

# CATSKILL WATERSHED CORPORATION

## SEPTIC REIMBURSEMENT APPLICATION

Please return this completed application form and copies of all supporting documents upon completion of work to:  
Catskill Watershed Corporation, **669 County Highway 38 Suite 1, Arkville NY 12406**

1) NAME OF APPLICANT (*OWNER*): \_\_\_\_\_

CONTACT PERSON (*if different than applicant*) \_\_\_\_\_

2) MAILING ADDRESS: \_\_\_\_\_ DAYTIME TELEPHONE: \_\_\_\_\_

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

4) Reimbursement for:

**Repair/Replacement Program**  **Septic Maintenance Program (Pump-Out)**

Date work was completed: \_\_\_\_\_

5) CONTRACTOR/ ENGINEER WHO PERFORMED SEPTIC WORK:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Telephone

6) **Total Reimbursement Amount Requested:**

(*Fill in dollar amount*)

\$ \_\_\_\_\_

**CWC USE ONLY:**

**Total amount Approved for Reimbursement:**

\$ \_\_\_\_\_

7) In order to facilitate the prompt processing of your reimbursement request, please submit **copies** of the following documentation: Contractor Invoice(s), Inspection Check List (for Septic Maintenance Program), and any of the following:

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

8) I declare and affirm under the penalties of perjury that this claim is in all things, true and correct, that I am the owner or representative 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*

Processed by \_\_\_\_\_



## SEPTIC TANK PUMP OUT AND INSPECTION CHECK LIST

Check one: NEW CONSTRUCTION \_\_\_ PREVIOUSLY IN CWC PROGRAMS \_\_\_

Homeowner Name \_\_\_\_\_ Tax Map # \_\_\_\_\_

Address \_\_\_\_\_

Inspector Signature and Company \_\_\_\_\_

Volume of septage removed from septic tank by contractor: \_\_\_\_\_ gallons

Tank capacity: \_\_\_\_\_ gallons

Depth of soil over septic tank access cover \_\_\_\_\_

Soil removed by Homeowner  Yes  No

Observed Condition:

- |                                      |                               |                               |                              |
|--------------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Baffles                           | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| B. Tank walls, floor                 | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| C. Access Cover                      | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| D. Effluent Filter<br>(if installed) | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |

Other Notes \_\_\_\_\_

**Return this form with signed reimbursement form, contractors receipt and proof of payment to  
Catskill Watershed Corp. 669 County Highway 38- Suite 1, Arkville, NY 12406**