



# SARATOGA COUNTY SOIL & WATER CONSERVATION DISTRICT

50 West High Street, Ballston Spa, New York 12020  
(518)885-6900 Fax (518)885-3116  
[clerksaratogaswcd@gmail.com](mailto:clerksaratogaswcd@gmail.com)

Dear Property Owner:

Your property location has been identified by New York State as being located in a priority geographic area where there is a critical need to reduce the impact of sewage effluent from cesspools and septic systems on groundwater and surface water.

Accordingly, you may be eligible to receive a grant from the Septic System Replacement Program (the "Program") to reimburse you for a portion of the cost of replacing a cesspool, or repairing, replacing or upgrading a septic system.

The Program provides grants to cover up to 50% of the eligible costs of eligible septic system projects, up to \$10,000 per project.

To apply for a grant, please complete the attached grant application and submit it to the County Soil and Water Conservation District prior to funds being exhausted.

The application must contain sufficient information about the condition of your septic system and the scope and cost of the proposed repair or replacement, to enable the County to determine whether your project qualifies for a grant and assess how much you're eligible for. Please read the application carefully and be sure to provide all the requested information. Failing to do so could result in a delay or denial of funding from this program.

Funds for the Program are limited, and the County can provide grants only to those septic system projects that will significantly and quantifiably reduce environmental and/or public health impacts from cesspools or septic systems. If your project is selected for a grant, the County will notify you of your award and how much you can expect to be reimbursed for your project. The County will also notify you if your project does not qualify for a grant.

If you receive an award letter, you must confirm acceptance of the award and the terms and conditions by signing and returning the letter to the County. Once you sign and return the award letter, you may hire a design professional and a contractor for your septic system project. After you have completed your project, you will be reimbursed up to your grant award, for eligible, documented costs incurred to complete your project.

The County encourages you to apply to this Program. This is a unique opportunity for cooperation between the state, local government, and property owners, to address a pressing environmental and public health issue in our community, and we hope you will take advantage of it.

For more information about the program, and whether your property is eligible, visit the county's web site at <http://www.saratogacountyny.gov/departments/soil-and-water-conservation-district/>, and the Environmental Facilities Corporation's website at [www.efc.ny.gov/SepticReplacement](http://www.efc.ny.gov/SepticReplacement). Or call the Saratoga County Soil and Water Conservation District at 518-885-6900.

## BOARD OF DIRECTORS:

Preston Allen • Victoria Garland • Jay Matthews • Ed Kinowski • Jennifer Koval • Donald Monica • Steven Ropitzky



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## Grant Application

Complete this application form and submit it with the required documents, or assistance may be delayed.

### 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

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

Seasonal

1. Number of bedrooms at the property: \_\_\_\_\_

2. Year septic system was installed: \_\_\_\_\_

3. Description of the septic system installed:

### C. Project Information

1. Describe any problems with your existing system:

1A. If system has a septic tank:

a. What is the approximate size? \_\_\_\_\_ Gallons

b. When was the last time it was pumped? Month: \_\_\_\_\_, Year: 20 \_\_\_\_

c. What was the volume pumped out? \_\_\_\_\_ Gallons

d. Who was the pump contractor? \_\_\_\_\_

e. Has tank been pumped more than once?

Yes, How frequently? Every \_\_\_ years

No

1B. What is septic tank constructed of?

Concrete

Steel

Block Masonry

Plastic

Other

Unknown

1C. 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.

2. Project Type:

Repair/Rehabilitation

Replacement

Upgrade (e.g., Advanced Nitrogen Removal System)

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 the information contained in this application is true and correct.

Signed \_\_\_\_\_

(Applicant/Owner)

Date \_\_\_\_\_