

Putnam County Septic System Data and Inspection Form

This form shall be submitted within thirty (30) days of the date of service to the Putnam County Department of Health

Property Owner: _____ **Contact Person:** _____
(if not a resident)

Property Address: _____ **Town:** _____

Septic Service Provider:

Company Name: _____ **Date of Service:** _____
(Registered Waste Transporter)

Septage Hauler Name: _____ **NYSDEC Registration #:** _____

Property Type: Single Family Multi-Family Commercial Industrial Other
(Check one)

Indicate the number of each type of component evacuated and the gallons evacuated from each component as indicated below:

System Component	No. of components	Volume (Gal) of each tank	Sludge Layer (approx. depth in inches and % of total depth)	Volume Evacuated (Gal)	Material of Construction (concrete, steel, HDPE, other)	Structural Integrity (Good, Fair, Poor)
Septic Tank			/			
Cesspool			/			
Seepage Pit			N/A			
Other			N/A			

Septage Receiving Facility: _____

Describe condition of Inlet and Outlet baffles: Inlet: _____ Outlet: _____

Is there any evidence of exposed or discharge sewage on the ground surface near the tank or Absorption Area? *(Check one)* Yes No

Is there substantial wastewater drainback from drainfield during pump out? *(Check one)* Yes No

Are there any other visual observable signs of potential septic system malfunction? *(Check one)* Yes No

Describe visual observation by Registered Waste Transporter: _____

Signature of Septage Hauler: _____ **Date:** _____

One copy – County **One Copy** – Town Putnam **One Copy** - Vendor **One copy** – Customer