

**HERON LAKE WATERSHED DISTRICT**  
P.O. Box 345  
Heron Lake, Minnesota 56137  
(507) 793-2462

**APPLICATION FOR  
SEPTIC SYSTEM INCENTIVE PROGRAM**

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Application is hereby made to the Heron Lake Watershed District (HLWD) for state revolving loan funds for the construction of an improvement project consisting of the following (check applicable boxes):

individual septic system     replacement

**Applicant general information:**

1. Owner name(s) as they appear on the Real Estate Tax Statement for the property affected.

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

2. Mailing address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

4. Description of real estate upon which the improvement project will be constructed:

Parcel ID Number(s) as listed on tax statement

\_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_

Attach a copy of a map or plat of the property involved.

Attach contractor's estimate.

*A certificate of compliance and copy of final contractor's bill must be submitted before payment will be issued.*

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Received by \_\_\_\_\_

Date of receipt by HLWD \_\_\_\_\_