



**OFFICE OF LEWIS COUNTY PLANNING &  
COMMUNITY DEVELOPMENT**

7660 North State Street  
Lowville, New York 13367  
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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

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

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

7. 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 \_\_\_\_\_

Please send completed application to Casandra Buell 7660 N. State Street Lowville, NY 13367  
or via email to [casandrabuell@lewiscounty.ny.gov](mailto:casandrabuell@lewiscounty.ny.gov)