

Septic System Replacement Grant Application

Complete this application form and submit it with all required documents, or assistance may be delayed.

This application is to determine if your property qualifies for the program.

Funds are limited. Applying does not guarantee that you will be awarded funding for your project.

A. Applicant/Owner Information

1. Name: _____

2. Phone Number: _____

3. Mailing Address: _____

4. Email Address: _____

B. Property Information

1. Street Address of Septic System (if different from mailing address, above):

2. County: _____

3. Town Tax Id # (section/block/lot): _____

4. Property Type: Residential

Commercial

Other

4A. If you checked Commercial, please specify the nature and size of the business:

4B. If you checked Residential, please indicate whether the property is used as:

Primary Residence

Seasonal

5. Number of bedrooms at the property: _____

6. Year septic system was installed: _____

7. Description of the septic system installed:

C. Project Information

1. Describe any problems with your existing system:

1A. If system has a septic tank:

- What is the approximate size? _____ Gallons
- When was the last time it was pumped? Month: _____, Year: 20_____
- What was the volume pumped out? _____ Gallons
- Who was the pump contractor? _____

Has tank been pumped more than once? Yes If Yes, How frequently? Every _____ Years

No

1B. What is septic tank constructed of? Concrete

Steel

Block Masonry

Plastic

Other

Unknown

1C. Is an "As-Built" drawing of the construction of the septic system available? Yes

No

If yes, obtain a copy of the drawing and attach.

2. Project Type: Repair/Rehabilitation

Replacement

Upgrade (e.g., Advanced Nitrogen Removal System)

3. Is this project required by a local or county property transfer law or mandatory septic inspection program?

Yes

No

4. Total Estimated Project Cost: \$ _____

5. Name of Septic System Project Contractor: _____

Address: _____

Phone Number: _____

***** The maximum of \$10,000 will not be secured without a legitimate itemized estimate. This estimate should list the cost of engineering/design services, time and material costs. *****

By signing this application form, the undersigned states that all the information contained in this application is true and correct.

Signed _____

Date _____

(Applicant/Owner)

Mail Completed Application and Documents to:

Warren County Planning Department

1340 State Route 9

Lake George, NY 12845