



**Comhairle Chontae Liatroma
Leitrim County Council**

**Domestic Waste Water Treatment Systems
(DWWTS) Grant for houses in Prioritised Areas
for Action (PAA)**

Application Form DWWTS PAA (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**

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"/>
Reference on letter from LAWPRO:	
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"/>
3. General Description and costs of works to be undertaken, as prepared by a competent person (copy of full proposal must also be attached):	
4. Previous Payments:	
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)	
Contractor 1:	Contractor 2 (if applicable):
Contractor Name:	Contractor Name:
Contractor Address:	Contractor Address:
Eircode:	Eircode:
6. Declaration:	
<p>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.</p>	
Signature of Claimant: _____	
Date: _____	
CHECKLIST:	
<p>Please ensure that the following documentation is included with your claim for payment of a grant:</p>	
<input type="checkbox"/> Itemised receipts for all work(s) carried out	
<input type="checkbox"/> Proposal of works included	
<input type="checkbox"/> e-Tax Clearance Certificate printout for each contractor engaged.	
<p>PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS HSOCA (a) AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE.</p>	