

Town of Lake George

20 Old Post Road
Lake George, New York 12845
518.668.5131

**Application to Construct, Replace or Alter an Onsite Wastewater Treatment System (OWTS)
for a Private Resident in the Town of Lake George**

Date _____ Tax Map ID # _____

Name (owner) _____

Address (OWTS property) _____

Phone _____ (home) _____ (cell)

DETAILS of OWTS APPLICATION

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

- New Construction _____ Replacement _____ Alteration _____ *[check one]*
- 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 _____

Site Plan approved by _____ Date _____

Final Inspection of OWTS _____ Date _____
(Inspector signature)

Fee _____ Date Paid _____ Money received by _____