

359 NEVADA AVE. (307) 548-7422. EXT 190 SHOSHONECD@GMAIL.COM

DATE:

SEPTIC SYSTEM COST SHARE APPLICATION

Homeowners with damaged septic systems affecting nearby surface waters may be eligible to receive cost share to install a functioning system. This program is *not* for new home construction. The system must be installed under an **approved permit from Big Horn County**, obtained by the homeowner.

NAME:	MAILING ADDRESS:
PHONE:	
EMAIL:	
Project location (d	coordinates or address):
Does your septic obody of water?	drain directly into nearby surface water? If so, which
What is your curre leach field)?	ent type of septic system (ie. none, tank only, tank with
What are the pro	blems with your current system?
Have you scheduled a site visit with Shoshone CD?	
What is the estim	ated project cost?
	following to your application:

Sketch or map or current septic location and layout

HOMEOWNER SIGNATURE: _

For Shoshone CD Use Only:		
Approved? YES NO		
Amount awarded:		
BOARD MEMBER SIGNATURES & DATE:		

Comments: