



**Environmental
Facilities
Corporation**

**Department of
Environmental
Conservation**

**Department of
Health**

State Septic System Replacement Program

Program Summary

What will Grant Funding Cover

Grant will cover ½ the cost of repair or replacement of a septic system up to a maximum amount of \$10,000.00.

Grant is a reimbursement program. Owner will pay full cost of repair or replacement and be reimbursed after project is completed.

Repairs includes but not limited to:

- Service Lines Broken

- Septic tanks that cracked, shows signs of deterioration or is structurally unsound

- Distribution box is not level

- other system components that are not properly installed, deteriorated or not functioning.

Replacement includes:

- Failed systems-total replacement

- Replacement of a absorption field located within 100 feet of water body to a location completely outside of the 100 feet buffer.

- Replace absorption field located within 100 feet of water body with a new system that includes the use of a enhanced treatment technology (ETU).

What costs will Grant Funding **NOT** Cover

Routine Maintenance such as pumping out of the septic tank

Any expenses that are not appropriately documented

Government Permit fees

Interest and late fees

Fines and penalties

Payment of sales tax

Non-essential beautification

Interior plumbing changes

To be eligible for Grant Funding

Subject Property's Septic System must be within 250 feet of the waters edge in a targeted waterbody

Target areas include:

Deer Lake , Fly Lake, and Sky Lake in the Towns of Windsor and Sanford

Whitney Point Lake/Reservoir in the Towns of Lisle and Triangle

Park Creek and tributaries in the Town of Binghamton

Primary Aquifers in Broome County

To be eligible for Grant Funding

Must be a single family, Two family or small business

Design flow cannot exceed 1000 gallons per day. (1 bedroom equals 110 GPD)

You Meet the eligibility requirements

You are interested in the program

What Now



Fill out a Grant Application Form and send in to Broome County Health Department

Broome County Health Department will call you and Schedule a site visit to determine if septic system is eligible for funding.

A technician from Broome County will assess the current septic system to determine if some or all components will be eligible for grant funding.

A eligibility letter will be sent to property owner informing them that the County has determine that some or all of the septic system is eligible for grant funding.

The letter will include a Broome County application for septic system permit application

For Office Use Only

BCHD PLANS

ENGINEERED PLANS

File # _____

Staff _____
Specs Date _____
Checked _____
Inspector _____
Comp. Date _____
Checked _____

Engineer _____
Plan Approval _____
Final Approval _____
Installer _____

Recorded – Database eHIPS
Date Received _____

APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT
BROOME COUNTY HEALTH DEPARTMENT – 225 FRONT ST, BINGHAMTON NY 13905-2424 (607) 778-2847

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE

APPLICANT INFORMATION

Applicant _____
Phone Number (Home) _____ Work _____ Cell _____
E-mail Address _____
Mailing Address: Street _____
City _____ State _____ Zip _____

PROPERTY OWNER INFORMATION

Owner _____ Phone Number _____
Mailing Address: Street _____
City _____ State _____ Zip _____

PROPERTY INFORMATION

Property Address _____
Tax Map No. _____ Town _____
Lot Size _____ acres Name of Subdivision (if any) _____
Type of Building _____ Existing or New _____ Age _____
(house, mobile home, etc.)
Total # of Bedrooms _____ Low Flow Fixtures Installed (yes or no) _____ Garbage Disposal (yes or no) _____
(1993 or later)
Request for Class 1 Aeration Unit (ETU) (see note on back) Water Supply: Public Private Well
SIGNATURE _____ DATE _____

Broome County Health Department
Onsite Residential Wastewater Treatment
Enhanced Treatment Unit (ETU) Request

I am requesting to install a NSF Class 1 Enhanced Treatment Unit (ETU) as part of the onsite residential wastewater treatment system at the below referenced address. I understand that this system will require continuous electric supply and maintenance by a factory authorized service center for the life of the unit.

I will enter into and renew a maintenance contract with an authorized service center for the life of the unit. I will also upon selling or transferring the title of the property the unit services inform the new owner of the requirements outlined in this request.

Property Information

Address: _____

Tax Parcel Number: _____

Township/Village of: _____

Permit Number: _____

I _____ acknowledge and will abide by the terms of this request.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

(If more than one owner both sign)

Permit application has a \$190.00 Fee (cost not included in grant funding)

After permit is submit Broome County will do a soil evaluation at the site.

Property owner will need to provide a method to have a 6 foot deep hole dug at the proposed location for a system.

Broome County will use this information and design a system for the permit.

Broome County will send the applicant a set of specifications from the system.

BROOME COUNTY HEALTH DEPARTMENT
225 FRONT STREET
BINGHAMTON, NY 13905

SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

NAME: Delessio, Mindy

TAX NUMBER: 103.00-2-37.2

ADDRESS: 267 Hawkins Rd; Nineveh, NY 13813

MUNICIPALITY: FENTON

PROPERTY LOCATION: 267 Hawkins Rd

FILE NUMBER: 61-00754

DATE OF ISSUE: May 21, 2018

TAKE NOTE: THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

This permit is valid for sewage flows NOT in excess of 330 gallons per day (3 bedroom house or equivalent). This permit is valid for one year from the date of issue. If construction is not completed within this period, your application must be updated by the Health Department. This permit is not transferable (to another person or property) and may be revoked or suspended for cause.

