

For Office Use

Application # _____

Application Received _____

Inspection Completed _____

Pennington County Septic System Upgrade Grant Application

Pennington SWCD

201 Sherwood Avenue S
 Thief River Falls, MN 56701
 Phone (218) 683-7075

Email: peter.nelson@pennington.mnswcd.org

Applications for the grant will be scored annually based on criteria below



Property Owner Name			Address	
Phone			City, State, Zip	
Township	Section	Range	Qtr./Qtr.	Lot Size/Acres
Structure Characteristics # of Bedrooms _____ # of Bathrooms _____ Basement with bathroom? Yes { } No { }			Licensed Septic System Inspector and License Number _____	

Application Requirements and Scoring Criteria:

- A septic system inspection is required prior to the application ranking
- Grant funding is for homesteaded single-family homes or duplexes
- Must meet low-income guidelines approved by the SWCD Board
- A site visit will be conducted by the Pennington SWCD and the application ranked based on the following criteria:
 - Income Level (Adjusted Gross Income)
 - Low - 30
 - Moderate - 20
 - Grant Income Limit - 10
 - Septic Compliance Status
 - Imminent Threat to Public Health and Safety - 30
 - Failing to Protect Groundwater - 15
 - Distance to Legal Ditch or Public Water
 - 0 - 100 feet - 20
 - 101 - 300 feet - 10
 - 301 - 500 feet - 5
 - Is the septic system in a priority watershed (Black River)?
 - Yes - 10 No - 0
 - Does the existing septic system meet the MN Dept. of Health setbacks?
 - No - 10 Yes - 0

TOTAL POINTS _____

Note: In the event of a tie in application points, the priority goes to the system that is first a Public Health Threat then the candidate with the lower adjusted gross income on their most recent tax return.

I hereby apply for the Pennington SWCD Septic System Upgrade Grant, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the Ordinance of Pennington County, Grant Program Requirements, and with all applicable State Codes; that I understand this is only an application for cost-share assistance to upgrade the septic system, and not all applications may be funded through the program; and work will be in accordance with the approved design. I also understand that by submitting this application, I am consenting to allow the Pennington SWCD to inspect and verify that all information in the application is complete and correct; and to conduct site visits before, during, and after construction for compliance with the Pennington County Sewage and Wastewater Treatment Ordinance.

Signature of Applicant _____

Date _____