

**Cossayuna Lake Improvement Association, Inc.**

Waste Water Disposal Survey for Cossayuna Lake Property Owners

Name: \_\_\_\_\_ (optional)

Property Address: \_\_\_\_\_ (optional)

Other properties: \_\_\_\_\_

Distance in feet of septic system from lake shoreline: \_\_\_\_\_

Please check type of waste water system for each property listed above:

Septic Tank & Leach Field \_\_\_\_\_

Holding Tank \_\_\_\_\_ Capacity \_\_\_\_\_

Other (please define) \_\_\_\_\_ Unknown \_\_\_\_\_

Year installed: \_\_\_\_\_ (if not known, please provide estimate)

Date of last pump out: \_\_\_\_\_

Would you participate in a matching fund program for on-site Wastewater Improvement?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you attend an informational program on septic systems: Yes \_\_\_\_\_ No \_\_\_\_\_

What concerns do you have regarding wastewater disposal?

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We appreciate your prompt response. All replies will be used for grant applications.

Please mail your response to:

CLIA

PO Box 81

Cossayuna, NY 12823-0081

Attn: Waste Water Disposal Survey