

SHAWNEE COUNTY CONSERVATION DISTRICT

NON-POINT SOURCE POLLUTION CONTROL PROGRAM

APPLICATION FOR COST SHARE

ONSITE WASTEWATER SYSTEM REPAIR

AS OF FISCAL YEAR 2023-COMPLETE SYSTEM REPAIRS ONLY APPLY

Date _____

Are you the Landowner? ____ Yes ____ No

Residence currently/continuously occupied ____ Yes ____ No

Repair of older system? ____ Yes ____ No

Contacted County Health & Environment? ____ Yes ____ No

Is the repair urgent? ____ Yes ____ No

LANDOWNER INFORMATION: (List all owners and percent)

Name _____

Address of project _____

City _____ State _____ Zip _____

Phone _____ cell phone/email _____

Mailing address for payment _____

City _____ State _____ Zip _____

W-9 Form Needed (each landowner or entity) for Tax ID (check when complete)

Residence water: ____ Well ____ ' from system ____ Rural ____ City

Abandoned well on Property? ____ Yes ____ No

I understand this is an application only: Signature _____ Date _____

LAND IDENTIFICATION:

Legal Description _____ Hydrologic Unit _____

TMDL _____ ELIGIBILITY _____

Attach a Map

****More Information on back

***No work started until approval & contract signed**

****Need to obtain a permit from county sanitarian -required by that agency-***

***Contact Contractor: (lists are provided, if needed-not required to choose from list) It is suggested to get at least three bids. It is the landowner's responsibility to pay the contractor in full.**

***When all bills are turned in and sanitarian has submitted that repair is certified—a check will be mailed to landowner(s).**