

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# _____

DESIGN PROFESSIONAL: _____

OWNER _____

SITE ADDRESS: _____

SECTION: _____ BLOCK: _____ LOT: _____

TOWN: _____

WCDH FILE NUMBER _____

SEPTIC SYSTEM CONTRACTOR _____

SEPTIC SYSTEM CONTRACTOR LICENSE # _____

OPEN WORKS: FIELDS: _____ 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 IS 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 Avenue, Mount Kisco, NY 10549
OR
FAXED TO 914-864-7341