



**Comhairle Chontae Liatroma  
Leitrim County Council**

**Domestic Waste Water Treatment Systems  
(DWWTS) Grant for houses in High Status  
Objective Catchment Areas (HSOCA)**

**Application Form DWWTS HSOCA (a)**

**Environment & Rural Water Department  
Leitrim County Council  
Park Lane House  
Carrick on Shannon  
Co. Leitrim, N41 RX53**

**Tel No: (071) 9620005 ext 152  
Email: [ruralwater@leitrimcoco.ie](mailto:ruralwater@leitrimcoco.ie)**

## **APPLICATION FORM**

**Works for the remediation, repair, upgrade or replacement of a Domestic Waste Water Treatment System (DWWTS), in a High Status Objective Catchment Area (HSOCA), where a person has received a letter from the local authority confirming eligibility to apply for a grant.**

- Please read the information notes before completing the application form.
- All questions on the form must be answered and where specified, supporting documents must be provided. Incomplete forms, or those which are not accompanied by the appropriate documents, will **NOT** be processed.
- Work must **NOT** start before the local authority or its representative's visit. If work has started before that date, the application will **NOT** be considered.
- The grant scheme is administered by local authorities. Any enquiries should be addressed to the local authority's Rural Water Liaison Officer.
- All forms to be used can be obtained from the local authority, who will provide assistance with completing them if required.
- In respect of an applicant receiving grants, subsidies or similar type payments from a Government Department or Public Authority that have a total value of more than €10,000 during the year, you will need an e-Tax Clearance Certificate.
- The local authority reserves the right to make any necessary enquiries to verify information or for clarification of supporting documents provided with a grant application. An application that includes false or misleading information or documents will not be approved for a grant.

1. Details of Applicant:	
Name of applicant (in Block Capitals):	
Address (location of DWWTS):	
Eircode:	
Telephone Number:	
Email Address:	
E-Tax Clearance Certificate printout:	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 12 months, have you received a grant from any public body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Amount:	€
Date Paid:	
2. Checklist to identify defects:	
(a) Has the DWWTS been de-sludged within the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Is all surface water / roof water diverted away from the DWWTS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) What is the system type?	Septic Tank <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>
(d) Has the system been inspected and maintained within the last 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>

(e) What is the infiltration type?	Soakaway <input type="checkbox"/> Percolation Area <input type="checkbox"/> Raised Percolation Area (Mound System) <input type="checkbox"/> Polishing Filter <input type="checkbox"/> Pipe to surface water <input type="checkbox"/> Wetland / Reed Bed <input type="checkbox"/> Willow Bed <input type="checkbox"/> Other (Please Specify below) <input type="checkbox"/> <hr/>
(f) Is there presence of adverse vegetation (percolation) indicators in the infiltration area such as: - Wet areas / ponding - Lush grass - Rough lands / rushes etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. General Description and costs of works to be undertaken, as prepared by a competent person (copy of full proposal must also be attached):</b>	
<b>4. Previous Payments:</b>	
Was any grant paid in respect of this property in the last 7 years?  If yes, please provide details:      Amount:   Date Paid:	Yes <input type="checkbox"/> No <input type="checkbox"/>          €

**5. Details Contractor(s):**

(E-Tax Clearance Certificate printout for each contractor must be provided)

<b>Contractor 1:</b>	<b>Contractor 2 (if applicable):</b>
<b>Contractor Name:</b>	<b>Contractor Name:</b>
<b>Contractor Address:</b>	<b>Contractor Address:</b>
<b>Eircode:</b>	<b>Eircode:</b>

**6. Declaration:**

I declare that the information provided by me on this grant payment claim form is correct and I understand that the provision of any false or misleading information or invalid supporting documentation may result in this claim being cancelled.

**Signature of Claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKLIST:**

Please ensure that the following documentation is included with your claim for payment of a grant:

☐ Itemised receipts for all work(s) carried out

☐ Proposal of works included

☐ e-Tax Clearance Certificate printout for each contractor engaged.

**PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS HSOCA (a) AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE.**