



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

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

Application Form DWWTS PAA (a)

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Version (January 2024)

FORM DWWTS PAA (a) 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 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):	

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EIRCODE (required):	
Daytime telephone no:	
E-mail address:	
Reference on letter from LAWPRO:	
2. Checklist to identify defects	
(a) Has the DWWTS been de-sludged within the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Is all surface water/roof water diverted away from the DWWTS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) What is the system type?	<input type="checkbox"/> Septic tank <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
(d) Has the system been inspected and maintained within the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) What is the infiltration type?	<input type="checkbox"/> Soakaway <input type="checkbox"/> Percolation area <input type="checkbox"/> Raised percolation area (Mound System) <input type="checkbox"/> Polishing filter <input type="checkbox"/> Pipe to surface water <input type="checkbox"/> Wetland/Reed bed <input type="checkbox"/> Willow bed <input type="checkbox"/> Other (specify on separate sheet)
(f) Is there presence of adverse vegetation (percolation) indicators in the infiltration area such as: wet areas/ponding, lush grass, rough lands/rushes, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. General description and cost of works to be undertaken, as prepared by a competent person (copy of full proposal 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 <input type="checkbox"/> No <input type="checkbox"/>
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:	
<input type="checkbox"/> Itemised receipts for all work(s) carried out,	

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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**