

Town of Lake George
20 Old Post Road
Lake George, NY 12845
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Email: pzclerk@townoflakegeorge.gov

Application to Construct, Replace, or Alter an Onsite Wastewater Treatment System (OWTS)

Date: _____ Tax Map ID #: _____

Name (Owner): _____

Address (OWTS property): _____

Cell Phone: _____ Email: _____

DETAILS of OWTS APPLICATION

[Refer to Appendix 75-A Wastewater Treatment Standards – Residential Onsite Systems (Public Health Law 201(1)(1).)]

- Check One: **New Construction** _____ **Replacement** _____ **Alteration** _____
- **Age of septic system (if applicable)** _____ **Water Supply (type and location)** _____
- **Estimated sewage flow** _____ **gpd** **# of bedrooms** _____
- **Property dimensions / acreage** _____ / _____
- **Topography of land (flat, rolling, steep slopes, ledge, etc.)** _____
- **Nature of soils (describe to depth of five (5) feet below bottom of soil treatment area (STA) or leaching device.)**
 - **Soil Type:** _____
 - **Depth to Bedrock:** _____
 - **Depth to groundwater:** _____
- **Soil Percolation Test is required. Please attach a copy of the percolation test data and notes.**
[For details on percolation test procedures, refer to Appendix 75-A.4(d) Soil Percolation Test]

OTHER INFORMATION

Please attach a detailed map to scale of the proposed OWTS showing distances to: property lines; wells (both yours and your adjacent neighbors); neighbor OWTS; stormwater management devices; Lake George and streams (if applicable). Also include the engineer or architect stamped OWTS design details.

To facilitate the final inspection and approval, the Town of Lake George Consolidated Health District Regulations require an inspection of the constructed OWTS prior to back filling the site.

Construction will begin on _____ by _____
(Date) (Contractor Name and Phone #)

It is hereby agreed that if this application and attached plans (or any amendment or revision thereof) are approved, construction and installation of the OWTS will be made in accordance with the details as shown on such approved plans.

Signature of Owner: _____ Date: _____

Site Plan approved by: _____ Date: _____

Final Inspection of OWTS: _____ Date: _____

(Inspector signature)

Fee: _____ Date Paid: _____ Money received by: _____