



**TOWN OF WESTPORT**  
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH  
856 MAIN ROAD

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Health@Westport-MA.gov  
westport-ma.com

**Matthew J. Armendo**  
Director

## Community Septic Loan Program

### Homeowner Information

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Gross Taxable Income \$ \_\_\_\_\_ (not to exceed \$150,000).  
(Attach most current tax return for all household members)
6. Has your septic system been inspected or under contract to be inspected by a certified Title 5 Inspector? Yes \_\_\_\_ No \_\_\_\_.
7. Total number of bedrooms in the house \_\_\_\_\_ Lot size \_\_\_\_\_?

I/we, will agree to sign a betterment loan agreement with the Town of Westport to pay for the required costs associated with the septic system repair and are aware that these costs will be treated as a municipal lien on my property tax bill.

This loan will be contingent on the Town determining that my property meets the Town's criteria for funding.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**Contact person: Nelia Williams (508-858-1008) / Email: [williamsn@westport-ma.gov](mailto:williamsn@westport-ma.gov)**

#### BOARD OF HEALTH USE ONLY

Project # \_\_\_\_\_ Date Received: \_\_\_\_\_

Date accepted: \_\_\_\_\_ Property List No.: \_\_\_\_\_