Rainwater Harvesting Rebate Application

Please return this completed form to:
POSGCD, PO Box 92 (310 E. Ave. C) Milano, TX 76556
Phone: 512-455-9900 Fax: 512-455-9909 Email: admin@posgcd.org

Post Oak Savannah Groundwater Conservation District (POSGCD) offers a rainwater harvesting rebate to encourage rainwater harvesting (RWH) and promote water conservation within the district.

Applicant details: (please print clearly)

Name: _____

Phone: _____

County of resident: _____

E-mail: _____

Mailing Address:

Address: _____

_____

City: _____

State: _____

Zip code: _____

Installation Address:

Address: _____

City/Zip code: _____

Program: Rainwater Harvesting System up to $3,000 (lifetime limit):

☐ I have attended a RWH course (Certificate must be attached)

☐ I have an approved site plan (Site Plan must be attached)

Number of cisterns or tanks purchased	_____
size of cistern or tank in gallons	_____
Total gallons of water storage	_____
Rebate price per gallon	**X $1.00**
Qualifying total rebate amount	_____

I Confirm:

☐ I understand the cistern/tank must be purchased after September 1, 2015.

☐ I understand rebates shall be granted on a first come first-serve basis.

☐ I have included my certificate of completion of the POSGCD Rainwater Harvesting Workhop.

☐ All tanks/cisterns have a closed light proof system with insect and critter-proof entry points with a secure lid.

☐ All tanks/cisterns are new (not used or reconditioned).

☐ I have included my site plan with the application.

☐ I understand that a rebates are for non-potable systems only.

☐ I have included original receipt(s) with the application; not photocopies.

☐ I understand that a final inspection of the rainwater cistern/tank, by a POSGCD representative may be required.

I have read and accept the policy requirements as stated in the POSGCD RWH Rebate policy/guidelines. I certify that I have installed said rainwater harvesting system at the subject property .

Applicant's signature: **X** _____   Date: _____

Office use only:

Date application received: [   ]   Date inspected: [   ]

Total gallons: [   ]   Inspector: [   ]

Final rebate amount: [   ]

☐ Approved   ☐ Declined   ☐ Pending

Reason for not approving: [   ]

POSGCD representative signature: [   ]