

2019 Septic Maintenance Rebate: Claim Form

The RDN is offering a Septic Maintenance Rebate, while funds last, to assist with the maintenance of septic systems in the region. The maximum claim is \$600 per property (\$700 for workshop participants). All work must be performed by an Authorized Person. A complete list of eligibility and requirements is available on www.SepticSmart.ca and the Septic Maintenance Rebate Information Sheet.

Include supporting documentation with this completed Claim Form.

1. PROPERTY OWNER(S):						
Full Name					Pre-Approval Number	
					SS19	
Phone Number (main) Phone Number (alternate)				E-mail Address	<u> </u>	
RDN Property Address				City / Town	Postal Code	
Mailing Address (if different than above)				City / Town	Postal Code	
walling radices (if different than disover)				City / Town	7 ostar code	
	2. AUTHORIZED PERSON:					
Name & Cor	e & Company			Registration Number (e.g. OW0###)		
3. RI	EBATE CLAIM:					
I am including a detailed invoice, proof of payment and supporting documentation to support my claim for:						
☐ Category 1: Distribution Box Installation or Replacement (pre-existing system only) — max. rebate \$200						
☐ Ca	Category 2: Riser Installation (pre-existing systems only) – maximum rebate \$300					
	Category 3: Effluent Filter Installation (pre-existing systems only) – maximum rebate \$100					
	Category 4: Repair Malfunctioning System (can't be combined with Category 1, 2, or 3) – \$600 flat rate					
(a	(attach VIHA Record of Sewerage System)					
□ B(BONUS: I attended/am registered for a 2019 SepticSmart workshop (location):					
By signing below, I declare that I have read the requirements of the RDN 2019 Septic Maintenance Rebate						
Program provided on the 2019 Septic Maintenance Rebate information sheet (at www.SepticSmart.ca) and I						
understand that the Regional District of Nanaimo is not responsible for the performance or maintenance of my						
septic sys	tem.					
Signature of property owner(s)				Date signed (dd/mm/yy)		
Office Use Only Cat 1: DB \$ Submit application and cl					application and claim forms to:	

Date Approved: \$ Cat 2: RI \$

Total Approved: \$ Cat 4: MS \$

BONUS \$

Submit application and claim forms to: Wastewater Services Regional District of Nanaimo 6300 Hammond Bay Road Nanaimo, BC V9T 6N2 Email: RCU@rdn.bc.ca