



GRANT APPLICATION

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

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



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

B. 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:

A. If system has a septic tank:

i. What is the approximate size? _____ Gallons

ii. When was the last time it was pumped? Month: _____, Year: _____

iii. What was the volume pumped out? _____ Gallons

iv. Who was the pump contractor: _____

v. Has the tank been pumped more than once? Yes , How frequently? _____

No

B. What is septic tank constructed of? Concrete

Steel

Block Masonry

Plastic

Other

Unknown

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

Yes If yes, obtain copy of the drawing and attach

No

2. Project Type: Repair/Rehabilitation

Replacement

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

3. Total Estimated Project Cost: \$ _____

4. Name of Septic System Project Contractor: _____

Address: _____

Phone Number: _____

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

Signed _____ Date _____
(Applicant/Owner)