Department of Public Health

Monroe County, New York

Adam J. Bello
County Executive

Marielena Vélez de Brown, MD, MPH
Commissioner of Public Health

State Septic System Replacement 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 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_____ Date _____

(Applicant/Owner)

Submit application to: Monroe County Department of Public Health
111 Westfall Road, Room 844
Rochester, NY 14620