

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*

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**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

EMAILED TO: [DOH-BEQ@westchestergov.com](mailto:DOH-BEQ@westchestergov.com)

FAXED TO: 914 864-7341