



TOWN OF BEEKMAN *New York*

4 Main Street
Poughquag, NY 12570
www.townofbeekman.com
(845) 724-5300

Septic System Data and Inspection Form

Property Owner	Phone Number
Address	
Septic Service Provider	Date of Service
Septage Hauler Name	NYSDEC Registration #

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

System Component	Number of Components	Volume (Gal) Of each tank	Sludge Layer Approx depth and % of total depth	Volume Evacuated (Gal)	Material of Construction (Concrete, steel, HPDE, other)	Structural Integrity (Good, Fair, Poor)
Septic Tank						
Cesspool						
Seepage Pit			N/A			
Other			N/A			

Septage Receiving Facility: _____

Describe condition of Inlet Baffles _____ Outlet Baffles _____

Is there any evidence of exposed or discharge sewage on the ground 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 or failure?
Check one Yes No

Describe visual observation by Registered Waste Transporter _____

Signature of Septage Hauler: _____ Date: _____

This form must be submitted to the Town of Beekman Building Department within thirty (30) days of the date of service

All septic systems within the NYC Watershed area must be inspected every five (5) years