



Onondaga County Health Department

J. Ryan McMahon II, County Executive

Kathryn Anderson, MD, PhD, MSPH, Onondaga County Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health
Lisa Letteney, P.E., Director

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