



**Comhairle Contae  
Dhún na nGall**  
Donegal County Council

**Domestic Waste Water Treatment Systems Grant  
for houses in  
High Status Objective Catchment Areas**

**Application Form DWWTS HSOCA (a)**

Central Laboratory

Donegal County Council

Railway Road

Stranorlar

Lifford PO

Co Donegal

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## FORM DWWTS HSOCA (a) 2024

### 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, 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.
- 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 the Applicant

Name of applicant (in block capitals):	
Address (location of DWWTS):	
EIRCODE (required):	
Daytime telephone no:	
E-mail address:	
Reference on letter from local authority:	



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### 4. Previous payments

Was any grant paid in respect of this property 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 must 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 Certificate printout for each contractor engaged.

**PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS HSOCA (a) AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE.**