

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

DATE: _____

NAME: _____

MAILING ADDRESS _____

E-MAIL: _____ TELEPHONE # _____

ITEMS LISTED BELOW WILL BE SENT FROM FILE, IF AVAILABLE:

Certificate of Construction Compliance, As- Built plan w/ # of Bedrooms approved, Well Completion Report, Design Data Sheet

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

PRESENT OWNER: _____

*MUNICIPALITY: _____

*STREET ADDRESS _____

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

*ORIGINAL SECTION, BLOCK, LOT: _____

*NEW SECTION, BLOCK, LOT: _____

*YEAR HOUSE CONSTRUCTED: _____

(Homes constructed prior to 1950- have a greater chance of not having any information due to lack of records in the department. Well information did not have to be submitted to the department until the late 1960's)

IF PROPERTY IS CURRENTLY VACANT LAND PLEASE PROVIDE SUBDIVISION NAME: _____

YEAR OF BEDROOM or MAJOR ADDITIONS _____

WCDH FILE#: _____ (If the house was constructed after 1960 please check with the Building Department to see if they have this information)

PLEASE PROVIDE ANY OTHER INFORMATION (PROPERTY CARD, etc) 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

EMAILED TO: DOH-BEQ@westchestercountyny.gov

FAXED TO: 914 864-7341