FORM DWWTS PAA (a) 2024



Domestic Waste Water Treatment Systems Grant for houses in Prioritised Areas for Action

Application Form DWWTS PAA (a)

Environment Department

Clare County Council

Áras Contae an Chláir

New Road

Ennis

Co. Clare

V95 DXP2

Phone No: (065) 6846331

Email Address: enviroff@clarecoco.ie Version (January 2024)

APPLICATION FORM

Works for the remediation, repair, upgrade or replacement of a Domestic Waste Water Treatment System (DWWTS) in a Prioritised Area for Action, where a person has received a letter from the Local Authority Water Programme Office (LAWPRO) 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 <u>not</u> 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.

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, and will exclude from consideration for a grant any applicant who supplies false or misleading information or documents.

1. Details of the Applicant	
Name of applicant (in block capitals):	
Address (location of DWWTS):	
EIRCODE (required):	
Daytime telephone no:	
E-mail address:	
Reference on letter from LAWPRO:	

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2. Checklist to identify defects	
(a) Has the DWWTS been de-sludged within the last year?	Yes □ No □
(b) Is all surface water/roof water diverted away from the DWWTS?	Yes □ No □
(c) What is the system type?	☐ Septic tank
	☐ Secondary
	□ Tertiary
(d) Has the system been inspected and maintained within the last 2 years?	Yes □ No □
(e) What is the infiltration type?	☐ Soakaway
	☐ Percolation area
	☐ Raised percolation area
	(Mound System)
	☐ Polishing filter
	☐ Pipe to surface water
	☐ Wetland/Reed bed
	☐ Willow bed
	☐ Other (specify on separate sheet)
(f) Is there presence of adverse vegetation (percolation) indicators in the infiltration area such as:	Yes □ No □
wet areas/ponding,	
lush grass,	
rough lands/rushes, etc.	
3. General description and cost of wor	ks to be undertaken, as prepared by a
competent person (copy of full propos	sal must also be attached)

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4. Previous payments		
Was any grant paid in respect of this DWWTS in the last 7 years?	Yes □ No □	
If yes, please provide details:		
amount:	€	
date paid:		
5. Details of Contractor(s) (e-Tax Clearance printout for each contractor <u>must</u> be provided)		
Contractor 1	Contractor 2 (if applicable)	
Contractor name:	Contractor name:	
Contractor address:	Contractor address:	
EIRCODE:	EIRCODE:	
6. Declaration		
I declare that the information provided by me on this application form is correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this claim being cancelled.		
Signature of applicant:		
Date:		
CHECK LIST		
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 printout for each contractor engaged.		
PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS PAA (a) AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE		