



Town of Shelter Island

Water Quality Improvement Rebate

THIS AGREEMENT, is made this _____ day of _____, 2024 BETWEEN
_____, residing at
_____ (the "APPLICANT(S)")
and the TOWN OF SHELTER ISLAND, a municipal corporation, having its principal offices at
38 N. Ferry Road, PO Box 970, Shelter Island, New York, 11964 (the "TOWN").

I. GENERAL AGREEMENT

1. The parties agree that pursuant to the attached Resolution of The Town Board of the Town of Shelter Island and in accordance with Chapter 88 of the Town Code, the TOWN has authorized a conditional rebate of:

- Base Grant up to \$12,000.00
- PSD Incentive up to \$5,000.00
- Well Relocation set aside – \$4,000.00

at _____, Shelter Island,
New York subject to APPLICANT's compliance with the terms of this contract:

This agreement must be executed and returned (with a postmarked envelope) to the TOWN within thirty (30) days of the TOWN's mailing of the agreement to the APPLICANT or the approval will be void and the application considered withdrawn.

II. REQUIRED APPROVALS

2. APPLICANT must obtain approval from the Suffolk County Health Department to install an approved Low-Nitrogen Sanitary System as defined in Chapter 88 of the Shelter Island Town Code; and

III. INSPECTION

3. APPLICANT agrees to allow an inspection of the property for which the grant is sought by the TOWN at any reasonable time prior to, during or at the completion of the project; and

IV. REQUIREMENT TO APPLY FOR PRIMARY GRANTS

4. APPLICANT must apply for any available New York State and/or Suffolk County grant for which APPLICANT is eligible and must advise the WQI Clerk within 15 days of any such application; and
5. APPLICANT must execute a Certified Release of Septic Information Form permitting the TOWN to obtain all records from Suffolk County and/or the State of New York regarding any application made for a septic grant including complete copies of the application and ongoing updates and
6. If APPLICANT is ineligible for any County or State or provide the reason for such ineligibility and proof thereof; and
7. If combined with a New York State or Suffolk County grant or a grant issued by any other entity, the Shelter Island grant shall become secondary to all other grants and may be drawn upon only once other grant funds are exhausted; and

V. TIME FOR COMPLETION

8. APPLICANT must complete the project and submit the green-stamped final approval from the Suffolk County Health Department certifying proper installation of such system prior to release of any rebate funds.

VI. SEPTIC REGISTRY

9. Prior to issuance of any rebate funds, the APPLICANT must register the subject septic system with the Building Department pursuant to § 43-6.1 of the Shelter Island Town Code.

VII. PAYMENT OF GRANT UPON COMPLETION

10. Only after completion of the project and satisfaction of **all** the conditions, including a review of the expenses and a recommendation by the Water Quality Improvement Project Advisory Board, a rebate check for the actual eligible cost of the system and installation as applied for will be issued to the APPLICANT; and
11. APPLICANT must submit a list of appropriate expenses incurred for the project to the Water Quality Improvement Advisory Board which has sole discretion to determine which expenses are appropriate and eligible for the rebate and will measure the expenses against the usual and customary costs of certain equipment, materials, and labor, as well as any characteristics of the property that may aid or hinder the replacement. The following guidelines are offered as to appropriate and eligible expenses:
 - a. Engineering inspection and design
 - b. Survey maps

- c. Equipment
- d. Labor
- e. Materials
- f. Excavation or soil sampling required by SCDHS
- g. Relocation of private well if *mandated* by the SCDHS because of the I/A OWTS installation
- h. Costs for installation of a Pumped Shallow Drainfield system
- i. Requirements *mandated* by the SCDHS to meet their system design criteria
- j. Electrical and Plumbing installation directly associated with the I/A installation
- k. Salt brine redirection from a water treatment system to a dry well separate from the I/A
- l. Leveling/grading and seeding after installation
- m. Abandonment of obsolete septic or leaching pool

12. APPLICANT is the sole party responsible for paying for all costs and vendors associated with the project and APPLICANT agrees that the Town of Shelter Island is not responsible for either the quality of the work or payment of vendors for this project; and

13. APPLICANT is solely responsible for determination and payment of any taxes due as a result of the project; and

VIII. INDEMNIFICATION

14. APPLICANT, as well as APPLICANT's successors and assigns agrees to fully indemnify and hold the TOWN harmless for any damages of any kind sustained as a result of or arising out of the project associated with this grant whether occurring prior to, during or after installation including, but not limited to any damages caused by defect or failure of the system itself while in use; and

IX. OPTION TO INSTALL LARGER SYSTEM & PROHIBITION OF FUTURE EXPANSION

15. This rebate shall cover only those expenses associated with replacement by a nitrogen reducing septic system which is the lowest capacity system recommended by the manufacturer for the current legally existing structure, but APPLICANT may install a higher capacity system using APPLICANT's own funds to make up the difference in cost of purchase and installation between the lower and higher capacity system; and

16. No rebate may be issued if any application is made for a permit from the Suffolk County Department of Health upon which the funded project is to proceed which would allow construction of any new or additional bedroom or bathroom or for which the Suffolk County Department of Health would require the replacement of the septic system.

17. If a larger than required system is installed, and at any time within three (3) years of the date of the

issuance of the [Red Stamp] permit from the Suffolk County Department of Health, the above- described property is modified to allow construction of new or additional bedrooms or bathroom or if any application is submitted to the TOWN or to the Suffolk County Department of Health seeking such an expansion, **the rebate approval is void**, applicant is not eligible for any portion of the rebate, and any payments made to the APPLICANT pursuant to this grant must be returned to the TOWN. Should the APPLICANT fail to return the funds when requested, APPLICANT agrees to pay the TOWN's legal fees in connection with the TOWN's recouping of the funds; and

IF ANY OF THE ABOVE TERMS ARE NOT MET, OR THE PROJECT IS ABANDONED PRIOR TO COMPLETION, APPLICANT IS NOT ELIGIBLE FOR ANY PORTION OF THE REBATE.

Dated: _____

Town of Shelter Island

Amber Brach-Williams/Supervisor

Applicant certifies that he/she has read the above terms and agrees to them:

Name (print) _____

(signature) _____

Leave space for co-owner signature?

Name (print) _____

(signature) _____

Mailing Address: _____

Premises Address: _____

Phone: _____

Suffolk County Tax Map Number _____

Notary:

NOTE:

- *Applicant is required to return the original notarized **Agreement** and **Certified Release of Septic Information** form to the Water Quality Improvement Advisory Board Clerk, Jessica Montgomery.*
- *Fully executed copies of the Agreement will be filed with the Town Clerk, Building Department, Building Permits Examiner and Town Attorney.*