



Septic System Replacement Grant Application

*Complete this application form and submit it with
sufficient supporting documentation for staff to review:*

Jefferson County Planning and Community Development

175 Arsenal Street, Watertown, NY 13601 or planning@jeffersoncountyny.gov

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, please contact: Jefferson County Department of Planning
planning@jeffersoncountyny.gov
(315) 785-3144