13+/- % Septic Tank Size: 750 Gallons existing 1,000 gallons +

Absorption Trench(es): Length: 330 Lin. Ft. Trench Width: 2 Ft. Area: 5,600 +/- Sq. Ft.

Absorption Pit(s): # Pits Diameter: Ft. Depth: Ft. Area: Sq. Ft.

Other (circle or specify): Tri-Galleys 4X4 Galleys Flow Diffusers Other:

Number Length: Lin. Ft. Width: Ft. Area: Sq.Ft./Lin Ft.

ETU/ATU Make & Model

Other Requirements:

Pump System: Pump/Siphon Chamber: Size: Gal. Dose Draw and Volume inches Gal.

Curtain Drain: Depth: Ft. Width: Ft. R.O.B. Sand and Gravel Fill Section: Depth: 2 Ft.

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

Water Supply System Information: [X] Private Water Supply [] Public Water Supply Name: Existing well

Well Driller Name: NYSDEC Reg #

Other Requirements/Conditions: New fields and expansion area to be added below existing system. 3 of 4 existing junction boxes with lines to be abandoned. 4th Junction box and lines to be used as part of expansion area. Trenches in first 3 boxes to be blocked off.

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 and requirements of the WCDOH Private Well Testing Law..

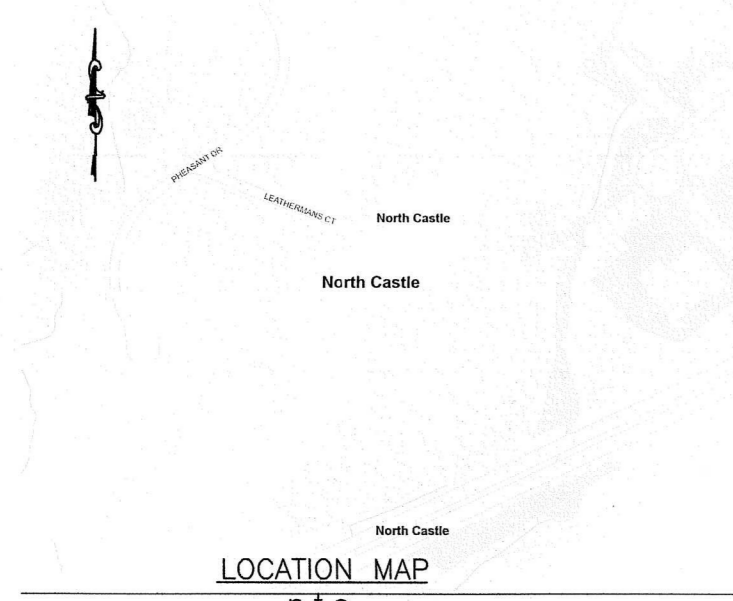
Date: 9/25/2023 Signed: [Signature] P.E./R.A. Seal [Seal]

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: 10/10/2023 Approved By: [Signature]

