

Homeowner Application

Lampasas River Watershed On-Site Sewage Facilities Remediation Program

Date: _____

APPLICANT INFORMATION

Name of Applicant: _____ Home Phone: _____

Mailing Address: _____ Other Phone: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

If the mailing address is a post office box, complete the section below for physical location:

Physical Address: _____ City: _____ State: _____ Zip: _____

1. Is the property located within the Lampasas River watershed? YES NO
2. Do you own the property where the system is to be installed? YES NO
3. Do you occupy the property for the majority of the year (>51% of the time)? YES NO

If you answered NO to any of the above questions, do not proceed with this application. Only homeowners residing in a non-seasonal principal residence within the Lampasas River watershed may qualify for this grant program.

4. How long have you occupied this residence? _____ years _____ months

5. Will the septic system be installed at the above physical address? YES NO

6. Do you currently have electricity in the home? YES NO

If NO, state the reason why you do not have electric service: _____

7. Is there a well located on the property? YES NO

If YES, is the well currently used as a water source? YES NO

8. Number of bedrooms: _____ Number of occupants: _____

CURRENT SEPTIC SYSTEM CONDITION

9. Is there currently a septic system on the property? YES NO

If you answered YES, please complete the following information to the best of your knowledge.

Describe the current system at your residence (if it is unknown, simply write "unknown").

Year Installed: _____ Type of System: _____

Size of Tank: _____ Concrete Metal Other: _____

Date of last pumpout or inspection: _____

Do you currently have a contract with a licensed Maintenance Provider? YES NO

Name of contracted Maintenance Provider: _____

Has the current system been deemed as failing or in need of repair by a licensed installer? YES NO

In need of repair _____ or replacement _____ (please check one)

Name of licensed installer: _____

Additional Information (continue on back if necessary):

10. Describe the extent of failure, including the length of time the system has been failing, for example: poor drainage, foul odors, water backing up in the toilet, saturated yard, alarms, etc. (continue on back if necessary).

For Office Use

Distance of system from identified TCEQ Stream Segment: _____

Stream Segment and Assessment Unit: _____

Subwatershed, as delineated in the Lampasas River WPP: _____

PLEASE READ BEFORE SIGNING

I, the undersigned applicant, do hereby certify that the information provided herein is true and accurate to the best of my knowledge and understand that the information will be used to determine my eligibility for participation in the **Lampasas River Watershed On-Site Septic Facility (OSSF) Grant Program**.

Further, I understand I may be required to furnish additional information and all other documents deemed necessary by the County of residence and Texas A&M AgriLife Extension (AgriLife) to verify or confirm my property ownership, income, utility service, and condition of the current on-site septic facility (or lack thereof).

Furthermore, I give the permitting authority of the County of residence, as well as AgriLife, permission to inspect and photograph the property listed above for the purpose of determining the severity of any public health nuisance related to the on-site septic facility on the property in order to determine eligibility for this program.

If selected for the project, and if I agree to participate, I understand that contractors for the design and installation of the system will be chosen by AgriLife or myself. I hereby give permission for the contractors to access the property for the purpose of designing an appropriate system for the property, as well as performing the installation of the system. I also authorize the permitting authority of the County of residence, as well as AgriLife, access to the property for the purpose of inspecting the installed system. I understand and agree that photographs of the property and system may be taken as part of the inspection process.

I, the undersigned applicant, do hereby agree that it is my responsibility as the homeowner to ensure there is proper plumbing in the home so that state regulations will be met when the home is connected to a new on-site septic facility.

I, the undersigned applicant, understand that this is an application only and in no way commits either myself, the County of residence, AgriLife, the Texas Commission on Environmental Quality (TCEQ), or the Environmental Protection Agency (EPA) to any obligation to this program.

I, the undersigned applicant, understand that any approval granted on the basis of false or inaccurate information supplied herein is automatically revoked. I understand that if I have given materially false or misleading information or concealed information for the purpose of misleading the grant selection committee that I can be asked to reimburse fully the expense of the on-site septic facility that was paid for by this grant project. I agree to conform to all applicable laws of the State of Texas and the County of residence.

I, the undersigned applicant, understand that the grant program will pay a maximum of \$8,000 for the repair or replacement of an on-site septic facility and that any costs above and beyond \$8,000 will be the responsibility of the applicant. Payment method for any excess will be decided upon by myself and the installer.

Homeowner shall indemnify and hold harmless AgriLife, its officers, directors, partners, employees, agents, successors, and assigns, each and any of them, from and against all claims, costs, losses, and damages, arising out of the design, placement, and installation on the on-site-septic system on Homeowner's property, including but not limited to, bodily injury, sickness, disease or death, injury to or destruction of tangible property, loss of use of tangible property, or mental anguish.

Applicant's Signature

Date

Applicant's Signature

Date