



Town of Shelter Island

Water Quality Improvement Rebate

APPLICATION FORM AND INSTRUCTIONS

How to Complete Application to Determine Eligibility

This application form is used by the WQIAB to determine eligibility for residential advanced septic treatment system rebates. After the WQIAB has evaluated the information the Town Board must. Payment of rebates for appropriate expenses is provided after the system has been installed and certified by the SCDHS – this may take a year or longer.

Filing Instructions:

Please deliver two (2) printed hard copies of the application and documentation to the WQIAB Clerk in Town Hall via hand delivery or mail **PLUS** you are required to email a PDF of the full application and documentation to the Clerk, Jessica Montgomery jmontgomery@shelterislandtown.gov

Details on some items:

- 2e “Occupancy Days” are *estimates* used to determine the mass of Nitrates that will be eliminated by installation of an I/A system – ‘ballpark’ residency numbers are fine.
- 4h Note that you *must* file for County and State rebates to be eligible for Shelter Island funding support.
- 5a At this stage of the process it is *not* necessary to have the final design for the I/A system – hand drawn on a copy of the survey is adequate (submit the final design survey page if it has already been completed).
- 5c This section will be satisfied by either a letter retaining a design engineer or architect, or a copy of the final design (if already done).

Town of Shelter Island - Water Quality Improvement Rebate

Application Form

DOCUMENT ACCESS REQUIREMENT

The applicants authorize the WQIAB and/or the Town of Shelter Island to have access to the Suffolk County Department of Health Service documents regarding septic installation design, grants, and other information pertinent to this application.

Print Name _____

Signed _____ Date _____

SECTION 1 - CONTACT INFORMATION Fill in all sections as appropriate.

1a) Owner's name - _____

1b) Shelter Island Street Address - _____

1c) Shelter Island PO Box, Post Office, Zip Code - _____

1d) Off-Island address (if applicable) - _____

1e) Primary contact cell phone # - _____

1f) Shelter Island landline (if applicable) - _____

1g) Off Island landline phone (if applicable) - _____

1h) Email address(s) - _____

SECTION 2 RESIDENCE USAGE and DESCRIPTION INFORMATION –

Fill in all sections as appropriate.

2a) Year or age of home - _____

2b) Number of bedrooms (as determined by your Design Professional) - _____

2c) Is this your primary or second home? Primary Residence Secondary home

2d) Is this structure owner occupied or a rental property? _____

2e) Provide an estimate of the number of people and occupancy days, based on last year's use pattern:

Usage by:	Number of individuals	Days annually
1. Primary residents		
2. Guest residents		
3. Summer Rental		

2f) Do you plan to renovate, make additions, or have any other home improvement plans for the property in the next three years? yes no If yes, describe - _____

SECTION 3 - EXISTING SEPTIC SYSTEM INFORMATION

Fill in all sections as appropriate. If information is unknown, please indicate "not known".

3a) Age of existing septic system - _____

3b) Type of current system -

- Block Cesspool – "Failed" as determined by the SCDHS.
- Block Cesspool – "Failed Emergency Replacement" as determined by the SCDHS.
- "Two Stage" substandard conventional septic system,
- "Two Stage" conventional Septic System with or without SCDHS RO#
- Other (describe) - _____

3c) Capacity [if known] - _____

3d) Last clean out of septic system (year – if known) – _____

SECTION 4 - PLANS FOR INNOVATIVE AND ALTERNATIVE ONSITE WASTEWATER TREATMENT SYSTEM

4a) Reason for replacement of existing system

- Voluntary Update
- System poor performance
- Building renovation or addition
- Mandate by SCDHS (describe below) -
- Emergency replacement of a failed cesspool
- Other (describe below)

Comments/Describe - _____

4b) Has the system already been installed under an SCDHS Emergency Replacement assessment?

yes no

4c) Components of requested treatment system:

I/A OWTS Manufacturer and Model # - _____

Use of existing or new leaching pool - _____

Pressurized Shallow Drainfield (if applicable) - _____

(Note: PSD installation offers an additional financial incentive over the base rebate)

Has the SCDHS *mandated* relocation of private well? yes no not yet determined

4d) Is the capacity of the I/A system larger than required for the existing house? yes no

4e) Name of SCDHS approved Installation Contractor - _____

4f) Project Cost (estimated) \$ - _____

4g) Owner's plan for periodic maintenance of system -

installer of the I/A system other (describe) - _____

4h) Homeowners *must apply* for the Suffolk County and NY State grants *to be eligible for a Shelter Town Rebate*. If the State or County decides that you are not eligible for a grant, you will be asked for proof of that decision when you request payment of the Town Rebate after installation of your I/A OWTS unit.

Have you applied for Suffolk County and NY State Grants for this project? yes no

4i) If the project requires a relocation of the well "Well Registry" paperwork must be filed with the SI Building Department before a rebate can be awarded.

SECTION 5 REQUIRED REFERENCE DOCUMENTS

5a) Attach a draft or final site Survey document illustrating installation area of the I/A. The location of the I/A on the survey can be hand drawn onto a copy of the current survey document. It is not necessary to have an official survey illustrating the system location at this stage of the application. [attach]

5b) Well Water source or municipal water system? Private Well Public System

If Private well - If available, please provide a copy of a water quality test report. Not mandatory.

If Public water source - which public system is the property serviced by?

SI Heights West Neck Dering Harbor

5c) A letter from a New York State Licensed design professional or professional engineer, or architect who has been retained by the homeowner for design work of the system is required.

[Attach certification letter or design drawing]

5d) Provide specifics (capacity and types) of water treatment systems on site.

- Whole-house Reverse Osmosis Partial service line Reverse Osmosis
 Iron/manganese reduction Water softening Sediment Filtration
 pH adjustment system Chloride (salt) reduction
 Other (describe) - _____ None

Note: If an existing osmosis or other water treatment system's backwash/purging fluid is directed into the obsolete existing septic system or cesspool SCDHS will mandate a separate dry well.

Discharge backwash/purging fluid during recycling must be dispersed into a separate dry well from the I/A system.

Required Document Checklist:

- Site Survey document with septic location noted (see 5a)
- Water test report – if available, not mandatory (see 5b)
- Engineer certification retention letter or professional engineering design letter (see 5c)

Application Submission Instructions:

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ATTN: Jessica Montgomery,
WQIAB Clerk 631-749-0758**