

Town of Queensbury
742 Bay Road
Queensbury, NY 12804

Onsite Wastewater Treatment System (OWTS) Inventory Worksheet

This Inventory Worksheet has been designed to collect information on existing Onsite Wastewater Treatment Systems (OWTS) within the Town of Queensbury in order to create a database and encourage wastewater pollution reduction through regular maintenance of septic systems. Please complete this worksheet and return it (with the requested attachments) to the Town of Queensbury Planning Office. If you need assistance with filling out this worksheet, have questions regarding the requested information or would like an assessment of your OWTS when the septic tank is being pumped out, please call Kathy Bozony at 518-761-8231.

Thank you in advance for participating in this public health initiative.

Date _____ **Tax Map ID #** _____ (Tax Map ID # located on mailing label)

Name _____

Address _____ **Lake address** _____

_____ **Lake phone** _____

Phone (home) _____ (cell) _____

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 septic system design (preferably the 'as-built')
 - o Sketch the approximate shape of your house, labeling its front and back
 - o Identify property lines
 - o Indicate the distance of your existing OWTS (tank and field) from your house and adjacent waterbodies
 - o Label driveway, roads, accessory structures, well and distance to lake, streams, tributaries and wetlands

FINDINGS

> **Unknown** _____ [check here if you do not know the specifics about wastewater treatment on your property]

> **Household wastewater flows into:**

Concrete septic tank _____ **gals** (size of tank)

Plastic septic tank _____ **gals** (size of tank)

Metal septic tank _____ **gals** (size of tank)

Clarus Fusion or comparable _____ **gals** (size of tank)

Holding Tank _____ **gals** (size of tank)

Cesspool _____ **gals** (size and construction of cesspool)

> **Secondary treatment for effluent (partially treated wastewater) from septic tank flows to:**

Soil Treatment Area (STA) _____

Seepage pit / drywell _____

Eljen ETU _____

Puraflo ETU _____

Other (please describe) _____

OTHER INFORMATION

> **Age of septic system** _____ **Distance to lake or stream: septic tank** _____ ft / **2nd treatment** _____ ft

> **Age of home** _____ **# of bedrooms** _____

x **Garbage disposal?** **Yes** **No** (please circle)

x **Water treatment system?** **Yes** **No** (please circle)

x **Sump pump to OWTS?** **Yes** **No** (please circle)

DATE of last septic tank pump out _____ **Septic hauler** _____

[Please attach a copy of your most recent pump out receipt]