5 LEATHERMAN CT. ID: 107.04-2-27 (North Castle)



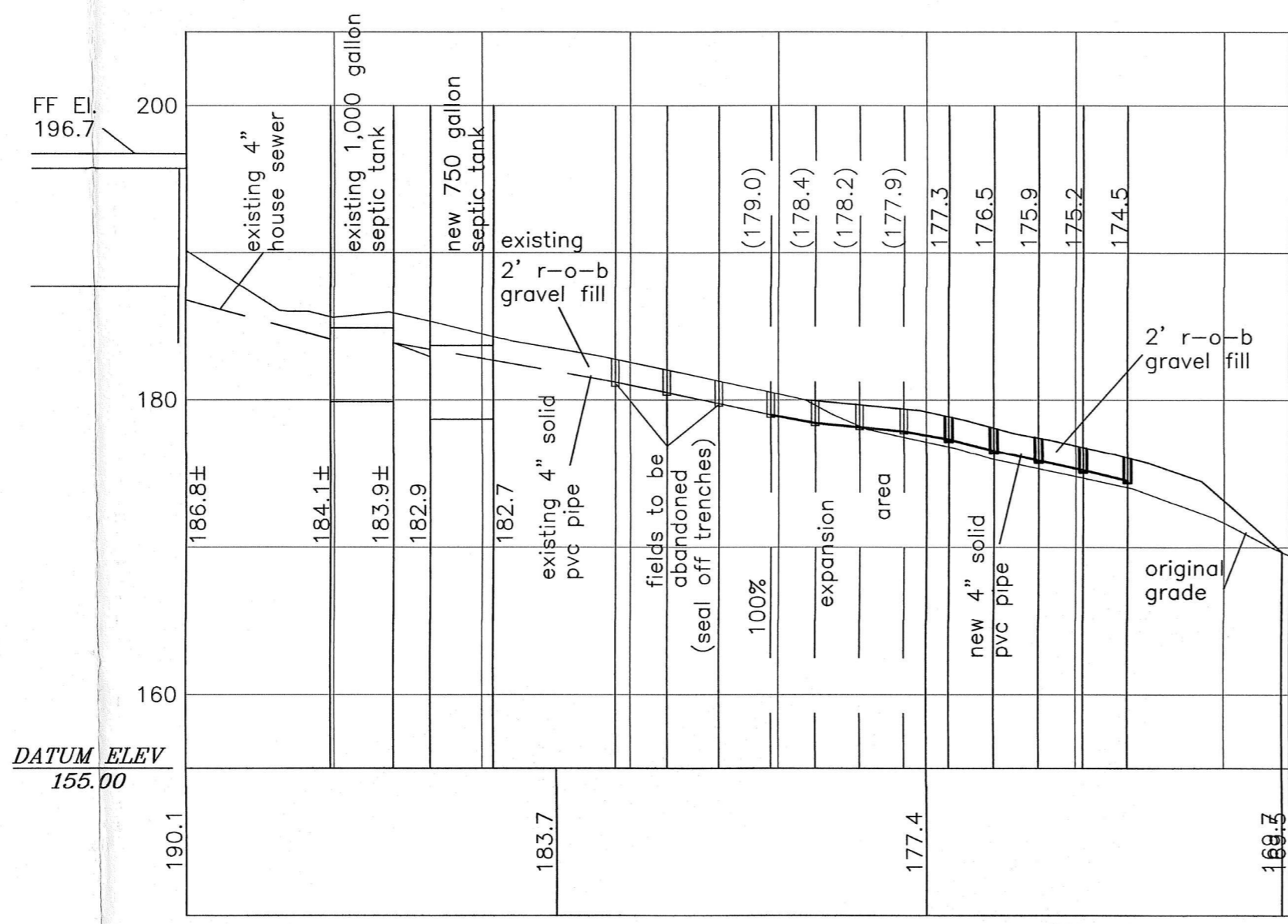
Owner:
Jeffrey and Cindy Binder
5 Leatherman Court
Armonk, N.Y. 10504

