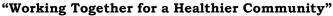
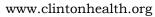


Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926







Environmental Health & Safety Division Phone: (518) 565-4870 Fax: (518) 565-4843

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 I	nformation	
1. Street Address of	of Septic System (if different from mailing address, abo	ove):
2. County:		
3. Town Tax Id # (s	ection/block/lot):	
4. Property Type: F	Residential	
(Commercial	
(Other	
	TO HEALTH DESTRAY THE	



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					
C. Project Information1. Describe any problems with your existing system:					
1. Describe any problems with your existing system:					
 Describe any problems with your existing system: 1A. If system has a septic tank: 					
1. Describe any problems with your existing system:1A. If system has a septic tank:a. What is the approximate size?Gallons					
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					
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					

4A. If you checked Commercial, please specify the nature and size of the business:

1B. What is septic tank constructed	of? Concrete		
	Steel		
	Block Masonry	y	
	Plastic		
	Other		
	Unknown		
1C. Is an "As-Built" drawing of the constru	uction of the septic	system available?	Yes No
If yes, obtain a copy of the drawir	ng and attach.		
2. Project Type: Repair/Rehabilitation			
Replacement			
Upgrade (e.g., Advance	d Nitrogen Remov	al System)	
3. Total Estimated Project Cost: \$	<u> </u>		
4. Name of Septic System Project Contra	actor:		
Address:			
Phone Number:			
By signing this application form, the undo and correct.	ersigned states tha	at all the informatio	n contained in this application is true
Signed		Date _	
(Applicant/Owner)			