

TOWN OF SHELTER ISLAND
38 NORTH FERRY ROAD – PO BOX 1549
SHELTER ISLAND, NEW YORK 11964-1549

**PROCESS DESCRIPTION - INNOVATIVE/ADVANCED ON-SITE
WASTEWATER TREATMENT SYSTEM REBATE PROGRAM:**

Instruction steps to begin the process for your new I/A system:

1. Do your research on the new low-nitrogen septic treatment systems and talk to design professionals or professional engineer or architects to determine what is the best system for your situation.

2. Fill out the Shelter Island Eligibility Verification / Conditional Commitment Application to determine if you are eligible for the Shelter Island Innovative/Advanced Rebate Program and how much financial support you may be able to receive. The Application forms can be picked up from the Town Clerks office (hard copy of application) or online on the Shelter Island Town website (at “Town Clerk”, “Septic Rebate Application”). The application at the town Website is a WORD documents with rich text insert fields.

3. Assemble documentation needed to accompany the Application, which is described in the Application Instructions page.

4. Apply for the Suffolk County and NY State Grant Septic Improvement Programs. Visit <http://www.reclaimourwater.info/Home.aspx> to fill out the application paperwork or call Suffolk County Department of Health Services at 631-852-5811.

5. Submit your Shelter Island application and documentation to the WQI Advisory Board, who will evaluate your application and make a recommendation to the Town Board to allocate funds to support your project. If approved by the Town Board the applicant will receive:
 1. Low-Nitrogen Sanitary System Conditional Rebate Agreement, and
 2. Certified Release of Septic Information.These documents must be signed and returned within 30 days of receipt. Funding will be released to the applicant *after the system is installed* and required documents have been submitted to and verified by the WQI AB.

6. The system design must then be created by a New York State Licensed design professional or professional engineer or architect, an SCDHS approved I/A installation contractor hired, and approvals obtained from the Suffolk County Department of Health Services. After approval is obtained, the Applicant must:
 - a. Provide a copy of the submission to the SCDHS,
 - b. Provide a copy of the SCDHS red Stamp permit *prior to the installation*,
 - c. Obtain permit Septic Registry at the SI Building Department.

7. The installation with an approved I/A low-nitrogen septic system may then be accomplished.

After the system is installed and the I/A system has been certified approved by the Suffolk County Department of Health Services:

1. The applicant must first submit a request for release of funding from the Suffolk County and NY State grants.
2. After receipt of the Suffolk County and NY State grants, release of funds reserved in the Shelter Island Conditional Commitment Rebate Agreement can then proceed. The applicant must submit a “WQI Funds Release Request (Form #2)” with supporting documentation to the WQI Advisory Board (the Release Request includes a checklist of documentation required). The WQI Advisory Board will evaluate the submission and recommend to the Town Board appropriate funding release.
3. The Town Board will then release funds by Town Board resolution.

TOWN OF SHELTER ISLAND
Water Quality Improvement Advisory Board (FORM #1)

**APPLICATION INSTRUCTIONS FOR FORM #1 – FILL OUT TO DETERMINE
ELIGIBILITY FOR RESIDENTIAL ADVANCED SEPTIC TREATMENT SYSTEM
REBATES**

Section 1 - Resident/residence information

Fill in all sections as appropriate. If there are any questions or unknown information (such as water test documents) indicate “not known”.

Notes:

- j) - Survey - The I/A position on the survey can be a hand drawn onto a copy of the current survey document. It is not necessary to have an official survey illustrating the system location for this application.
- m) – Water Treatment Devices – Water softeners, Reverse Osmosis units, chemical pH adjusters, etc.

Section 2 - Existing Septic System information

Fill in all sections as appropriate. If there are any questions or unknown information (such as water test documents) indicate “not known”.

Section 3 - Plans for Innovative and Alternative Onsite Wastewater Treatment System

It is anticipated that applicants will have contacted a New York State Licensed design professional or professional engineer or architect, and optionally a Suffolk County Department of Health approved installation contractor to assist on completing the application.

Notes:

- Overall - Detailed site-specific engineering information is **NOT REQUIRED** to apply.
 - b) A letter certifying a New York State Licensed design professional or professional engineer, or architect has been retained by the homeowner for design work of the system is required.
- Estimates are adequate for:
- c) System components,
 - d) Total System installation cost.

APPLICATION SUBMISSION:

7 copies of the application documents, and **one copy** of the recent Water Test results should be sent or dropped off to:

Shelter Island Town Hall
PO BOX 970
38 North Ferry Road
Shelter Island NY 11964
Attn: Clerk’s office, Attn: WQI Advisory Board Administrator

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TOWN OF SHELTER ISLAND

Water Quality Improvement Advisory Board - (FORM #1)

APPLICATION FORM TO DETERMINE ELIGIBILITY FOR RESIDENTIAL ADVANCED SEPTIC TREATMENT SYSTEM REBATES

note: application on the town Website is a WORD document with rich text insert fields – if used *please* change the document name to “WQI AB [your name and date]”

Signed _____ Date _____

I authorize the WQI AB 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.

Section 1 - Resident/residence information

- a) Owners name Click or tap here to enter text.
- b) Shelter Island Street Address Click or tap here to enter text.
- c) Shelter Island PO Box, Post office, zip
- d) Off Island address (if applicable) .
- e) Phone numbers/email address – cell
Shelter Island landline (if applicable)
Off Island landline phone (if applicable)
Email address(s)
- f) Year or Age of home
- g) Residence usage information - how many weeks per year the structure occupied?
- h) Number of residents during a typical occupancy
- i) Number of bedrooms
- j) Attach a site Survey document showing approximate area of installation [attach]
- k) Is this structure owner occupied or a rental property?
- l) Well Water source or municipal water system? If private, what was the date and results of last well water quality test? [attach **one copy** of the report]. If public, which public supply system Click or tap here to enter text.
- m) Types of water treatment systems on site
 - Water softening Reverse Osmosis Iron/manganese
 - Sediment Filtration pH adjustment system Chloride reduction
 - Other (describe) Click or tap here to enter text.

Section 2 - Existing Septic System information

- a) Age of existing septic system
- b) Type of current system - cesspit septic system other (describe)

- c) Capacity [if known]
- d) Last clean out of septic system (year – if known)

Section 3 - Plans for Innovative and Alternative Onsite Wastewater Treatment System

a) Project Request:

General Description of project

Reason for replacement of existing system

- System failure or poor performance
- Voluntary of a substandard system
- Building renovation or addition
- Other (describe)

b) Contracting Vendor(s) and price quotes or estimates [attach]

Name of NYS licensed Professional Engineer or design Architect retained

[Attach certification letter]

Installation Contractor

c) Components of requested treatment system- [if known/if applicable]

I/A OWTS unit and Model #

Use of existing or new leaching pool

Pressurized shallow drain field (if applicable)

d) Project Cost (estimated) \$

e) Owners plan for periodic maintenance of systems

f) Have you applied for Suffolk County and NY State Grants for this project?

Note: Homeowners *must apply* for the Suffolk County and NY State grants *in order to receive of a 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. Click or tap here to enter text.

----- WQIAB Use area -----

Region of the applicant (Near shore/interior)

Aquifer height above mean sea level in the area

Estimated aquifer flow per USGS