This permit comprises permission to construct the sewage disposal system described herein, on the above-described property. Approval of such construction is subject to satisfactory inspection by a Health Department representative prior to covering. It is to your advantage to insist on a fixed price for the completed system. Construction must be exactly as specified herein and done in accordance with reasonable construction practice, as well as the below listed particulars:

1. **If for any reason any of the following conditions cannot be met, call the Broome County Health Dept. at 778-2887 before continuing work.**
2. Roof leaders, cellar and/or footer drains must be entirely separate from the sewage system and must be located (discharged) at least 20 feet from it. Water softener backwash will not affect the septic tank but may decrease the life of the rest of the system.
3. A garbage disposal is not recommended with this system. An additional 250 gallons of capacity is required when a garbage disposal system is in use or planned for future use. A dual-compartment tank or two tanks in series as well as a gas deflection baffle must be provided.
4. All household wastewater including bathroom, laundry, and kitchen drains must be discharged to this system.
5. Whenever stone is specified, #2 washed round or crushed is intended. Buy only clean stone and keep it clean.
6. Add permeable geotextile or a 2 inch layer of hay over any washed stone before backfilling. This must be on site at time of inspection.
7. All piping must be continuously well supported to prevent settling. Standard PVC sewer and drainpipe may be used below 5 foot depth only if properly bedded with stone or sand.
8. On sloping sites, a diversion swale must be provided above the system to prevent runoff from infiltrating or eroding the system.
9. Broken concrete units may not be repaired. Cracks that do not compromise the structural integrity of the unit may be patched.
10. Do not work when ground is frozen or excessively wet. Frozen or excessively wet material is unacceptable for backfill.
11. The system must be installed at least 2 feet above groundwater, bedrock or shale.
12. No part of the system is to be placed in an area with greater than 15% slope.
13. At least one cleanout with a properly fitted plug is to be provided every 90 feet between the house and the septic tank.
14. If a pump is required, contact the Health Dept. before installing the unit. An audible or visual alarm must be wired separately. A chamber of at least the capacity of a full day's design flow must be provided.

CONSTRUCTION AND MATERIALS SPECIFICATION

BUILDING SEWER: <u>YES</u>	4" cast iron or Schedule 40 NSF plastic with watertight leaded joints or rubber gaskets; minimum grade 1/4" / ft.; minimum distance to any water supply: 25'. Maximum pipe bends of 45°.
CLASS ONE NSF APPROVED AERATION UNIT: <u>YES</u>	A NSF Class 1 aerobic unit with a rated capacity of 330 gallons per day. Minimum distance from house is 10'; from any water supply is 50'. Level and support unit on a minimum of 3" of sand or pea stone. Seal inlet and outlet pipes watertight by means of cast in place plastic gaskets. A MINIMUM TWO YEAR MAINTENANCE AGREEMENT MUST BE SIGNED AND COPIED TO THE BROOME COUNTY HEALTH DEPARTMENT BEFORE APPROVAL IS GRANTED. THE MAINTENANCE AGREEMENT MUST BE RENEWED, AS NEEDED, FOR THE LIFE OF THE SYSTEM AND A COPY SUBMITTED TO THE LOCAL HEALTH UNIT.
SEWER FROM SEPTIC TANK TO DISPOSAL AREA: <u>YES</u>	4" cast iron or Schedule 40 PVC with watertight leaded joints, bonded joints, or rubber gaskets is required from outlet of tank over disturbed earth; may use standard sewer and drain pipe beyond disturbed area: minimum grade 1/8" / ft.; minimum distance to any water supply: 50'.
DISCHARGE TRENCH: <u>No</u>	Length ' by Width "; Depth varies. Discharge trench will have a pipe length of 10' less than the overall trench length and daylight at end of trench. The discharge trench shall not impact neighboring properties. Please refer to the attached sketch for cross sections and installation details.
CONDITIONS:	We recommend the existing septic tank be pumped and inspected for defects. If the tank is structurally sound, it can be placed in series before the aeration unit. AN ABSORPTION BED WILL FOLLOW THE CHLORINATOR AND AERATION UNIT - SEE ATTACHED DIAGRAM FOR DETAILS. THE BED MUST BE INSTALLED IN THE UPPERMOST PERCABLE SOILS AS MUCH AS POSSIBLE.

AN INSPECTION DATE AND TIME WILL NOT BE SCHEDULED FOR THE AERATION UNIT UNLESS ALL PUMPS, MOTORS AND THE CHLORINATION UNIT WITH TABLETS HAVE BEEN INSTALLED.

THIS SYSTEM MUST BE INSTALLED BY A CONTRACTOR REGISTERED WITH THE BROOME COUNTY HEALTH DEPARTMENT. PLEASE READ THE ENTIRE SPECIFICATION CAREFULLY BEFORE STARTING WORK ON THE SYSTEM.

The applicant is responsible to contact a Broome County registered contractor to have estimates done for the work as specified.

Applicant is encouraged to get multiple estimates for the work.

Once a contractor has been selected a Project Information form will need to be filled out and submitted to the County Health Department with a itemized proposal from the Contractor.

Upon receiving and reviewing the Project Information form a award letter will be sent to the applicant. You need to sign and return this letter

The award letter must be sent to the County with the applicants signature on it.

A Notice to Proceed will be sent to the applicant after the sign award letter is received by the County.

DO NOT START ANY WORK ON THE SYSTEM BEFORE THE NOTICE TO PROCEED IS SENT TO THE APPLICANT. ANY WORK STARTED BEFORE THE NOTICE TO PROCEED IS SENT WILL NOT BE COVERED BY THE GRANT!!!!

Once the project is finished a Request for Reimbursement will need to be submitted to Broome County Health Department.

Broome County will submit a list of projects to the State for funding reimbursement.

Please allow 4 to 6 weeks after request is submitted before reimbursement is received