



# TOWN OF PAWLING

*The pride of the Harlem Valley*

160 Charles Colman Blvd.  
Pawling, NY 12564  
Code Enforcement Office (845) 855-3244

## 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 thirty (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: \_\_\_\_\_