



Andrew J. Spano  
County Executive

Department of Health

## Request for Site Evaluation Inspection

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax Map Designation: \_\_\_\_\_

Name of Design Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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 (ssts) area and deep test holes.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Design Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

Seal

Bureau Of Environmental Quality  
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Mt. Kisco, NY 10549

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