

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
REQUEST FOR APPROVED SEPTIC SYSTEM AND WELL RECORDS**

DATE: _____

NAME: _____

MAILING ADDRESS _____

E-MAIL: _____ TELEPHONE # _____

ITEMS THAT MAY BE REQUESTED FROM FILE, IF AVAILABLE (circle)

CERT. OF CONSTRUCTION COMPLIANCE	WELL COMPLETION REPORT
DESIGN DATA SHEET	# OF BEDROOMS APPROVED FOR
AS-BUILT PLAN	

PERTINENT INFORMATION REQUIRED:

ALL INFORMATION MUST BE PROVIDED – WITHOUT THIS INFORMATION RECORD SEARCH CAN NOT BE PERFORMED

(PLEASE CONTACT TAX ASSESSOR TO OBTAIN REQUIRED INFORMATION)

PRESENT OWNER: _____

STREET ADDRESS _____

MUNICIPALITY: _____

*ORIGINAL SECTION, BLOCK, LOT: _____

*NEW SECTION, BLOCK, LOT: _____

*YEAR HOUSE CONSTRUCTED: _____

*ORIGINAL OWNER'S/BUILDER'S NAME: _____

YEAR OF BEDROOM ADDITIONS _____

TO BE COMPLETED BY WCDOH PERSONNEL:

SECTION, BLOCK, LOT NUMBERS AT TIME _____

OWNERS NAME AT TIME _____

WCDOH FILE NUMBER: _____

APPROVAL DATE: _____

BOX NUMBER: _____

FILE ORDERED FROM RECORD CENTER

DATE: _____ INITIALS _____

SKETCH BOOK NUMBER:

DATE: _____ INITIALS _____

Notes: _____

RECORDS REQUESTED MAILED TO CALLER

DATE: _____ INITIALS _____

NO RECORD ON FILE, CALLER NOTIFIED

DATE: _____ INITIALS _____

COMPLETED FORMS CAN BE MAILED TO:

**WESTCHESTER COUNTY DEPT. OF HEALTH - BEQ
25 Moore Ave.
Mount Kisco, NY 10549**

OR FAXED TO: 914 864-7341