

**TOWN OF SHELTER ISLAND WATER QUALITY IMPROVEMENT ADVISORY BOARD**  
**Report to the Town Board - Innovative/Advanced Wastewater Treatment Rebate Request**

Owner's Name: \_\_\_\_\_ WQIP #: \_\_\_\_\_ WQIAB Appraiser: \_\_\_\_\_

Project Address: \_\_\_\_\_ Property ID: \_\_\_\_\_

Project Type –  Advanced Wastewater Treatment System  Pumped Shallow Drainage field.

WQIP AB Meeting Date – \_\_\_\_\_

**RECOMMENDATION – See Explanation Below.**

A.  **Fund Project at \$ \_\_\_\_\_ WQI Ab Recommends Town Board Issue Conditional Rebate Agreement**

B.  **Do Not Fund. Do NOT Issue Rebate. See Explanation Below.**

C.  **Set aside funding amount but Hold Conditional Rebate Agreement until provisions listed below are satisfied.**

Explanation for Recommendation:

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Funding Amount: Base Grant – \$ \_\_\_\_\_  
 PSD Incentive – \$ \_\_\_\_\_  
 Well Replacement set aside – \$ \_\_\_\_\_  
 Total funding requested – \$ \_\_\_\_\_

**A. PROJECT BENEFIT IN NITROGEN REDUCITON:**

Project Benefit	Score
Nitrate Reduction Kilograms Annually	

Result Summary – At this time the Location and Project Benefit Point Value Criteria are not being used in determining project approval. Reduction will continue to be calculated for potential future use in establishing Nitrate reduction from I/A funding support.

**B. DOCUMENTATION CHECKLIST:**

1. Ownership verified by:  SI Assessors list  Other: \_\_\_\_\_

2. Engineer/Architect retention Certification letter or final design survey sheet  Yes  No

3. SCDHS approved I/A OWTS?  Yes  No \_\_\_\_\_

4. SCDHS approved contractor?  Yes  No \_\_\_\_\_

5. Periodic maintenance plan established?  Yes  No \_\_\_\_\_

**C. NITRATE REDUCTION SUMMARY**

- 1. Estimated Annual Nitrate Reduction – \_\_\_\_\_
- 2. Gallons of Effluent Treated Annually – \_\_\_\_\_
- 3. 5-year ROI Cost/Result Ratio – Cost Per Kg (calculated at max. grant)- \_\_\_\_\_

**D. HOME and EXISTING SYSTEM SUMMARY**

- 1. Home Construction Date – \_\_\_\_\_
- 2. Owner’s Reason for Installation:  Voluntary     System Failing  
 SCDHS or SI Town Code Mandated     Emergency Safety Replacement
- 3. Existing System:  Two-Stage Vault/Leech Pool     Single Tank Block Cesspool
- 4. Comments: \_\_\_\_\_

**E. TOWN BOARD CERTIFICATION REQUIREMENT** Does the project....

- 1. Is fund balance available for the project?  Yes     No
- 2. Have a minimum 5-year use life?  Yes     No
- 3. Advance the articulated objectives consistent with one or more regional water quality improvement plan?  Yes     No
- 4. Advances the measurable quality improvement of the region?  Yes     No
- 5. Comply with state or regional water quality standards or targets?  Yes     No
- 6. Results in the accommodation of new or additional growth?  Yes     No

COMMENTS on Town Board Certification This project is supports the goals of the Suffolk County Comprehensive Water Resource Management Plan, 2011; the Peconic Estuary Program’s Comprehensive Conservation and Management Plan (CCMP); the Long Island Commission for Aquifer Protection (LICAP) Plan, as well as other State, Regional and Shelter Island Town plans. This project meets Certification Requirements.

Signed - \_\_\_\_\_ Date \_\_\_\_\_

Reduction in Nitrate Contaminant:

The amount of Nitrate is estimated by a calculation using the reported number of days the property is occupied, the number of residents typically at the site, and published Nitrate values of the per-person waste generated before and after the I/A system is installed. The calculation provides kilograms of nitrates removed annually from the effluent discharge into the aquifer and gallons of effluent treated. “Nitrate” as used in the procedure is defined as the content of Nitrate (as N). The measurement does not include other Nitrogen compounds such as Ammonia, Nitrite, and organics. The Nitrates standard is currently established at 10 mg/L in potable drinking water.