Contact - Jeffrey Binder (917) 716-4327

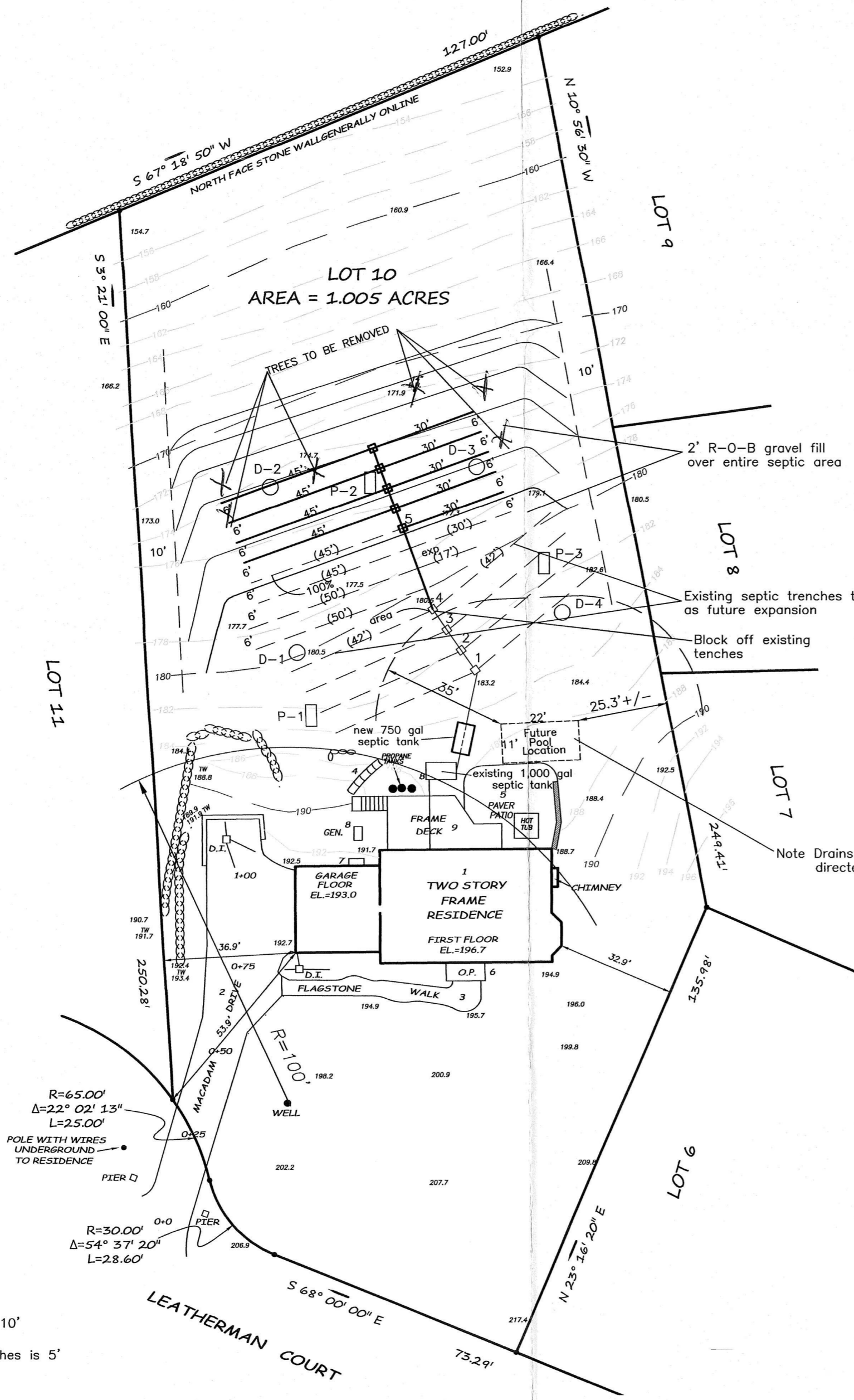
Estimated Construction - 9/23 - 9/24
Approximate slope of SSDA - 13.0%
Estimated clearing - (5,600 s.f. for septic expansion only)

The Site is in the Kensico Reservoir Basin Watershed

- USDA Soil type - Chatfield/Hollis Rock complex
- No Water courses or NYSDEC wetlands within 200' of SSDA unless shown on plans.
- No reservoirs or reservoir stems with 500' of SSDA unless shown on plans.
- NYCDEP must be contacted at least two days prior to start of construction of the OWTS so that the NYCDEP may inspect and monitor the installation.



Profile: H: 1"=20'
V: 1"=10'



Note: The deep test hole and percolation test holes are from the original approved OWTS. I hereby certify and attest to the accuracy of the original results in the OWTS and the new expansion OWTS area.

