



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

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westport-ma.com

Matthew J. Armendo
Director

Community Septic Loan Program Screening Application

1. Name: _____
2. Property address _____
3. Home Phone # _____ Cell # _____
4. Email: _____
5. No. of Bedrooms: _____ Lot Size (sq. ft.): _____
6. On site drinking water well? Yes No . Has water been tested within the last 3 years?
Yes No . If yes, please provide a copy.
7. Type of current septic system: (Check one, if known)

<input type="checkbox"/> Cesspool	<input type="checkbox"/> Tank, D-Box Leaching Field/Bed
<input type="checkbox"/> Tank & Leaching Pit	<input type="checkbox"/> Tight Tank
<input type="checkbox"/> Tank, D-Box & Leaching Pit	<input type="checkbox"/> Other _____

 Year system was installed: _____ If not know, apx. how old: _____
8. Has the septic system been inspected or under contract to be inspected by a Certified Title 5 Inspector? Yes No . If inspected, does the report state the system is a failed system?
Yes No .
9. Have you hired a system designer and/or installer? Yes No
10. Check all the statements that you know describe the property:
 - Stream or brook runs through or within 50 feet of the property
 - Property abuts or is within 100 feet of the Westport River
 - Property abuts or is within 50 feet of a pond
 - There are wetlands or salt marsh on or within 50 feet of the property
11. Does the property owners' gross (pre-tax) income from all sources exceed \$150,000?*
- Yes No .
12. Is your real estate tax or other municipal obligations paid up to date? Yes No .

The undersigned agree to sign a betterment agreement with the Town of Westport to pay the required costs of the septic system upgrade and the associated fees for processing the application. The undersigned are aware that the loan amount will be treated as a municipal betterment obligation on their property tax bill.

Applicant

Date

Applicant

Date

*The Board of Health reserves the right to request financial documents and other additional information to verify the accuracy of all application statements as per the program guidelines.

Contact person: Nelia Williams (508) 858-1008 email: williamsn@westport-ma.gov

BOARD OF HEALTH USE ONLY

Project Number: _____

Date Received: _____

Date Accepted: _____

Property List No.: _____