



COUNTY OF WESTCHESTER
 DEPARTMENT OF HEALTH
 145 Huguenot Street, 7th Floor, New Rochelle, NY 10801

SEPTIC SYSTEM DATA FORM

Vehicle License # _____ Vehicle Rated Tank Capacity _____ Gallons

County Health Department Septage Collection Vehicle Decal # _____

Warning: The discharge of waste originating from outside the County into the County trunk sewer system is prohibited under section 824.221 of the laws of Westchester County. Any violation of applicable sections of the Sewer Act may subject you to civil liability fines and/or imprisonment and also may subject you to civil liability including that which is set forth in section 824.371 of the laws of Westchester County.

This form shall be completed in its entirety and a copy shall be provided to the property owner for all septage collected in Westchester County pursuant to Chapter 873, Article VIII, Section 873.724 of the Laws of Westchester County. The original of this form is to be submitted with the Sanitary Waste Contractor Disposal Permit at time of disposal at a County facility. For disposal outside of Westchester County, the original is to be submitted to the Westchester County Department of Health, 145 Huguenot Street, 7th Floor, New Rochelle, NY 10801. Failure to provide legible and complete information on this form will prevent allowance of vehicle discharge.

Contact person must be indicated only if customer serviced is other than a single-family residence.

Property Owner _____

Contact Person on Site _____ Tel. # _____

Property Address (No. & Street) _____

Post Office _____ Zip Code _____

Municipality _____ Date of Service _____

Property Type (circle): Single Family Multi-Family Industrial Commercial Other _____

Number of Bedrooms _____

Indicate the number of each type of component evacuated and the gallons evacuated from each component.

| Number | Gallons | Tank Depth (feet) | Scum Layer Thickness (inches) | Sludge Layer Thickness (inches) |
|-------------------|---------|-------------------|-------------------------------|---------------------------------|
| _____ Septic tank | _____ | _____ | _____ | _____ |
| _____ Cesspool | _____ | | | |
| _____ Seepage Pit | _____ | | | |
| _____ Other | _____ | Describe _____ | | |
| _____ Total | _____ | | | |

Is there any evidence of exposed or discharged septage onto ground surface? (circle): Yes No

Name of Septage Collector _____ License # _____

Signature _____ Date _____

Name of Septage Collection Company _____ Tel. # _____

Septage Receiving Facility:

_____ Hawthorne Manhole WCDEF Ticket Number _____

_____ Other: _____

Disposal Date _____

All Licensed Septage Collectors shall be required to maintain their Westchester County License and must be displayed to the property owner upon request.