



# Department of Public Health

*Monroe County, New York*

**Adam J. Bello**  
*County Executive*

**Marielena Vélez de Brown, MD, MPH**  
*Acting 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 \_\_\_\_\_  
(Applicant/Owner)

Date \_\_\_\_\_

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