



# Onondaga County Health Department

J. Ryan McMahon II, County Executive  
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202  
Phone 315.435.3155 · Fax 315.435.5720



Division of Environmental Health  
Lisa Letteney, Director

Bureau of Public Health Engineering  
Phone (315) 435-6600  
Fax (315) 435-6606

## 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

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:

a. What is the approximate size? \_\_\_\_\_ Gallons

b. When was the last time it was pumped? Month: \_\_\_\_\_, Year: 20\_\_\_\_\_

- c. What was the volume pumped out? \_\_\_\_\_ Gallons
- d. Who was the pump contractor? \_\_\_\_\_
- e. Has the tank been pumped more than once?

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

If yes, obtain a 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 the information contained in this application is true and correct.

Signed \_\_\_\_\_  
(Applicant/ Owner)

Date \_\_\_\_\_