



POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT

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Milano, Texas 76556

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RAINWATER HARVESTING
REBATE PROGRAM APPLICATION

APPLICANT'S INFORMATION

Full Name:
Email: Phone:
Mailing Address:
City: State: Zip code:

RAINWATER SYSTEM INFORMATION

Physical Address: City:
County: State: Zip code:

REBATE PROGRAM ELIGIBILITY

- checkbox The system is installed within Burleson or Milam County.
checkbox I have attended a RWH course (Completion Certificate must be attached).
checkbox I have an approved site plan (site plan must be attached).
checkbox Receipt(s) for the tank(s) purchased are included with this application.

REBATE AMOUNT

- 1. Number of tanks^1:
2. Size of each tank (gallons)^2:
3. Total storage capacity (gallons)^3:
4. Total catchment area (sq. ft.)^4:
5. Rebate rate: \$1.00/per gallon of total storage (\$5,000 maximum per household)
6. Total rebate amount^5:

1 Please specify the total number of cisterns or tanks you have installed.
2 Indicate the individual capacity, in gallons, of each tank included in your setup.
3 Calculate the total storage capacity of all tanks or cisterns combined.
4 Provide the total square footage of the surface area that collects rainwater for your system.
5 Calculate the total rebate amount by multiplying the rebate price per gallon by the total storage capacity of your system.



RAINWATER HARVESTING REBATE PROGRAM AGREEMENT

I (Print Full Name) _____, hereby certify and acknowledge the following:

1. I have read and understood the eligibility requirements outlined in the Rainwater Harvesting Rebate Program Guidelines provided by Post Oak Savannah Groundwater Conservation District (POSGCD).
2. I confirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentations may result in the rejection my application or the recovery of any rebates granted.
3. I understand that the rebate provided by POSGCD is contingent upon meeting all the eligibility criteria and successfully completing the rainwater harvesting installation as described in the application.
4. I agree to allow representatives of Post Oak Savannah Groundwater Conservation District to inspect the rainwater harvesting system, as described in my application, to verify compliance with program requirements.
5. I understand that the rebate is subject to the availability of funds in the Rainwater Harvesting Rebate Program budget and that POSGCD reserves the right to modify or terminate the program at its discretion.
6. I agree to provide any additional documentation or information requested by POSGCD to verify eligibility and compliance with program requirements.

By signing this agreement, I affirm my commitment to comply with the terms and conditions of the Rainwater Harvesting Rebate Program and acknowledge that failure to do so may result in the forfeiture of any rebates granted.

Applicant's Signature: _____ Date: _____

Office use only:

Date of receipt: _____ Date inspected: _____

Inspector: _____ Total number of gallons: _____

Final rebate amount: _____

Approved Declined Pending

Reason for declining application: _____

POSGCD representative signature: _____

