

TOWN OF BEDFORD



SEPTIC SYSTEM REPAIR, REMEDIATION OR REPLACEMENT REIMBURSEMENT PROGRAM

This program reimburses 50% of eligible costs of septic system repair, remediation or replacement filed with the Westchester County Health Department for properties, residential or commercial in the New York City watershed. See reverse side for description of eligible and ineligible costs and required approvals of those projects exceeding \$20,000 in cost.

Property Owner/Address: _____

Phone Number: _____ Email: _____

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

Septic Contractor/Address: _____

Phone Number: _____ Email: _____

Step 1 You will need a Notice of Non-Compliance issued by the 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 of the County Health Department at 914-224-7656 to obtain the Notice of Non-Compliance and to ensure that 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 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.

Print name: _____ Date: _____

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

NOTARY PUBLIC