



## Weston County Natural Resource 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 Weston County Natural Resource District (WCNRD) 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 Weston County Natural Resource 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.
5. Before reimbursement is considered, property owner must also return the completed inspection form to the Conservation District.