

COUNTY OF SUFFOLK

Edward P. Romaine
Suffolk County Executive



I/A Septic System Maintenance Contract Renewal Program

CONTACT INFORMATION:

Homeowner Name: _____

Mailing Address: _____

Address Where you Reside: _____

Phone Number: _____ E-Mail Address: _____

I/A SEPTIC SYSTEM PROPERTY ADDRESS:

Street: _____

Hamlet/City: _____ State: _____ ZIP Code: _____

REIMBURSEMENT REQUIREMENTS:

- Confirm your home is located within the groundwater contributing area to the Peconic Estuary.
- You must provide a copy of the signed Operation and Maintenance Contract Renewal, if not yet provided to the Department by your Service Provider.
- You must provide proof of payment (a copy of the front and back of a cashed check, a copy of a credit card / bank statement or a written receipt for cash).

PLEASE RETURN THIS COMPLETED FORM TO:

Via e-mail: PEPSeptic@SuffolkCountyNY.gov

Via delivery: Suffolk County Department of Health Services, Office of Ecology, O&M Contract Renewal Program, 360 Yaphank Avenue, Suite 2B, Yaphank, NY 11980.

Questions? Call us at: (631) 852-5811
PeconicEstuary.org/projects/bil/iasystems/

Eligibility Requirements:

- The Operation and Maintenance Renewal Contract must be effective on or after May 1, 2023.
- The home must be located within the groundwater contributing area to the Peconic Estuary as defined in the Suffolk County Subwatersheds Wastewater Plan.

FOR OFFICE USE ONLY

I/A Number: _____ Tax Map Number: _____