- - deep hole location
- - perc hole location

Trenches from boxes 1, 2 and 3 shall be abandoned in accordance with Westchester County Health Department Rules and Regulations.
The existing 4" PVC from the new septic tank shall remain connected to junction box 1. The 4" PVC connections from boxes 1 through 4 shall remain intact. A new 4" PVC shall connect existing box 4 to the first new box (5).

Note Drains from future pool shall be directed away from septic system

Original Permit No. NOC 2006-20
Requires joint review with NYCDEP

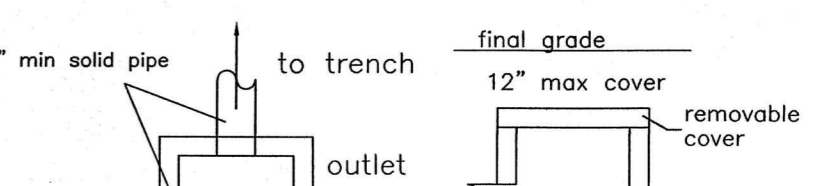
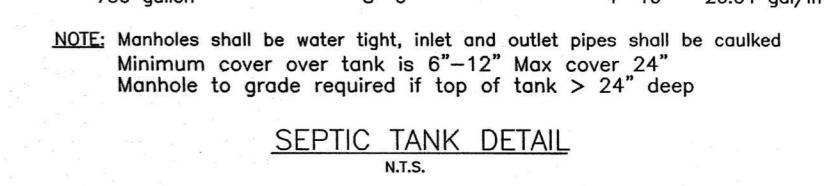
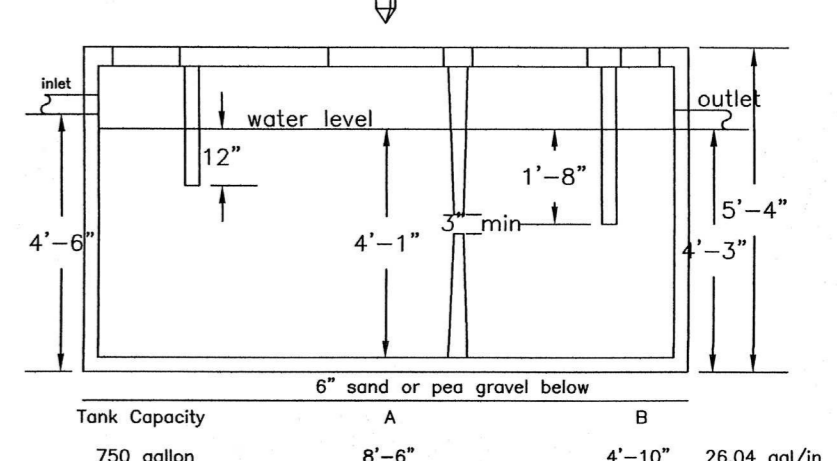
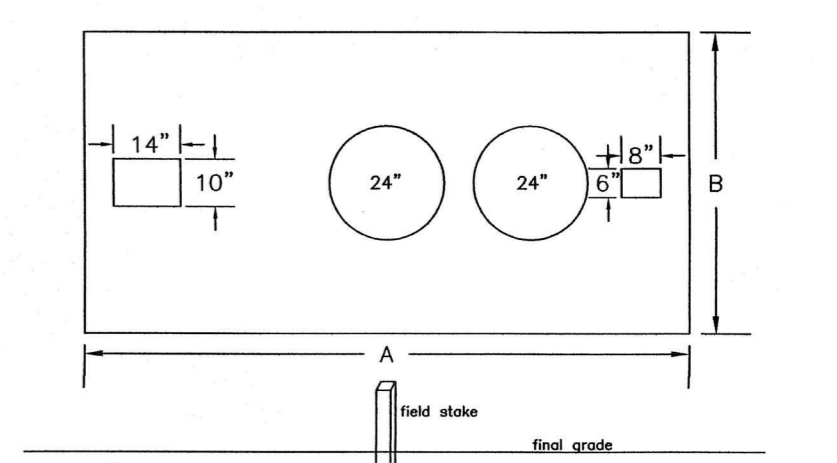
- Note:
- Minimum distance trench to PL is 10'
 - Minimum distance septic tank to dwelling is 10'
 - Minimum distance dwelling to fields is 20'
 - Minimum distance from effluent line to trenches is 5'

PLAN Scale - 1"=30'

"Unauthorized alteration or addition to this drawing is a violation of §7209(2) of the NYS Education Law."

