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|  | | | Kilkenny County Council | | | |
| **GRANT FOR THE PROVISION OR NECESSARY**  **IMPROVEMENT OF AN INDIVIDUAL** WATER SUPPLY TO A HOUSE | | | |
|  | | | Application Form WG1 | | | |
|  |  | | | | | |
| **Explanatory Notes** | | | | | | |
| 1. Please read the explanatory memorandum before completing the form. 2. This form must be accompanied by-    1. A site location map (6” preferable) showing the house concerned and the nearest main road.    2. Details of proposed work.    3. Detailed estimate of the cost of the proposed works – Minimum of 2 written quotations on headed paper. Estimate should include vat. 3. Incomplete or unsigned forms will be returned 4. Works undertaken before a prior inspection by the County Council do not quality for a grant 5. Grant does not cover Water Softeners. 6. The micro-biological and chemical tests can be undertaken by the Health Service Executive or any INAB accredited laboratory (Irish National Accreditation Board). Results from non-accredited bodies will not be accepted. The grant will not be paid unless satisfactory results are obtained for both tests. | | | | | | |
| **Personal** | | | | | | |
|  |  |  | | | | |
| **1.** | (a) | Applicants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | (b) | Applicants PPS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | (c) | Spouses Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | (d) | Spouses PPS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Planning Reference Number (if known) \_\_\_\_\_\_** | | | | |
| **2.** | Address of house where water supply is being provided/improved | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3.** | Present postal address if different: | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **4.** | Tel: Numbers | | | Home \_\_\_\_\_\_\_\_\_\_\_\_\_ | Work \_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5.** | Age of house \_\_\_\_\_\_\_\_\_\_\_\_ Years | | | | | |
| **6.** | Is the area in which the house is located served or about to be served by a Public Water Supply or | | | | | |
|  | Group Water Scheme? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **7.** | If there is an existing supply of piped water in the house, in what respect is it seriously deficient? | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **8.** | Do the proposed works involve – (Please Tick) | | | | | |
|  | - an up-grading for an existing supply? | | | | | |
|  | - the provision of a new supply? | | | | | |

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| **9.** | Description of the proposed works: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **10.** | (a) | | Will the new or up-graded supply be used for non-domestic purposes? Yes No | | | | | | | | | | | | | |
|  | (b) | | Details of the proposed use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **11.** | Estimated cost of proposed works incl. of vat? Quotation 1 € \_\_\_\_\_\_\_\_ Quotation 2 € \_\_\_\_\_\_\_\_\_  (**Full written estimate** on Headed paper to be attached) All prices to include VAT  Estimate for wells should include **rate per foot** for drilling and lining. | | | | | | | | | | | | | | | |
| **12.** | Names and address of contractors: | | | | | | | | | | | | | | | |
|  | Contractor 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  | Contractor 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_  Details of Well Drilling Contractors can be found in the Yellow Pages under –  **Wellborers, Sinkers & Testers & Well Drilling.**  Pump Suppliers can be found in yellow pages under – **Pumps.**  Treatment Systems can be found under – **Water Filtration.**  Contractors to install treatment can be found in the yellow pages under – **Water Filtration** | | | | | | | | | | | | | | | |
| **13.** | **Note: The following information to be included on written quotation.** | | | | | | | | |  | | | | | | |
|  | Contractor’s income tax reference number: | | | | | | | | | Contractor’s C2 certificate number: | | | | | | |
|  | Contractor’s VAT reference number: | | | | | | | | | Tax clearance certificate expiry date: | | | | | | |
|  | Contractor’s tax district: | | | | | | | | |  | | | | | | |
| **14.** | Is house over 7 years old? | | | | | | | | | Yes No | | | | | | |
| **15.** | Have you received a grant within the last 7 yrs | | | | | | | | | Yes No | | | | | | |
|  | (If Yes, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date grant paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Declaration by Applicant** | | | | | | | | | | | | | | | | |
| I declare that:- | | | | | | | | | | | | | | | | |
| (a) | the information given by me for the purpose of obtaining a grant is correct | | | | | | | | | | | | | | | |
| (b) | I am aware of the conditions of payment for the grant and believe that these conditions are fulfilled, and | | | | | | | | | | | | | | | |
| (c) | my tax affairs are in order | | | | | | | | | | | | | | | |
| I understand that the local authority may make any enquiries from official sources as it may consider necessary to establish entitlement to the grant. | | | | | | | | | | | | | | | | |
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| Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | |
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| **STAGE 1: APPROVAL** | | | | | | | | | | | | | | | | |
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| Is the house over 7 years old? | | | | | | | | Yes No | | | | | | | | |
| Did applicant receive previous DOE grant? | | | | | | | | Yes No | | | | | | | | |
| First Inspection (Time & Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Problem Areas:** | | | | | Source | | | Quality: | | | | | | | | Yes No |
|  | | | | | | | | Quantity: | | | | | | | | Yes No |
|  | | | | | | | |  | | | | | | | | |
|  | | | | | Pump: | | | Age: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | Type: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | Problem: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Recommendations:** | | | | | | | |  | | | | | | | | |
|  | | | | | | | | Date | | | | | | | Signed | |
|  | | Approval in principle | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | Further information | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | Refusal | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **OVERALL REMARKS:** | | | | | | | | | | | | | | | | |
| STAGE 2: CONFIRMATION | | | | | | | | | | | | | | | | |
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| Second Inspection: | | | | | | (Time & Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| Test Results: | | | | | | Quantity (new well) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | Quality \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | Further treatment (if failed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | | | | | | Quality (2nd test): \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | |  | | | | | | | Results: Pass/Fail | | | |
|  | | | | | | | | | | | | | | | | |
| **Signed:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Dates:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
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| **STAGE 3: CERTIFICATION AND RECOMMENDATION** | | | | | | | | | | | | | | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **Contractor** | **Description of Work** | | **Cost €** | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | **Total:** |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 1.  2. | 75% of Total (to max €2,031.58)  37.5% of Total (supply for farm/business purposes to max of €1015.79) | | | | | | € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | Reason for reduction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| Payment of grant of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is recommended. | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | ORDER NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |