



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-
 - (a) A site location map (6" preferable) showing the house concerned and the nearest main road.
 - (b) Details of proposed work.
 - (c) 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 qualify 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?

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. _____
Contractor 2. _____

Tel: _____
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.

Applicant's signature: _____

Date: _____

FOR OFFICE USE ONLY

STAGE 1: APPROVAL

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:

- Approval in principle
- Further information
- Refusal

Date	Signed
_____	_____
_____	_____
_____	_____

OVERALL REMARKS:

STAGE 2: CONFIRMATION

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: _____

STAGE 3: CERTIFICATION AND RECOMMENDATION

Contractor	Description of Work	Cost €
Total:		

1. 75% of Total (to max €2,031.58) € _____

2. 37.5% of Total (supply for
farm/business purposes to max of € _____
€1015.79)
Reason for reduction

Payment of grant of € _____ is recommended.

SIGNED: _____

ORDER NO: _____

DATE: _____