



Septic System Replacement Grant Application

Complete this application form and submit it with sufficient supporting documentation for staff to review:
Jefferson County Planning Department, 175 Arsenal Street, Watertown, NY 13601

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: Jefferson
3. Town Tax Id # (section/block/lot): _____
4. Property Type: Residential _____
Commercial _____
Other _____ explain: _____
- 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: _____
- c. What was the volume pumped out? _____ Gallons
- d. Who was the pump contractor? _____
- e. Has tank been pumped more than once? Yes _____ No _____
How frequently? Every _____ years

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: \$ _____ (Provide estimate details.)

4. Name of Septic System Project Contractor: _____

Address: _____

Phone Number: _____

Jefferson County staff has the right to inspect all existing septic systems as part of this grant application.

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

Signed _____ Date _____
(Applicant/Owner)

If you have questions contact: Samuel Wilson, Community Development Coordinator
Jefferson County Department of Planning
swilson@jeffersoncountyny.gov
(315) 785-3144