FORM DWWTS AfA (b) 2026



Domestic Wastewater Treatment Systems Grant for houses in Areas for Action

Claim Payment Form DWWTS AfA (b)

[Rural Water Services,]

[Operations Directorate,]

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Version (September 2026)

FORM DWWTS AfA (b) 2026

GRANT PAYMENT CLAIM FORM

Works for the repair, remediation, upgrade or replacement of a Domestic Wastewater Treatment System (DWWTS) in an AfA where the applicant has received a letter from River Basin Management Service (RBMS), formerly Local Authority Waters Programme (LAWPRO), or the Local Authority confirming eligibility to apply for a grant.

- Please read the information notes before completing the claim form.
- All questions on the form must be answered and where specified, supporting documents must be provided. Incomplete forms, or those which are not accompanied by the appropriate documents, will not be processed.
- Work must NOT start before the local authority or the River Basin Management Service (RBMS), formally Local Authority Waters Programme (LAWPRO) has issued written approval of the grant application. The local authority should carry out such inspections or other checks as it considers necessary before approving the application. Works started before written approval are not eligible for grant assistance.
- The grant scheme is administered by local authorities. Any enquiries should be addressed to the Rurral Water Liaison Officer or Environment Section of the local authority.
- All forms to be used can be obtained from the local authority, who will provide assistance with completing them, if required.
- In respect of an applicant receiving grants, subsidies or similar type payments from a Government Department or Public Authority that have a total value of more than €10,000 during the year, you will need an e-Tax Clearance certificate.
- The local authority reserves the right to make any necessary enquiries to verify information or for clarification of supporting documents provided with a grant application. An application that includes false or misleading information or documents will not be approved for a grant.

1. Details of the Applicant	
Name of applicant (in block capitals):	
Address (location of DWWTS): EIRCODE (required):	

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Telephone no:	
E-Tax clearance printout:	Yes ☐ No ☐
E-mail address:	

2. General description and cost of works carried out, as detailed by a competent person (itemised receipt(s) must be provided when the works are completed)

3. Details of Contractor(s) (e-Tax Clearance Certificate printout for each contractor *must* be provided if different from the contractor listed on the application form)

Contractor 1	**Contractor 2 (if applicable)**
Contractor name:	Contractor name:
Contractor address: EIRCODE:	Contractor address: EIRCODE:

4. Declaration

I declare that the information provided by me on this grant payment claim form is correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this claim being cancelled.

Signature of claimant: _____

Date: _____