



TOWN OF PAWLING
The Pride of the Harlem Valley
 Town Hall
 160 Charles Colman Blvd.
 Pawling, NY 12564
 (845) 855-3244

Building & Zoning Administrator
 Stormwater Management Officer

Everett White
 ewhite@pawling.org

Mary Porcaro
 buildingdepartment@pawling.org

SEPTIC SYSTEM DATA AND INSPECTION FORM

PLEASE PRINT CLEARLY – YOU ARE MAKING MULTIPLE COPIES

In accordance with Local Law #4-2011 this form and a paid receipt for a pump-out and inspection service shall be submitted within (30) days of service to the Town of Pawling Stormwater Management Officer/Code Enforcement Officer.

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

Property Owner: _____ Contact Person: _____

Property Address: _____

Tax Grid I.D. #: 134089-_____-_____-_____

Service Provider Company Name: _____

Inspector Name: _____ NYSDEC License #: _____

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

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

Number	Gallons	Sludge Layer % of Component w/sludge layer (feet)
_____ Septic Tank	_____	_____
_____ Cesspool	_____	_____
_____ Seepage Pit	_____	_____
_____ Other	_____	Describe _____

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

Structural integrity of component, i.e. septic tank, cesspool, seepage pit, etc. (circle): Good Fair Poor

Type of septic tank: Concrete _____ Steel _____ HDPE _____ Other _____ N/A _____

Is there any wastewater or drainback from drainfield during pump out? (circle) Yes No

Are there any other observable signs of septic system malfunction or failure? (circle) Yes No

Describe: _____

If all questions are "No", then: No further investigation _____

If any question is "Yes", then: Detailed investigation needed _____

Signature of Inspector: _____ Date: _____

**Owner Disclaimer: The undersigned, under penalty of law, declares that I/we have reviewed all of the above referenced information and that it is true and accurate to the best of our knowledge and belief and that I/we have not made any false or fraudulent statements or representations therein.*

_____ Owner Dated: _____

_____ Owner Dated: _____

For Office Use Only: Referred to DCDH: Yes _____ No _____ Date of Referral: _____

PROPERTY OWNER WHITE CODE ENFORCEMENT YELLOW DUTCHESS COUNTY PINK

