



Septic Maintenance Cost-Share Program Checklist

Checklist to be completed by contractor and submitted by applicant with invoice.

Name of Applicant _____

Address of Septic System _____

1. How full was the septic tank?

- a. 0-25%
- b. 25-50%
- c. 50-75%
- d. 75-100%
- e. 100%

2. Is the septic tank in good working order?

- a. Yes
- b. No

If No, Explain: _____

3. Suggested maintenance: _____

Please continue on the back side...

4. Suggested pumping schedule: _____

5. Evidence of shallow groundwater?
- a. Yes
 - b. No

COMPANY INFO

Inspection Company Name _____

Contact _____

Address _____

Phone Number _____ Email _____

Inspector Signature: _____ Date of service: _____

Landowner Signature: _____ Date: _____

APPLICANT

Remember to submit this Checklist and a copy of the receipt of service by the 1st Tuesday of the month to receive reimbursement of \$100.00.

Please drop off or mail checklist and receipt to: Weston County Natural Resource District
1225 Washington Blvd. Suite 3
Newcastle WY 82701

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