

DUTCHESS COUNTY DEPARTMENT OF HEALTH Environmental Health Services Division 85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601 Tel: (845) 486-3404

www.DutchessNY.gov/EHS Email: ehs@dutchessny.gov

NYS Septic System Replacement Fund Grant Application

Complete this application form in its entirety and submit it with the required documents, or assistance may be delayed. You may mail it to the address above, or email it to EHS@DutchessNY.gov

A.	Applicant / Owner Information		
	Name:		
	Phone number:		
	Mailing Address:		
	Email Address:		
В.	Property Information		
	Address of Septic System Project (if different from mailing address above):		
	Street Address:		
	Town:		
	County:		
	Parcel Number:		
	Property type (check applicable selection): Residential Commercial		
	Other		
	If you checked commercial, please specify the nature and size of the business:		
If you checked residential, please indicate whether the property is used as (check applicable selection):			
	Primary residence Seasonal residence		
	Number of existing bedrooms in the residence:		
	Year the existing septic system was installed:		

Description of the existing septic system (i.e. cessp	oool, septic tank, absorption fields, i	infiltrators):
C. Project Information		
Describe any problems with your existing system:		
If the system has a septic tank:		
What is the approximate size?Gallo	ns	
What is the month and year it was last pumpe	d out?	
What was the volume pumped out?	_Gallons	
Who was the pump contractor?		
Has the tank been pumped more than once?	□ No□ Yes – How Frequently? Every _	years
What is the existing septic tank constructed of	(check applicable selection?	
Concrete	Plastic	Steel
Masonry block	Other	Unknown
Attach an as-built drawing of the existing se	ptic system. If not available use the	grid on page
Figure 13 to illustrate the location of the ex	visting centic system house and we	.II

oject Type (check applicable selection):
Replacement of a cesspool with a septic system.
Installation, replacement or upgrade of a septic system or septic system componen
Installation of enhanced treatment technologies.
Total estimated project cost: \$

SEPTIC SYSTEM/WELL/ HOUSE LAYOUT SKETCH

Name:		
Address:	_	
Phone #:		
Email Address:		
E. New York State regi	tered professional surveyor (if known):	
Name:		
Address:		
-		
Phone #:		
Email Address:		
F. Septic System Contr	actor (if known):	
Name:		
Address:		
Phone #:		
Email Address:		
By signing this applicatio	n form, the undersigned states that all the information contained	d in this
application is true and co	rrect.	
Signed	Date	
	nt/Owner)	

D. New York State registered professional engineer (if known):