

REQUEST FOR OPEN WORK INSPECTION

Must Be Made by Design Professional or Designee

DATE: _____ TIME: _____

CALLER (P.E./R.A./Designee) _____ Office Phone# _____
Cell Phone # _____

Email address: _____

DESIGN PROFESSIONAL: _____

OWNER: _____

SITE ADDRESS: _____

SECTION: _____ BLOCK: _____ LOT: _____

MUNICIPALITY/TOWN: _____

WCDH FILE NUMBER: _____

SEPTIC SYSTEM CONTRACTOR: _____

SEPTIC SYSTEM CONTRACTOR'S LICENSE #: _____

OPEN WORKS: FIELD: _____ TANKS: _____ PUMP/DOSE TEST: _____

IS THE OPEN WORK COMPLETE? YES: _____ NO: _____

DID P.E./R.A. INSPECT?: Yes: _____ NO: _____ DATE: _____ TIME: _____

HAS SYSTEM BEEN CONSTRUCTED IN ACCORDANCE WITH THE CONSTRUCTION PLANS
APPROVED BY WCDOH? YES: _____ NO: _____

COMMENTS: _____

DESIGN PROFESSIONAL CAN BACKFILL 3 BUSINESS DAYS* AFTER REQUEST IF RECEIVED
*** Except if on NYC WATERSHED or if requested by WCDOH to remain open longer than 3 days**

Completed forms can be mailed to"
Westchester County Department of Health – BEQ
25 Moore Ave, Mt. Kisco, NY 10549
Or Fax to 914 864-7341