



## 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: \_\_\_\_\_

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

Signed \_\_\_\_\_  
(Applicant/Owner)

Date \_\_\_\_\_

If you have questions contact: Michael J. Bourcy, Director  
Jefferson County Department of Planning  
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(315) 785-3144