



# Province Lake Septic System Improvement Initiative Cost-Share Program

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NHDES Watershed Assistance Grant Program

Acton Wakefield Watersheds Alliance  
P.O. Box 235, Union, NH 03887  
(603) 473-2500 • [www.AWwatershed.org](http://www.AWwatershed.org)

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## Overview and Guidelines

The Acton Wakefield Watersheds Alliance (AWWA) has been awarded a Watershed Assistance Grant from the NH Department of Environmental Services to help households in the Province Lake watershed upgrade, repair, or replace failing septic systems (a.k.a. individual sewage disposal systems (ISDS)).

Septic systems, if not functioning properly, can release nutrients, bacteria, pharmaceuticals and other contaminants into the groundwater. The NHDES Watershed Assistance Grant Program and AWWA recognize that septic system repairs can be costly and would like to assist homeowners in the Province Lake watershed in making needed repairs to their systems and drain fields in order to protect groundwater and surface water quality.

The funds will be dispersed to eligible households in the form of a grant that will cover up to 60% (not to exceed \$4,600 per system) toward the cost for upgrading or repairing a failing septic system to a compliant septic system. Preference will be given to upgrading ISDS deemed high risk (see #5 Eligibility) or in failure (i.e. ISDS that are surface discharging, discharging into surface waters, or having reoccurring sewage backups) and located within 250 feet of Province Lake.

### Eligibility Requirements:

1. Property must be located wholly or in part within 250 feet of Province Lake.
2. Funding is only for residential single-family homes, duplexes, or seasonal camps.
3. Must have high risk or failing individual sewage disposal system on property. **New home construction or expansion is not eligible.**
4. Property on which home is located cannot be in any stage of sale or foreclosure. Applicant must either own property outright or be current on any mortgage, contract for deed, etc. secured on the property.
5. Type of ISDS, age, and distance to surface water are criteria that will be used to assess priority. Cesspools and holding tanks are considered high priority for replacement. ISDS for which no permitting history exists **may** be considered high priority; i.e. no construction and/or operational permits on file with NHDES. A review of the Septic System Evaluation and Certification Form will determine priority level.

### Program Terms:

1. Participation in the program is voluntary.
2. Funds may only be used toward the cost for repair, replacement, or upgrade of the ISDS.
3. **Application must be approved by AWWA BEFORE any work is started on the septic system.**
4. The reimbursement for cost-share is for up to 60% of the total cost of construction, not to exceed \$4,600, to repair, upgrade, or replace a failing system.
5. Cost share will not pay for pumping of a septic tank or any other maintenance on an existing

system.

6. Applications will be accompanied by completed evaluations/inspections of the ISDS performed by a NH Licensed Septic Designer/Installer. In the case of a failing system or cesspool, the property will be ranked high priority, documentation of failure will be provided by homeowner.
7. Grant recipients must sign an agreement to maintain their septic systems and to have them pumped out every 3-5 years depending on usage. Grantee will keep pumping records on file and make them available to AWWA upon request for a minimum of 10 years.

### **Application process:**

1. Complete the enclosed application form. Include a copy of the Septic System Evaluation and Certification Form.
2. **All owners of record** (listed on municipal assessment and tax records) including spouse(s) or partner (s) must sign the application.
3. Submission of a signed and completed application indicates the applicant's agreement to the Program terms.
4. Applications will be reviewed and ranked according to criteria and processed on a first come, first served basis until the cost-sharing funds are fully committed.
5. Application will be accepted on a rolling basis until **April 15, 2023 or available funding has been depleted.**

### **If application is approved:**

1. AWWA will send a Notification of Approval letter to the applicant. The signed approval letter along with the application will be considered a contract between the applicant and AWWA, and will represent the cost-sharing execution date.
2. **Property owners will individually contract with a NH Licensed Septic Designer/Installer** to perform the necessary improvements to the individual sewage disposal system. The homeowner will not make any award or permit any award (subgrant or subcontract) at any tier to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension." A list of active NH Septic Designers and Installers can be found on the NHDES One Stop site: <https://www4.des.state.nh.us/SSBOneStop/> as well as the Granite State Designers and Installers website: <https://gsowa.org/find-a-professional/>
3. **Property owners will be responsible** for the full design, permitting and construction costs.
4. Provide documentation for **at least three quotes for construction** to AWWA.
5. **The cost-sharing grant will not cover any work done prior to the cost-sharing approval date.**
6. All work must be completed within one year of the cost-sharing approval date. If the project is not able to be completed in the required 12 months an extension may be obtained by submitting a letter to AWWA explaining the delay. The letter must be submitted at least 60 days prior to the expiration of the application/contract. AWWA and NHDES will review the letter to decide if an extension will be approved.
7. Funds will be available upon issuance of the NHDES subsurface program operational approval.
8. Cost-share funding is not transferable upon a sale or transfer of a property



