

APPLICATION FOR TRINITY RIVER POTABLE WATER AND SEWAGE DISPOSAL SYSTEM ASSISTANCE PROGRAM

TRINITY COUNTY PLANNING DEPARTMENT/NATURAL RESOURCES DIVISION
P.O. Box 2819, 60 Glen Road, Weaverville, CA 96093-2819
Phone: (530) 623-1351, Ext. 3407 or Ext. 3411

TRINITY RIVER RESTORATION PROGRAM
P.O. Box 1300, 1313 S. Main Street, Weaverville, CA 96093
Phone: (530) 623-1800

Applicant's Name
Mailing Address City State Zip Phone
Alternate Phone E-mail Address

Ownership Information:

- Names of all legal owners of property
Are all property owners U.S. Citizens or legal residents in California? Yes No
Date property acquired
Is property held in trust? Yes No
If so, who has legal authority to sign on behalf of trust?

Assessor's Parcel Number Physical Property Address City
Detailed Property Location Information

Assistance Applied For: Potable Water Sewage Disposal Both

POTABLE WATER SYSTEM

(fill out only if applying for assistance for potable water)

Type of existing well Sealed: Yes No
Type of existing pump Type of existing filtration system
Was potable water system constructed prior to January 1, 2006? Yes No
Was potable water system operational during the period January 1, 2005 through December 31, 2005? Yes No

Is well and piping contained completely on property owners land? Yes No
(If not, please attach copy of easement, use permit or other document allowing use of adjacent property for water conveyance.)

SEWAGE DISPOSAL SYSTEM

(fill out only if applying for assistance for sewage disposal system)

Type of existing system
Was sewage disposal system constructed prior to January 1, 2006? Yes No
Was sewage disposal system operational during the period January 1, 2005 through December 31, 2005? Yes No

Are sewage disposal system and leach lines contained completely on property owners land? Yes No
(If not, please attach copy of easement, use permit or other document allowing use of adjacent property for sewage disposal system or leach lines.)

Describe how your potable water/sewage disposal system has been or will be adversely affected by increased flow releases that began on May 3, 2006, for fishery restoration purposes. (If you need additional space, please use the reverse side of this application.)

Large empty rectangular box for describing the impact of increased flow releases.

Application continued on reverse side

Have you received prior financial assistance from the Trinity River Restoration Program for repairs/replacement of your potable water or sewage disposal systems? Yes  No   
If so, when? \_\_\_\_\_

I/We, (list names of all property owners with legal title to property) \_\_\_\_\_

certify, under penalty of perjury and pursuant to the laws of the State of California, that the preceding is true and correct.

Signatures of all property owners:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Space for additional property owner comments

**DO NOT WRITE BELOW THIS LINE**

Applicant # \_\_\_\_\_ Date Application Received \_\_\_\_\_  
Reviewed by (Trinity County) \_\_\_\_\_ Date \_\_\_\_\_  
Recommend for Assistance? Yes  No

Reviewed by (TRRP) \_\_\_\_\_ Date \_\_\_\_\_  
Recommend for Assistance? Yes  No

Comments: