**A picture containing text, mammal

Description automatically generated  
Septic Maintenance Cost Share Program**

**Application and Agreement**Providing leadership in conserving the natural resources in Weston County by

providing information, education and technical assistance to meet the needs of our users.

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Septic System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, contact and schedule work with the contractor.
4. Be sure to get the Checklist completed by the contractor following maintenance.
5. After contractor has been paid in full, return by 1st Tuesday of the month:
   1. Proof of payment (receipt) to the Conservation District
   2. Completed inspection report

**Please drop off or mail checklist and receipt to:** Weston County Natural Resource District

1225 Washington Blvd. Suite 3

Newcastle WY 82701

Reimbursement of $100.00 will be processed at the next Board meeting.

**Questions?** Contact Caleb Carter, WCNRD Manager, at 307-746-3264 ext. 111

**MUST BE COMPLETED BY APRIL 28, 2023 TO RECEIVE REIMBURSEMENT**