



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

“Working Together for a Healthier Community”

www.clintonhealth.org



Public Health
Prevent. Promote. Protect.

Environmental Health & Safety Division

Phone: (518) 565-4870

Fax: (518) 565-4843

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



“Persons who have any physical mobility or other needs, call the telephone number above to arrange for accommodations”

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 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

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. 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 _____