

SUFFOLK COUNTY Reclaim Our Water:

SEPTIC DEMONSTRATION PROGRAM FOR SINGLE FAMILY HOMEOWNERS

APPLICATION

Application Due: 4:30 p.m. on April 8, 2016

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

Email questions to: SepticDemo@SuffolkCountyNY.gov

Background:

Suffolk County is seeking qualified homeowners to participate in Phase-II of The County's Septic System Demonstration Program. Selected owners will receive a new state-of-the-art advanced treatment septic system. These systems remove harmful chemicals from household wastewater and will reduce nitrogen loading to our surface and ground waters. Best of all, these systems are being installed to demonstrate their efficacy at no cost to the property owner.

On Long Island, economic prosperity, public health and safety, and our quality of life based upon the quality of water that surrounds us. While all sources of water pollution have an impact on water quality, nitrogen pollution from failing septic systems has emerged, in the words of County Executive Steve Bellone, as "Public Water Enemy #1". Suffolk County, with a population larger than 11 states and a region that derives its drinking water from the ground, must pay particular attention to the 360,000 septic/cesspools in Suffolk, accounting for 74% of the homes.

Suffolk County is fully committed to reduce excessive nitrogen loading and with your participation in this program we will take a major step in Reclaiming Our Waters!

PLEASE NOTE:

This is a competitive program. Submission of a complete application does not guarantee program participation. Suffolk County reserves the right to request additional information from applicants.

Suffolk County Septic Demonstration Program: Site Rating Considerations

(minimum selection eligibility criteria marked with asterisk (*) are mandatory)

- ✓ The residence must be a primary residence and occupied 365 days a year. (*)
- ✓ The residence must be comprised of at least 3 people, but not more than 9 people. (*)
- ✓ The residence must be served by public water. (*)
- ✓ The residence must have a septic system or cesspool and not be connected to a public sewer or located in a sewer district. (*)
- ✓ The existing and proposed sanitary systems must not be located under the driveway. (*)
- ✓ There must be sufficient and available unpaved area in the front yard to install the innovative alternative system components (approx. 40' by 40' for homes in the high groundwater area and 30' by 30' for systems with single leaching pool) (*)
- ✓ Property is not a rental property. (*)
- ✓ No in-home business (other than a personal home office that does not require additional kitchen use or customer access) (*)
- ✓ No liens (other than mortgage) on the property (*)
- ✓ No history of criminal convictions (*)
- ✓ Not a current or former Suffolk County employee (*)
- ✓ Not an elected official or office holder of any political party (including official political party committee members) (*)
- ✓ Willingness by homeowner to allow public access for monitoring, educational tours (twice a month, on average), and system operation and maintenance (*)
- ✓ Homeowner documented financial need (copies of federal income tax return may be required as a proof) may be factored into assessment
- ✓ Location within 25-year surface water contributing area (County to verify)
- ✓ Availability of additional separation distances to the dwelling and property lines beyond the minimum requirements
- ✓ Age, design, size and functionality of existing cesspool, septic tank and leaching pool(s) (if known)
- ✓ Number of year round residents in the house, and their ages
- ✓ Interview required (estimate of water use and wastewater generation within home, laundry habits, bleach use, antibacterial soap use, possible use of medicines/medical devices inhibiting wastewater treatment, number and frequency of visiting guests, etc.)
- ✓ Accessibility to property and onsite wastewater disposal system components
- ✓ Availability of valid Certificates of Occupancy (CO) for the residence (*)
- ✓ The maximum grade slope must not exceed 5%
- ✓ The location for the demonstration system must be at least 100 feet from any wetland (County to verify)
- ✓ The location for the demonstration system must be at least 100 feet from any surface water (County to verify)

Notes:

(1) In areas where public water supply is not available, a demonstration may be conducted, subject to acceptable water quality (Suffolk County Department of Health Services (SCDHS) may conduct testing if recent water quality results are not available) and compliance with other SCDHS standards (e.g., separation distances from sanitary systems and private wells) (*)

(2) Properties with systems located in the side yard or backyard will be considered for participation in the program on a case-by-case basis, provided that the system location allows sufficient ease of access and meets other program requirements.

