

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

CHOOSE ONE REASON:

SEPTIC FAILURE     BUILDING CONSTRUCTION     SALE     INFORMATIONAL

EMAIL COMPLETED FORMS TO [DOH-BEQ@WestchesterCountyNY.gov](mailto:DOH-BEQ@WestchesterCountyNY.gov)

MAIL TO: WESTCHESTER COUNTY DEPT. OF HEALTH – BEQ

11 Martine Avenue, White Plains, NY 10606

FAX: 914-813-4324 -- FOR FOLLOW UP, CALL: 914-995-7285

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 your 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. IF YOU HAVE A FAILED SEPTIC SYSTEM, PLEASE HAVE A CONTRACTOR PERFORM AN EVALUATION FIRST BEFORE YOU COMPLETE THIS FORM.**

**TO BE COMPLETED BY WCDOH PERSONNEL:**

SECTION, BLOCK, LOT NUMBERS AT TIME \_\_\_\_\_

OWNERS NAME AT TIME \_\_\_\_\_

WCDOH FILE NUMBER: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

BOX NUMBER: \_\_\_\_\_