

APPLICATION TO CONSTRUCT, ALTER OR ENLARGE A SEWAGE DISPOSAL SYSTEM FOR A PRIVATE RESIDENCE WITHIN THE TOWN OF LAKE GEORGE

Name and mailing address of owner: _____

Specific location of property: _____

Application is for: (check one)

_____ New Construction _____ Alteration or enlargement of existing disposal system

Description of building: Number of bedrooms _____

Property line dimensions or total area of property: _____

Topography: _____

(flat, rolling, steep slope, gentle slope, etc.)

Nature of soil (Describe to a depth of 5 feet below bottom of leaching device. Give soil type, distance to ground water, distance to bedrock)

A soil percolation test is required. For details on procedure, refer to "Individual Household Systems – Standards for Waste Treatment Works" – N.Y.S. Department of Health or Sewer Regulations – Lake George Consolidated Health District.

Percolation test result: _____

(Please attach test notes)

Please attach a carefully drawn plan of the proposed sewage disposal systems, giving all dimensions, including distances to lot lines, wells (both yours and neighbors), streams, and Lake George if applicable.

The Lake George Consolidated Health District requires the inspection of the completed system before backfilling. The owner is required to notify the District at least 24 hours in advance of backfilling, to facilitate the final approval inspection.

Construction will begin on _____ By: _____

(Date)

(Contractor)

It is hereby agreed that if this application and attached plans dated _____
Or any amendment or revision thereof are approved, installation of sewage disposal
facilities will be made in accordance with the details thereof as shown on such approved
plans.

SIGNATURE OF OWNER _____

PLANS AND SITE LOCATION APPROVED BY: _____ Date _____

FINAL APPROVAL INSPECTION MADE BY: _____ Date _____

Fee: _____ Date Paid _____ Money Received by _____