





## **Grant Application**

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

A.	Applicant/	Owner Informa	ation	
1. Na	me:			
2. Ph	one Number:		_	
3. Ma	iling Address:			
4 Fm	nail Address:			
	iaii 7 taar 000.			
В.	Property In	formation		
1. Str	eet Address of			m mailing address,
2. Co	unty:			
3. To	wn Tax Id # (se	ction/block/lot)	):	
4. Pro	perty Type: R	esidential	]	
	С	ommercial	]	
	0	ther	]	

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? Everyyears								
No								

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

<ol><li>1B. What is septic tank cons</li></ol>	tructed of? Concrete		
	Steel		
	Block Masonry		
	Plastic		
	Other		
	Unknown		
1C. Is an "As-Built" drawing of the	construction of the septic sys	ystem available? Yes No	
If yes, obtain a copy of the	e drawing and attach.		
2. Project Type: Repair/Rehabilita	ation		
Replacement			
Upgrade (e.g., A	dvanced Nitrogen Removal	System)	
3. Total Estimated Project Cost: \$	B		
4. Name of Septic System Project	et Contractor:		
Address:			
Phone Number:			
By signing this application form, the and correct.	the undersigned states that a	all the information contained in this application is tr	ue
Signed		Date	
	vner)		