



COMPLETION NOTICE
REPLACEMENT SEPTIC SYSTEM
COST-SHARE BENEFITS

DeKalb County Soil & Water Conservation District
Cost-Share Program

This notice is to verify an inspection of the completed replacement/repair of the septic system or its component(s) was made on property located at _____

_____ **on (date)** _____

Approved by _____

Registered Environmental Health Specialist,
DeKalb County Health Department

This notice along with a copy of the receipt(s)/invoice(s) must be submitted to the DeKalb County Soil & Water Conservation District Board of Supervisors within **60 days of above inspection date** for final approval of payment which is up to 75% of the total cost of construction, including materials and labor, not to exceed \$1,500.00. The Board of Supervisors will be presented with the required documents at the DeKalb County Soil & Water Conservation District's board meeting held 7:30pm on the third Thursday of each month at 942 W. 15th Street, Auburn, IN 46706.

Before final approval can be made, the following documents **must** be in the applicants file for consideration of cost share funds by the SWCD board:

- Application with the DeKalb County Health Department's system/component(s) requirement & signature
- A signed contract between the applicant and DeKalb County Soil & Water Conservation District
- Copy(s) of the invoice(s) for the total cost of the repair/replacement of the septic system
- Completion Notice indicating a final inspection and approval has been made and signed by the Registered Environmental Health Specialist at the DeKalb County Health Department