SEPTIC SYSTEM NOTES:

- Proposed 4 BR residence. (+1 future) 550 GPD flow.
- New 750 gallon concrete septic tank (added to existing 1,000 gallon tank)
- Soil rate used: 8-10 min/inch.
- 330 l.f., 24" wide trench shown. (306 l.f. req'd)
- Ends of trenches to be copped.
- 2' r-o-b sand and gravel fill over entire OWTS.
- There shall be no trees within 10 feet of the OWTS.
- There are no wells within 200' of OWTS unless otherwise shown on plan.
- There are no OWTS within 200' of well unless otherwise shown on plan.
- The proposed OWTS area shall be isolated and protected against damage by erosion, storage of earth or materials, displacement, compaction or other adverse physical change in the characteristics of the soil or in the drainage of the area.
- If for any reason the approved construction plan can not be followed, a revised plan must be prepared, submitted, and approved by WCDH.
- The design professional shall supervise the construction of the OWTS and make an open works inspection.
- Within 24 hours of the completion of the OWTS, the design professional must notify the Westchester County Department of Health (WCDH) that the OWTS is ready for inspection by submitting a completed request for an open works inspection on the appropriate form to WCDH.
- That no backfilling of a completed OWTS can occur until after it has been inspected and accepted by the Westchester County Department of Health.
- After backfilling the OWTS, the area shall be covered with a minimum of 4 inches of clean top soil, seeded and mulched.
- The installation of the OWTS shall be 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.
- All pipes connecting to tank and boxes shall be cut flush with the inside wall of box.
- The proposed OWTS shall be installed by a Westchester County licensed septic contractor.
- Prior to any excavation all underground utilities must be located. Call 1-800-962-7962.
- The Westchester County Health Department approval expires one year from the date on the approval stamp and is required to be renewed on or before the expiration date. The approval is revocable for cause or may be amended or modified when considered necessary by the department.
- There are no sources of contamination within 200 feet of the existing well.
- The minimum well yield is 5 gpm;
- Unless otherwise shown, all utility lines shall follow the driveway to the dwelling.



Note: Bottom of junction box shall be level and supported solidly to below the frost line and the footing shall extend to a minimum of 36" below final grade.

rev 9/21/2023 as per NYCDEP comments
rev 9/1/2023 as per WCDH comments

SHEET 2023-09-01
SCALE As Noted
FILE D:\LAND\7\BINDERSEP
DATE 8/22/2023

NYCDEP WCDH 2006-20-0757-SS.1
WESTCHESTER COUNTY DEPARTMENT OF HEALTH
Bureau of Environmental Quality
FILE NUMBER: 1100 2023-23

This plan is approved for the issuance of an ONSITE WASTEWATER TREATMENT SYSTEM pursuant to Article VIII of the Westchester County Sanitary Code, subject to the provisions of the APPROVAL TO CONSTRUCT issued this date.

Approved by: [Signature] Date 8/10/2023

4 PROPOSED +1 FUTURE - TOTAL 5 BR OWTS
1000 GAL EXISTING + 750 GAL NEW SEPTIC TANK
330 LF OF TRENCH - 2' R-O-B FILL



PROPOSED SEPTIC EXPANSION FOR
Jeffrey and Cindy Binder - 5 Leatherman Court
Armonk, New York 10504

ANTHONY S. PISARRI, P.E., P.C.
CONSULTING ENGINEER
3 Rosalind Drive, Cortlandt Manor, N.Y. 10567