



# 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](mailto: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	<input type="text"/>
size of cistern or tank in gallons	<input type="text"/>
Total gallons of water storage	<input type="text"/>
Rebate price per gallon	<b>X \$1.00</b>
Qualifying total rebate amount	<input type="text"/>

## I Confirm:

- I understand the cistern/tank must be purchased within 24 months of application.  
 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 Workshop.  
 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: \_\_\_\_\_

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Office use only:

Date application received: \_\_\_\_\_ Date inspected: \_\_\_\_\_  
Total gallons: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Final rebate amount: \_\_\_\_\_

Approved       Declined       Pending

Reason for not approving: \_\_\_\_\_

POSGCD representative signature: \_\_\_\_\_