



Barnstable County Department of Health & the Environment

P.O. Box 427

Barnstable, MA 02630

Community Septic Management Program
5% Interest Rate Betterment Loan Application
To Be Completed by Homeowner(s)

(Note to owner(s): This application is to be submitted to the Barnstable County Department of Health & the Environment, and income information is considered confidential. For purposes of this program, "Owner" is defined as a person, or persons, who has or have, legal title to residential facilities served by an on-site system, including, but not limited to, any agent, executor, administrator, trustee, or guardian of the estate for the holder of legal title.) Please provide all of the following information and be sure to sign the application. Use full legal names only. PLEASE PRINT NEATLY!

1. Identification of Property:

Current Owner 1 \_\_\_\_\_

Current Owner 2 \_\_\_\_\_

Deed Reference: Book \_\_\_\_\_ Page \_\_\_\_\_ or Document No. \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

Village \_\_\_\_\_ ZIP \_\_\_\_\_

Assessor's Information: Map \_\_\_\_\_ Parcel \_\_\_\_\_

Property taxes Current? Yes [ ] No [ ] Is the property currently on the market? Yes [ ] No [ ]

Home Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell Phone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Mailing Address: (if different from above)

Street or P O Box \_\_\_\_\_

Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Type of residential Structure is: (check one)

- [ ] Single family home (owner occupied) [ ] Condo
[ ] Single family home (rental property only) [ ] Multi-family home (number of units) \_\_\_\_\_
[ ] Other (describe) \_\_\_\_\_

3. Property is: (check one)

- [ ] Owner occupied [ ] Occupied by owner and tenants [ ] Tenant occupied only

4. Total number of persons in residence: Owner occupied \_\_\_\_\_ Tenant occupied \_\_\_\_\_

Ages of residents (number each age) 0-9 \_\_\_\_\_ 10-19 \_\_\_\_\_ 20-39 \_\_\_\_\_ 40-59 \_\_\_\_\_ 60 & over \_\_\_\_\_

5. Building description: Total number of bedrooms \_\_\_\_\_ Total number of bathrooms \_\_\_\_\_

6. Has the septic system been inspected and certified "failed"? Yes [ ] No [ ]

If "yes", provide a copy of the inspection report. If "no", what signs and symptoms indicate failure, and the repair/replacement activity anticipated, for example replace cesspool(s) with a Title 5 system, replace leaching field, etc.

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

\_\_\_\_\_(Please be sure to complete the other side of this form)

