Domestic Wastewater Treatment Systems Grant for houses in High Status Objective Catchment Areas

Application Form DWWTS HSOCA (a)

Environment Department

Meath County Council

Buvinda House

Dublin Road

Navan, Co Meath

C15Y291

046-9097000

environment@meathcoco.ie

Version (September 2026)

FORM DWWTS HSOCA (a) 2026

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 has issued written approval of the grant application. The local authority should carry out such inspections or other checks as it considers necessary before approving the application. Works started before written approval are not eligible for grant assistance.
- The grant scheme is administered by local authorities. Any enquiries should be addressed to the Rural Water Liaison Officer or the Environment Section in the local authority.
- All forms to be used can be obtained from the local authority, who will provide assistance with completing them, if required.
- In respect of an applicant receiving grants, subsidies or similar type payments from a Government Department or Public Authority that have a total value of more than €10,000 during the year, you will need an e-Tax Clearance Certificate.
- 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 local authority:	
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: • wet areas/ponding, • lush grass, • rough lands/rushes, etc.	Yes ☐ No ☐
3. General description and cost of works to be undertaken, as prepared by a competent person (copy of full proposal must also be attached)	

4. Previous payments	
Was any grant paid in respect of this property in the last 7 years? If yes, please provide details: • amount: • date paid:	Yes ☐ No ☐ €

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: EIRCODE:	Contractor address: 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

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- ☐ Proposal of works included
- ☐ e-Tax Clearance printout for each contractor engaged
- ☐ e-Tax Clearance of applicant, if required

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