

Please insert municipal letterhead HERE

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 ☐

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 _____