Name of Applicant: _____

Application # _____
Office Use Only

APPLICANT INFORMATION
(LIMITED TO SUFFOLK COUNTY SINGLE FAMILY HOMEOWNERS)

APPLICANT (MUST BE TITLED OWNER OF PROPERTY): _____

STREET ADDRESS: _____

HAMLET/VILLAGE: _____ NY _____ ZIP: _____

CONTACT PERSON: _____

CELL PHONE: _____ FAX_(IF ANY): _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

LOCATION

A) TAX MAP #: District _____ Section _____ Block _____ Lot _____

YEAR HOUSE WAS BUILT: _____

NUMBER OF YEAR ROUND HOUSEHOLD OCCUPANTS: _____

OF SINKS _____ # OF BATHTUBS/SHOWERS _____ # OF TOILETS _____

LAST YEAR'S 2013 Jan-Dec TOTAL WATER BILL: _____

LAST YEAR'S 2013 Jan-Dec TOTAL WATER BILL VOLUME USAGE: _____ DESCRIBE ANY LOW FLOW
OR WATER SAVING APPLIANCES OR FIXTURES (shower heads, toilets, washing machines):

LOT AREA: _____ SQUARE FOOTAGE OF DWELLING: _____

DO YOU HAVE SLAB/ CRAWL SPACE/ BASEMENT (Circle all that is applicable) _____

DO YOU HAVE GARAGE (NONE, ATTACHED, DETACHED) or STORAGE SHED (Circle all that is applicable) _____

DO YOU HAVE A COPY OF EXISTING SURVEY FOR THE PROPERTY (Y/N): _____ (please enclose a copy, if available)

WHAT ARE COMPONENTS OF YOUR EXISTING SANITARY SYSTEM (CESSPOOL ONLY; SEPTIC SYSTEM; BOTH SEPTIC SYSTEM
AND CESSPOOL) (Circle all that is applicable) _____

DESCRIBE WHY YOU AND YOUR FAMILY ARE INTERESTED IN PARTICIPATING IN SUFFOLK COUNTY'S SEPTIC
DEMONSTRATION PROGRAM:

Name of Applicant: _____

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SELECTION QUESTIONEER

Answering the following questions will allow us to determine if you are a viable candidate to participate in Suffolk County’s Septic Demonstration Program. Please mark “Yes” or “No” for all statements (below).

- Is this a primary residence that is occupied 365 days a year?. (Y/N):_____
- The residence is occupied by at least 3 people, but not more than 9 people. (Y/N):_____
- The residence is served by public water. (Y/N):_____
- The residence has a septic system or cesspool and is not connected to a public sewer or located in a sewer district. (Y/N):_____
- The existing sanitary system is located under the driveway. (Y/N):_____
- Availability of sufficient unpaved area in the front yard to install the innovative alternative system components (approximately 40’ by 40’ for high groundwater area and 30’ by 30’ for systems with single leaching pool) (Y/N):_____
- Property is not a rental property. (Y/N):_____
- No in-home business (other than a personal home office that does not require additional kitchen use or customer access) (Y/N):_____
- No liens (other than mortgage) on the property. (Y/N):_____
- No history of criminal convictions (Y/N):_____
- Not an elected official or an office holder of any political party and not an official political party committee member(s) (Y/N):_____
- Not a current or former Suffolk County employee (Y/N):_____
- Willingness to allow public access for monitoring and educational tours, and system operation and maintenance (twice a month on average) (Y/N): _____
- Availability of valid Certificates of Occupancy (CO) for the residence (Y/N): _____

OWNER CERTIFICATION OF APPLICATION (All legal owners on Title must sign)

I/We, _____ (print full name), 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 _____

Owner Signature _____

Owner Signature _____