



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