



ALBANY COUNTY DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH
175 Green Street
Albany, NY 12202
518-447-4649

Application for Septic System Replacement Program Funds

Established as part of the Clean Water Infrastructure Act of 2017, the Septic System Replacement Fund Program provides a source of funding for the replacement of cesspools and septic systems that are adversely impacting designated waterbodies. Please complete this application and submit it with the required documents, or assistance may be delayed.

A. Applicant/Owner Information

1. Applicant Name(s):
2. Phone:
3. Mailing Address:
4. Email:

B. Property Information

1. Address of Septic System (if different from mailing address, above):
2. County:
3. Town Tax ID # (section/block/lot):
4. Property Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/>
4A. If you checked Commercial, please specify the nature and size of the business:
4B. If you checked Residential, please indicate whether the property is used as: Primary Residence <input type="checkbox"/> Seasonal <input type="checkbox"/>

5. Number of bedrooms at the property:
6. Year septic system was installed:
7. Description of the septic system installed (location, raised/mounded system, etc.):

C. Project Information

1. Describe any problems with your existing system:	
<p>1A. If system has a septic tank:</p> <p>a. What is the approximate size? _____ Gallons</p> <p>b. When was the last time it was pumped? Month: _____ Year: _____</p> <p>c. What was the volume pumped out? _____ Gallons</p> <p>d. Who was the pump contractor?</p> <p>e. Has tank been pumped more than once? Yes <input type="checkbox"/>, how frequently? Every _____ years No <input type="checkbox"/></p>	
1B. What is septic tank constructed of? Concrete <input type="checkbox"/> Block Masonry <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	
1C. Is an "As-Built" drawing of the construction of the septic system available? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, obtain a copy of the drawing and attach.	
2. Project Type: Repair/Rehabilitation <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade (e.g., Advanced Nitrogen Removal System) <input type="checkbox"/>	
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 information contained in this application is true and correct.

Applicant Signature:

X

Date:

For ACHD Only:

Project #