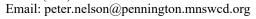
## Pennington County Septic System Grant Application Pennington SWCD 201 Sherwood Avenue S Thief River Falls, MN 56701 Phone (218) 683-7075 Email: natur palson@pennington approved and





			nt will be scored annually based on criteria below		
Property Owner Name			Address		
Phone			City, State, Zip	City, State, Zip	
Township	Section	Range	Qtr./Qtr.	Lot Size/Acres	
•					
Structure Characteristics			Licensed Septic System Inspector and License Number		
# of Bathrooms			Licensed Septic System Inspector and License Number		
# of Bedrooms					
Basement with bathroom? Yes No					
Application Requirements and Scoring Criteria:					
A septic system inspection is required prior to the application ranking					
<ul> <li>Grant funding is for homesteaded single-family homes or duplexes</li> </ul>					
<ul> <li>Must meet low-income guidelines approved by the SWCD Board</li> </ul>					
A site visit will be conducted by the Pennington SWCD and the application ranked based on the following criteria:					
• <u>Income Level (Adjusted Gross Income)</u>					
Low - <b>30</b>					
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 - <b>20</b> 101 - 300 feet - <b>10</b>					
301 - 500 feet - <b>5</b>					
• 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?					
Yes - 0 No - 10					
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	
			For Office Us	se	