



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

**Domestic Waste Water Treatment Systems Grant
Under the
National Inspection Plan**

Claim Payment Form DWWTS NIP (a)

Central Laboratory

Donegal County Council

Railway Road

Stranorlar

Lifford PO

Co Donegal

Eircode F93X273

Phone No.: 074 9153900

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Version (January 2024)

FORM DWWTS NIP (a) 2024

GRANT PAYMENT CLAIM FORM

Works for the remediation, repair, upgrade or replacement of a Domestic Waste Water Treatment System (DWWTS), related to an inspection under the National Inspection Plan.

- Please read the information notes before completing the claim 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 have started before the local authority or its representative's initial visit. If work started before that date, the claim 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:

2. Details of the DWWTS

Date inspection carried out:

Advisory Notice reference number:

Date of local authority Notice of Compliance:

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3. General description and cost of works carried out (Itemised receipt(s) must be provided when the works are completed):

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4. 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:

5. Declaration

I declare that the information provided by me on this grant payment claim 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 claimant: _____

Date: _____