

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	

IN ORDER FOR THE DEPARTMENT TO PERFORM A RECORD SEARCH THE FOLLOWING PERTINENT INFORMATION (*) IS **REQUIRED**. PLEASE NOTE THAT THE MAJORITY OF MUNICIPALITIES HAVE CHANGED SECTION, BLOCK AND LOT NUMBERS; PLEASE CONTACT THE TAX ASSESSOR'S OFFICE TO OBTAIN THIS INFORMATION.

WITHOUT THE REQUIRED INFORMATION THE SEARCH CANNOT BE PERFORMED

*MUNICIPALITY: _____

*STREET ADDRESS _____

*ORIGINAL SECTION, BLOCK, LOT: _____

*NEW SECTION, BLOCK, LOT: _____

*YEAR HOUSE CONSTRUCTED: _____

PRESENT OWNER: _____

ORIGINAL OWNER'S/BUILDER'S NAME: _____

WCDH FILE#: _____

YEAR OF BEDROOM ADDITIONS _____

PLEASE PROVIDE ANY OTHER INFORMATION ON THE SEPTIC AND/OR WELL THAT MIGHT ASSIST IN THIS SEARCH

TO BE COMPLETED BY WCDOH PERSONNEL:

SECTION, BLOCK, LOT NUMBERS AT TIME _____

OWNERS NAME AT TIME _____

WCDOH FILE NUMBER: _____

APPROVAL DATE: _____

BOX NUMBER: _____

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