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## Application Form

**Ink must be used to complete this application.**

Owner Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (Primary Applicant): \_\_\_\_\_  
(Applicable if cost share amount is over \$600)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### A. Property Information:

Tax Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Legal Street address: \_\_\_\_\_

Town: \_\_\_\_\_

Number of years the property has been in current ownership? \_\_\_\_\_

Approximate year the home was built: \_\_\_\_\_

Approximate days per year home is occupied: \_\_\_\_\_ Average # of occupants \_\_\_\_\_

Type of individual sewage disposal system (ISDS) \_\_\_\_\_  
(septic system, cesspool, holding tank, other)

Age of individual sewage disposal system \_\_\_\_\_

Septic System Evaluation/Certification Form Completed? If yes, please attach copy. ISDS in failure will require documentation of failure or an onsite inspection of the system to verify failure (\$150 fee applies to cover site visit).

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Have permits and designs for a new ISDS already been obtained? If so, please attach copies.

Do you have an estimate of the cost to repair or replace the ISDS? Please attach estimate if available.

Estimated Septic System Repair: \$ \_\_\_\_\_

Estimated Septic System Replacement: \$ \_\_\_\_\_

**B. Participation Terms and Conditions**

The above named applicant hereby agrees to take part in the Septic System Improvement Initiative (SSII) Cost-Share Program offered by the Acton Wakefield Watersheds Alliance. The applicant fully understands that his/her participation is subject to the following provisions of this agreement.

1. THIS APPLICATION MUST BE APPROVED BY AWWA PRIOR TO PARTICIPATION IN THE SSII COST-SHARE PROGRAM.
2. The applicant certifies that he/she has control of the property on which the practice is implemented.
3. The applicant agrees to properly maintain the practice(s) installed per guidelines and/or specifications.
4. The applicant agrees to follow the guidelines and application process established by AWWA for the program within the time frame indicated.
5. The AWWA will have final approval of all applications for cost-share participation and benefits.
6. The applicant is responsible for securing any local, state, or federal permits that may be required.
7. To obtain reimbursement, the applicant must submit copies of the approved ISDS construction plans and the NHDES operating permit.

**C. AGREEMENT:**

The applicant hereby makes application for cost-sharing for repairing an existing ISDS or installing a new ISDS on his/her/their property agreeing to do all such work in accordance with all NHDES and local municipal Ordinances and comply fully with the terms of this cost-sharing program. Applicant agrees that application and other attachments submitted herewith are true and accurate and attests that s/he/they meet all program eligibility requirements. If any of the information provided by the applicant in his/her application is later found or determined by AWWA or NHDES to be inaccurate, AWWA may revoke any approved cost-sharing application and/or require repayment of any cost-sharing money the applicant(s) received based upon the supplying of inaccurate information. The undersigned further understands that providing false representations herein constitutes an act of fraud. I/we give permission for AWWA to verify any of the information submitted as part of this application with third parties. Applicant agrees that, if the application is approved for cost sharing, applicant herewith assumes full responsibility and liability for the repaired/replaced ISDS. Applicant also grants permission to allow for future septic system function analyses and environmental monitoring protocols to be carried out on the property. I have read and fully understand this application and its requirements, terms, and instructions.

Signature of owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**D. Application Checklist** (all information/materials should be submitted with application)

1. Complete and signed application.
2. Septic System Evaluation Form indicating the ISDS is in failure or non-compliant or other documentation of failure.
3. Copy(s) of septic system design for new system (if available)
4. Copies of estimates obtained for repair or replacement of ISDS (if available).

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**Recommendation for Application Approval** (*Administrative Use Only*)

Technical Verification: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
(*NHDES Watershed Assistance Section*)

Technical Verification: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
(*Acton Wakefield Watersheds Alliance*)

**E. Approval for Payment of Cost-Share Funds**

Approved for cost-share payment in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
*Jon Balanoff, Executive Director*  
*Acton Wakefield Watersheds Alliance*

Date: \_\_\_\_\_

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