Mill Creek Watershed

Septic System Pumping & Inspection Cost-Share Reimbursement Application

Administered by: Vermillion County Soil and Water Conservation District
Program: Mill Creek Watershed Septic System Cost-Share Program

The Vermillion County Soil and Water Conservation District is offering cost-share assistance to eligible residents within the **Mill Creek–Wabash River Watershed**. Eligible participants may receive reimbursement for **up to 75% of the cost of septic system pumping and/or inspection** performed by a licensed septic service provider.

Applicant Information

Property Owner/Applicant: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

Property Address Where Service Was Performed (if different from mailing address):

_____

City: _____ **State:** _____ **ZIP:** _____

Is the property located within the Mill Creek Watershed?
☐ Yes ☐ No

Visit https://vcswcd.com/cost-share for an interactive map to check your address

Property Use:
☐ Primary Residence
☐ Secondary/Vacation Residence
☐ Rental Property
☐ Other: _____

Septic System Service Information

Type of Service Requested/Reimbursed:
☐ Septic Tank Pumping
☐ Septic System Inspection
☐ Pumping and Inspection

Date Service Was Scheduled: _____

Date Service Was Completed: _____

Last Known Septic Pumping Date: _____

Approximate Septic Tank Size: _____ gallons

Number of Tanks/Compartments: _____

Was the septic system accessible at the time of service?
☐ Yes ☐ No

Were any problems or deficiencies identified during the service?
☐ No
☐ Yes — Please briefly describe:
_____
_____

Service Provider Information

Company/Service Provider: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

Indiana License/Certification Number (if applicable): _____

Applicant Cost Information

Pumping Cost: $_____

Inspection Cost: $_____

Total Amount Paid: $_____

Amount Requested for Reimbursement: $_____

Date Payment Was Made: _____

Payment Method:
☐ Check
☐ Cash
☐ Credit/Debit Card
☐ Electronic Payment (ACH)
☐ Other: _____

Was the applicant reimbursed or paid by another program or organization for this service?

☐ No
☐ Yes — Amount: $_____

If yes, identify the program/organization:

_____

Required Documentation

Please submit the following with this application:

- ☐ Itemized invoice or receipt from the septic service provider
- ☐ Proof of payment
- ☐ Documentation showing the date the service was completed
- ☐ Septic inspection report, if applicable
- ☐ Any other documentation requested by the Vermillion County SWCD

If required, please attach a copy of the septic system inspection report or other documentation provided by the service provider.

Applicant Certification

By signing below, I certify that:

- **I am the property owner or authorized representative of the property identified above.**
- **The property is located within the eligible portion of the Mill Creek–Wabash River Watershed in Vermillion, Fountain, or Parke County.**
- **I am requesting cost-share assistance for septic system pumping and/or inspection.**
- **The work will be completed by a licensed septic service provider.**
- **I understand that reimbursement is limited to up to 75% of eligible costs, subject to available program funding and program requirements.**
- **I understand that approval of this application is required before reimbursement can be issued.**
- **I agree to provide a copy of the service invoice/receipt and any other documentation requested by the District.**
- **I certify that the information provided on this application is true and accurate to the best of my knowledge.**

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR SWCD USE ONLY

Eligibility Review

Application Received: _____

Reviewed By: _____

Date Reviewed: _____

Property Confirmed Within Mill Creek Watershed:
☐ Yes ☐ No

Applicant Eligibility Confirmed:
☐ Yes ☐ No

Service Eligibility Confirmed:
☐ Yes ☐ No

Invoice/Receipt Verified:
☐ Yes ☐ No

Proof of Payment Verified:
☐ Yes ☐ No

Inspection Documentation Received, if required:
☐ Yes ☐ No ☐ N/A

All Required Documentation Received:
☐ Yes ☐ No

Reimbursement Determination

Eligible Cost: $_____

Approved Cost-Share Rate: _____ %

Maximum Eligible Reimbursement: $_____

Amount Approved for Reimbursement: $_____

☐ Approved
☐ Partially Approved
☐ Denied

Reason for Partial Approval/Denial:

_____

_____

SWCD Reviewer Signature: _____

Date: _____

Payment Information

Check/Payment Number: _____

Payment Date: _____

Amount Paid: $_____

Processed By: _____

Date: _____

Program Tracking

Project/Application ID: _____

Watershed/Planning Area: Mill Creek

Type of Service:
☐ Pumping
☐ Inspection
☐ Pumping & Inspection

Estimated Septic System Size: _____ gallons

Service Provider: _____

Date Completed: _____

Total Project Cost: $_____

Cost-Share Amount: $_____

Additional Notes:

_____

_____