



# OFFICE OF COMMUNITY RESOURCES

*Anna Reynolds, Director*

[communityresources@essexcountyny.gov](mailto:communityresources@essexcountyny.gov)

Robert Wick, Project Management Specialist  
Hannah Neilly, Project Coordinator  
Jessica Deslauriers, Grant Administrator  
Caroline Hillyard, 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***

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#### A. Applicant/Owner Information

1. Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Email Address: \_\_\_\_\_

#### B. Property Information

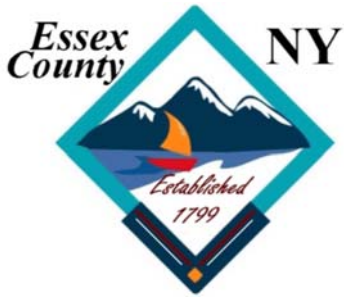
1. Street Address of Septic System (if different from mailing address above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)