

## Converse County Conservation District Septic Maintenance Cost-Share Application

Name of Applicant \_\_\_\_\_

Address of Septic System \_\_\_\_\_

Applicants Mailing Address \_\_\_\_\_

Applicants Phone Number \_\_\_\_\_

I, \_\_\_\_\_ agree to participate in the Converse County Conservation District Septic System Maintenance Cost-Share program. I understand that applications shall be considered on a first come first served basis, subject to budget availability.

As a participant in the Septic Maintenance Program, I am required to:

1. Complete and submit this application to the Conservation District.
2. Obtain approval from Converse County Conservation District before work is initiated.
3. After approval, the property owner shall contact and schedule work with the contractor.
4. After contractor has been paid in full by the property owner, proof of payment shall be returned to the Conservation District **no later than June 30<sup>th</sup>** of the fiscal year.
5. Before reimbursement is considered, property owner must also return the completed inspection form to the Conservation District.

Date Application was Received: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Date of Completed Work: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

CCCD Reimbursement Amount: \_\_\_\_\_