

Septic System Replacement Program

Grant Application

Complete this application form and return it to: Cayuga County Health Department
8 Dill Street
Auburn, NY 13021
Fax # 315-253-1478
Email: cchealth@cayugacounty.us

A. Applicant/Owner Information

1. Name: _____
2. Phone Number: _____
3. Mailing Address: _____

4. Email Address: _____

B. Property Information

1. 911 Address of septic system (if different from mailing address above):

2. Town in which septic system is located: _____
3. Please indicate whether the property is used as _____ primary residence _____ seasonal
4. Number of bedrooms at the property: _____
5. Year septic system was installed: _____

C. Project Information

1. Describe any problems, if any, with your existing septic systems:

2. When was the last time you had the septic tank pumped out? Month: _____, Year: 20_____

Your application will be reviewed by the Cayuga County Health Department and you will be notified if your system is eligible for a grant. If you have any questions or need further information please contact the Cayuga County Health Department at 315-253-1405