

Clarks River Septic Repair Program Application

To be filled out by landowner:

Landowner Name _____

Address _____

Location (if different from above address) _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell phone _____

I am requesting assistance through this Clarks River WBP - BMP Implementation grant program. I understand the requirements outlined in the *Homeowner and Installer Guide for the Clarks River WBP – BMP Implementation Program*, and agree to adhere to those requirements.

Signature

Date

To be filled out by project manager:

Application No. _____ Date & Time Received _____

GPS Coordinates _____ Focus area _____

Site Visit Notes (date) _____

Health Dept. Site Evaluation Fee Paid (Y/N) _____ Results Received (Y/N) _____

Attended Maintenance class (Y/N) _____

Installer Bids Received (Y/N) _____ Lowest Bid Price _____

Installer Chosen _____

Groundwater Protection Plan Received (Y/N) _____

Approximate date of installation _____

Final Inspection Results Received (Y/N) _____

Payment Made (Amount, Date, Check #) _____