CATSKILL WATERSHED CORPORATION

SEPTIC REHABILITATION AND REPLACEMENT PROGRAM

POST SEPTEMBER 1, 1997 REIMBURSEMENT APPLICATION

The information requested below is needed to determine whether and to what extent a particular septic system repair and/or replacement is eligible for reimbursement. Reimbursement may also be contingent upon inspection and pump-out of system to verify completion of repair and/or replacement.

Please return this completed application form and copies of all supporting documents within 90 days of completion of repair and replacement to: Catskill Watershed Corporation, P.O. Box 569, Margaretville, New York 12455.

Date Repair and/or Replacement Completed *(fill in date)*: ______________________________

Repair and/or Replacement Completed as a Result of (*check one):*

☐ New York City Department of Environmental Protection (NYCDEP) Notice of Violation (NOV)

☐ Unique Circumstances Warranting Repair and/or Replacement (*see back of application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒*)

1) NAME OF APPLICANT (*OWNER*): ______________________ ______________________

Last *First*

2) MAILING ADDRESS:

3) DAYTIME TELEPHONE:

(   )   -

3) STREET ADDRESS of SEPTIC SYSTEM (*if different than mailing address*):

4) TYPE OF BUILDING SERVED BY SEPTIC SYSTEM (*Check the one box that applies*):

☐ Residential (single family)

☐ Residential (two family)

☐ Mixed Residential/Commercial Use (one residential unit)

☐ Mixed Residential/Commercial Use (two residential units)

☐ None of the Above Building Types

5) SEPTIC SYSTEM REPAIR and/or REPLACEMENT VERIFICATION:

Please enclose copies of the following two (2) documents: **NYCDEP Construction Approval Report** and **NYCDEP "As Built" Drawing**, and certify the following by checking the box below:

☐ The Construction Approval Report and "As Built" Drawing accurately depict the system that I am applying for reimbursement.

6) CONTRACTOR WHO PERFORMED REPAIR and/or REPLACEMENT:

______________________ ______________________ ______________________

Name *Address* *Daytime Telephone*

7) **Total Reimbursement Amount Requested:** $ ____________

(fill in dollar amount)

8) In order to facilitate the prompt processing of your reimbursement request, please submit **copies** of the following documentation:

a) *Contractor Invoices*, **and**

b) Any one of the following:

☐Canceled Check(s) ☐Money Order Receipt(s) ☐Contractor Receipt(s)

I declare and affirm under the penalties of perjury that this claim is in all things, true and correct, that I am the owner of the above referenced system, and that I have not received any other source of reimbursement for the above referenced system.

______________________________ ______________________

Claimant Signature *(signature required for application processing)* *Date*