

## 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](mailto: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\_\_\_\_\_

If you have any questions or need further information please contact the Cayuga County Health Department at 315-253-1405