

**Billing: (845) 583-4350 ext 107**  
**Billing Fax: (845) 583-0225**

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

**Sewer Plant**  
**Phone/Fax: (845) 583-4356**

### **Municipal Sewer Completion Certification**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Certification for the Property Located at:**

\_\_\_\_\_

*(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