

CONVERSE COUNTY CONSERVATION DISTRICT
Septic Improvement Projects
Project Application

Landowner/Operator: _____

Physical Address of Work: _____

Mailing Address: _____

Phone Number: _____

Tax ID or SSN (for 1099): _____

Project name and brief description: _____

Location of the project (Please attach a sketch of the operation's layout: location of house, roads, water sources, streams, well, etc.)

Waterbodies potentially impacted: _____

Distance to surface waterbodies _____ Groundwater depth _____

Age of septic system (if known) _____

Potential water quality concerns. Include any additional narratives, photographs, drawings, etc. if available. In addition, please include any water quality information supporting the need for the project if available:

Type of structural and/or management practices possible to improve water quality:

Water quality protection/improvement opportunities _____

Other information that may be useful _____

Signature of landowner: _____ Date: _____

Permission is given to the Converse County Conservation District to do an on-site visit to ensure criteria are met for project. The district will notify landowner in advance to set up date and time of visit. _____ Initial Here

Date Applicant Notified CD: _____

Date Completed: _____

Actual Cost: _____

CCCD Reimbursement Amount: _____