



# GENESEE COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.

3837 West Main St. Rd., Batavia, NY 14020-9406  
Phone (585) 344-2580 ext. 5555  
Fax (585) 344-4713  
[www.co.genesee.ny.us/departments/health](http://www.co.genesee.ny.us/departments/health)

Paul A. Pettit, MSL  
Public Health Director

Brenden A. Bedard, MPH  
Deputy Public Health Director

## 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:

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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: \_\_\_\_\_

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**C. Project Information**

1. Describe any problems with your existing system: \_\_\_\_\_

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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: \_\_\_\_\_

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

Signed \_\_\_\_\_  
(Applicant/Owner)

Date: \_\_\_\_\_