



SEPTIC SYSTEM REPAIR, REMEDIATION OR REPLACEMENT REIMBURSEMENT PROGRAM

This program reimburses 50% of **eligible** costs of septic system repair, remediation or replacement filed with Westchester County Health Department for properties, residential or commercial, in the New York City watershed.

Property Owner/Address: _____

Phone Number: _____ Email: _____

Tax Lot Number: Section: _____ Block: _____ Lot: _____

Mailing Address (if different than property address): _____

Septic Contractor Name: _____ Email: _____

Septic Contractor Address: _____ Phone #: _____

Step 1 You need a Notice of Non-Compliance issued by Westchester County Department of Health that your septic system was found in failure. Before any repair, remediation or replacement work is performed, contact Joe Mancini, County Health Department, at 914-224-7656 to obtain the Notice of Non-Compliance and to ensure prior approval or inspection of such work is properly coordinated with the Department.

Step 2 Supply the following for review to the Town of Bedford, Attention: Jeffrey Osterman, Director of Planning, 425 Cherry Street, Bedford Hills, NY 10507 or email: josterman@bedfordny.gov

- This application form, completed, signed, dated and **notarized**.
- Notice of Non-Compliance
- Septic contractor's contract for the work approved by the Health Department, including itemized scope of work with corresponding cost breakdown.
- Photographs of septic system and property **prior** to work showing failure of the septic system, if practicable.

Step 3 Receive notification from the Town of Bedford, that the project has been reviewed and approved by the Town, and if applicable by the County.

Step 4 Your septic contractor completes the work and receives final County Health Department sign-off to the extent required by the Department.

Step 5 Supply the following to the Town of Bedford; Attention: Jeffrey Osterman, Director of Planning, 425 Cherry Street, Bedford Hills, NY 10507 or josterman@bedfordny.gov

- Photographs showing each stage of the work, and the completion of the project.
- Contractor's signed receipt for payment in full.
- Health Department final approval or inspection report, if required.
- Address to which the reimbursement check is to be mailed.

Under penalty of perjury, the undersigned property owner attests that the information and documentation furnished is true, correct and complete.

Date: _____ Signature: _____

Print Name: _____

Sworn to before me this ____ day of _____, 20 ____

NOTARY PUBLIC