

OFFICE OF COMMUNITY RESOURCES

Anna Reynolds, Director
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Hannah Neilly, Deputy Director
Jessica DesLauriers, Associate Planner
Caroline Hillyard, Community Development Coordinator
Charline Lawrence, Administrative Assistant

ESSEX COUNTY SEPTIC SYSTEM REPLACEMENT PROGRAM GRANT APPLICATION

NYS ENVIRONMENTAL FACILITIES CORPORATION | NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Complete this application form and submit it with the required documents, or assistance may be delayed

A. Applicant/Owner Information

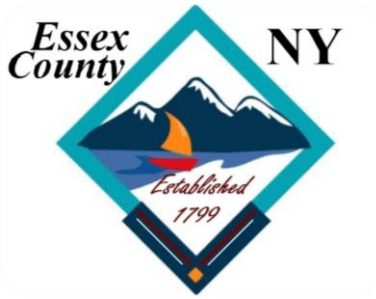
1. Name: _____
2. Phone Number: _____
3. Mailing Address: _____

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



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A. What is septic tank construction of:

- Concrete
- Steel
- Block Masonry
- Plastic
- Other
- Unknown

B. 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

C. Project Type

- Repair/Rehabilitation
- Replacement

Upgrade (e.g. Advanced Nitrogen Removal System)

1. Total Estimated Project Cost: \$ _____

2. Name of Septic System Project Coordinator: _____

Address: _____

Phone Number: _____

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

Signed: _____

Date: _____

(Applicant/Owner)