

# Reclaim Our Water

Suffolk County's Septic Improvement Program

## DIRECTIONS FOR NEW YORK STATE SEPTIC SYSTEM REPLACEMENT FUND GRANT APPLICANTS

In order for the County to review and process applications for a grant from the New York State Department of Environmental Facilities Septic System Replacement Program (the "Program") for an Innovative and Alternative On-Site Wastewater Treatment System ("I/A OWTS"), property owners must provide the following documents to the Suffolk County Department of Health Services, Division of Environmental Quality, 360 Yaphank Avenue, Suite 2B, Yaphank, New York 11980:

### Required Forms:

1. Fully completed New York State Septic System Replacement Fund Grant Application
2. Certificate of Occupancy
3. Full Deed

### Eligibility Questionnaire:

ANSWERING THE FOLLOWING QUESTIONS WILL ALLOW US TO DETERMINE IF YOU ARE A VIABLE CANDIDATE TO PARTICIPATE IN THE NEW YORK SEPTIC SYSTEM REPLACEMENT FUND GRANT PROGRAM. PLEASE CHECK "YES" OR "NO" FOR ALL STATEMENTS:

1. Is this a primary residence that is owner occupied?  YES  NO
2. Does the residence rely on a septic system or a cesspool?  YES  NO
3. Is the Property a seasonal or rental property?  YES  NO

**Note:** If awarded a New York State Department of Environmental Facilities Septic System Replacement Program grant, at this time the property owner must utilize an I/A OWTS Designer and/or Manufacturer/Installer set forth on approved County lists set forth at [www.ReclaimOurWater.info](http://www.ReclaimOurWater.info).

**DIRECTIONS FOR NEW YORK STATE SEPTIC SYSTEM REPLACEMENT FUND GRANT APPLICANTS**

For additional information regarding the New York State Department of Environmental Facilities Septic System Replacement Program grant, please visit [www.ReclaimOurWater.info](http://www.ReclaimOurWater.info) or call (631) 852-5811.

**PLEASE SIGN BELOW TO ACKNOWLEDGE YOU UNDERSTAND THE ABOVE**  
*(All legal owners on Title must sign)*

I certify that I/We have read the above directions and information. I/We further certify that I/We am/are the property owner(s) of the subject property and that all information furnished in my/our application and supporting documentation is true and complete to the best of my/our knowledge and belief. I/We understand that this is not an offer and that the terms and conditions of the State Grant program may be changed at any time. Suffolk County is not responsible to any party for the loss of funding or any other damages which may arise as a result of the provision of false or inaccurate information within the application or documentation or by my failure to adhere to the terms of the State Grant program or any agreement entered thereunder.

I/We also grant the appropriate Suffolk County Septic Improvement Program representatives the right to enter onto the property to perform any site assessments related to the processing of this application.

I/We, \_\_\_\_\_  
(print full name(s)), the undersigned, certify that I/We am/are the legal, titled owner(s) of the land identified in this application and that this application form including any attached documentation constitutes a true statement of facts to the best of my/our knowledge.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

# COUNTY OF SUFFOLK



**STEVEN BELLONE**  
SUFFOLK COUNTY EXECUTIVE

**DEPARTMENT OF HEALTH SERVICES**

**JAMES L. TOMARKEN, MD, MPH, MBA, MSW**  
Commissioner

Property Owner Address:

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Dear Property Owner:

Your Property located at \_\_\_\_\_ 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 by \_\_\_\_\_. 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 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



DIVISION OF ENVIRONMENTAL QUALITY

360 Yaphank Avenue, Suite 2B, Yaphank NY 11980 (631) 852-5750 Fax (631) 852-5760

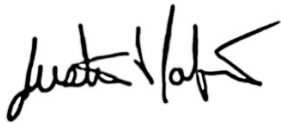
your award and how much you can expect to be reimbursed for your project. The County will also notify you if your project does not qualify for a grant.

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, visit the County's web site at [www.ReclaimOurWater.info](http://www.ReclaimOurWater.info) and the Environmental Facilities Corporation's website at [www.efc.ny.gov/SepticReplacement](http://www.efc.ny.gov/SepticReplacement).

Sincerely,



Justin Jobin

[Justin.Jobin@suffolkcountyny.gov](mailto:Justin.Jobin@suffolkcountyny.gov)

Environmental Projects Coordinator



**Public Health**  
Prevent. Promote. Protect.

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360 Yaphank Avenue, Suite 2C, Yaphank NY 11980 (631) 852-5700 Fax (631) 852-5755

COUNTY OF SUFFOLK



STEVEN BELLONE  
SUFFOLK COUNTY EXECUTIVE

**NY State Grant Application**

Please 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



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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



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- 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 \_\_\_\_\_



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