



Request for Site Evaluation Inspection

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number: _____ Email Address: _____

Property Address: _____

Municipality: _____ Zip Code _____

Tax Map Designation: _____

Name of Design Professional: _____

Address: _____

Phone Number: _____ Email Address: _____

Type of Project: New { } Remediation { }
Individual Lot _____ R.S. _____
of Lots _____

Type of Inspection: Pre-soak/Soil Percolation: _____ Deep Test Holes: _____

Name of Watershed Basin: _____

Are there any watercourses within 200' of property? _____

Are there any NYSDEC wetlands within 200' of property? _____

Are there any wells within 200' of property? _____

If property is in NYC watershed, is it joint review or delegated review? _____

Provide a property survey and a site plan showing contours showing location of proposed subsurface sewage treatment (sst) area and deep test holes.

Owner Signature: _____ Date: _____

Design Professional Signature: _____ Date: _____

License #: _____ Seal

Mail To: Westchester County Department of Health
25 Moore Ave
Mt. Kisco, NY 10549