

Billing: (845) 583-4350 ext. 17
Billing Fax: (845) 583-0225

Kauneonga Lake Sewer District
P.O. Box 340
Kauneonga Lake, NY 12749

Jim McBride
Sewer Superintendent
Phone/Fax: (845) 583-5810

Route 17B Sewer Extension Completion Certification

Section _____ Block _____ Lot _____

Property Owner: _____

Certification for the Property Located at:

_____ in the Route 17B Sewer District.
(physical address)

I, _____, do hereby certify that the connection to the public
(Owner or Contractor)
sewer main, pursuant to application dated _____, permit dated _____, was completed on
_____ all in accordance with the specifications and regulations of the Town of Bethel.
(date)

Dated: _____

Owner or Contractor Signature

Dated: _____

Completion Approval: _____
Sewer Superintendent