

TOWN OF LAKE GEORGE
Planning and Zoning Office
20 Old Post Road
Lake George, New York 12845
518.668.5131

Pre-Inspection Worksheet for Onsite Wastewater Treatment Systems (OWTS)

This Pre-Inspection Worksheet has been designed to assist you, the landowner within the Town of Lake George, to document your existing onsite wastewater treatment system (OWTS), also referred to as a septic system. Submission of this worksheet is requested by the Lake George Consolidated Board of Health based on its adopted *Septic Initiative Program*. Please complete the requested information regarding your OWTS and return this worksheet with attachments and a copy of the most recent pump out receipt from your septic hauler (if you have one) to the Planning and Zoning Office (by mail or drop off during business hours Mon-Fri 8:30am to 4:30pm). If you need assistance in filling out this worksheet or have questions regarding the requested information, please contact the Planning and Zoning Office during business hours. Thank you in advance for participating in this public health initiative.

Date _____ **Tax Map ID #** _____

Name _____

Address _____ **Lake address** _____

_____ **Lake phone** _____

Phone (home) _____ (mobile) _____

Email _____

SEPTIC SYSTEM SKETCH

On the back of this worksheet, please sketch your onsite wastewater treatment system (if available, include a copy of your property's site plan map showing your OWTS as-built. The sketch should include:

- The approximate shape of your house, labeling its front and back
- Label driveway, roads, accessory structures, well, and surface waters (lake, streams, tributaries, wetlands)
- Show the distance of your existing OWTS (tank and field) from your house and adjacent water bodies and distance to well (if applicable)
- Identify property lines

FINDINGS

- **Unknown** _____ [check here if you do not know the details regarding your OWTS]
- **Septic system consists of:**
 - Concrete septic tank** _____ **gals** (size of tank)
 - Plastic septic tank** _____ **gals** (size of tank)
 - Metal septic tank** _____ **gals** (size of tank)
 - Cesspool** _____ **gals** (size and construction of pit)
- **Effluent from septic tank flows to:**
 - Soil Treatment Area / Field or Bed (approximate size)** _____
 - Soil Treatment Area / Lines (number of lines and length)** _____
 - Seepage Pit/Drywell (size and number)** _____
 - Eljen or other ETU (please describe)** _____
 - Other (please describe)** _____
- **Age of septic system** _____ **Age of home** _____ **# of bedrooms** _____
- **Date of last pump out** _____ **Septic hauler** _____
(Please attach a copy of your most recent pump out receipt if you have it)
- **Distance to lake, stream, tributary, or wetland** _____ **feet**
- **Garbage disposal?** **Yes / No** (please circle)
- **Sump pump to septic system?** **Yes / No** (please circle)
- **Water treatment system?** **Yes / No** (please circle)