



ONEIDA COUNTY HEALTH DEPARTMENT

ANTHONY J. PICENTE, JR
ONEIDA COUNTY EXECUTIVE

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DIRECTOR OF HEALTH

"PROMOTING & PROTECTING THE HEALTH OF ONEIDA COUNTY"

OCGOV.NET/HEALTH



Grant Application

Complete this application form and submit it with the required documents to **The Onieda County Health Department: 185 Genesee Street – 4th Floor, Utica, NY 13501.**

Failure to submit all required documents will result in denial of application.

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: _____

***** The maximum of \$10,000 will not be secured without a legitimate itemized estimate. This estimate should list the cost of engineering/design services, time and material costs. *****

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

Signed _____
(Applicant/Owner)

Date _____