

APPLICATION FORM

Improvement works to a private water supply where, in the opinion of the housing authority, the existing water supply is non-compliant with the Drinking Water Regulations or the quantity supplied is insufficient to meet the domestic needs of the household and the house is not connected to or cannot reasonably be connected to an Irish Water or Private Group Water Scheme.

Please note: All water sampling, analysis, and certification must be carried out by a recognised, independent laboratory **accredited for all parameters** bar odour and taste. Analysis by non-accredited bodies will **not** be accepted. Samples cannot be taken by the applicant.

- Please read the information notes before completing the application form.
- All questions on the form must be answered and, where specified, supporting documents must be provided. Incomplete forms or those which are not accompanied by the appropriate documents, will **not** be processed.
- Work must NOT start before the housing authority or its representative's visit. If work has commenced before that date, your application will not be considered.
- The grant scheme is administered by housing authorities. All matters relating to the day-to-day operation of the grant scheme, including applications and payments, are a matter for the relevant housing authority.
- **Applicants must obtain three quotes** for all proposed improvement works and submit copies of the quotes with the grant application. This includes proposed treatment works.
- Address any enquiries about the grant to Water Services, Cavan County Council, Farnham Street, Cavan. Phone 049 4378422. Email: waterservices@cavancoco.ie

1. Details of the Applicant

Name of applicant:	
Address (location of PWS to be installed or improved):	
EIRCODE (required):	
Daytime telephone No:	

2. Details of existing PWS (if applicable)

Age of the house, the subject of the water supply:	
If there is an existing supply of piped water in the house, in what respect is it not wholesome and clean:	

6. Details of Chosen Contractor(s) (if applying for more than one type of works i.e. New Well & Treatment or Rehab & Treatment etc.) (copy of Tax Clearance Certificate and VAT number for each contractor *must* be provided)

Contractor 1	Contractor 2 (if applicable)
Contractor name:	Contractor name:
Contractor address:	Contractor address:
EIRCODE:	EIRCODE:

7. Declaration

I hereby declare that the information provided by me on this application form, and all other documentation submitted in support of this application, is correct and true.

I understand that the provision of any false or misleading information or invalid supporting documentation may result in this application being cancelled.

Signature of applicant: _____

Date: _____

Checklist

To avoid any delays in processing your application form, please ensure that you have completed/included the following:

- Completed Application Form **(PSW 1(a))**
- Eircode of the house where the well is located
- Detailed Breakdown of cost for proposed works **(3 Supplier Quotations are essential)**
- Vat Certificate for each Contractor **(X3)**
- A Certificate of Water Analysis **(from a Recognised, Independent Laboratory)**