Septic System Maintenance & Repair Rebate Application

Available for on-site sewage system maintenance and repair work done on or after February 1, 2024, through September 30, 2027, or until funding is depleted, whichever comes first.

Eligibility Requirements

- **Own a residential property in Skagit County.** Commercial properties are not eligible.
- **Complete the free online Septics 101 class and quiz within the past 6 years.** Take the class and quiz at www.skagitcountywa.gov/septic101
- **Use a Skagit County-certified provider for all eligible services** (excluding homeowner lid replacements). Find a list of certified providers: www.skagitcountywa.gov/septic

Eligible Work and Rebate Amounts

Property owners may receive up to $500 per owner/parcel within a 12-month period from date of last approved rebate.

Inspection Rebate	$100
Pumping Rebate	$100
New Installation of Lids & Risers	Up to $200 (receipts required)
Lid Replacement	Up to $50 per lid, max 4 lids (receipts required) *Homeowner lid replacements require photos of the installed lids to be submitted with your application*
Minor Repairs *see website for more details*	Up to $200 (receipts required) *Minor repairs include pump, baffle, or d-box replacement, system control repairs, filter installation or repair, etc.* *You **cannot** get a minor repair rebate for mainline/drainfield jetting, stress tests, electrical work, etc.*

How to Apply

- Apply online at www.skagitcountywa.gov/septic; or
- Email completed application and documentation to septic@skagitcountywa.gov; or
- Submit completed application and supporting documentation by mail or hand-deliver to: Skagit County Public Health, 301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

Processing Time

- Please allow up to two months for processing.
- Rebate checks will be mailed to the address provided on your application.

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Septic Rebate Application Form

1. Applicant Information

Property Owner Name:_____

Property Address:_____

Mailing Address:_____

Email:_____

2. Septics 101 (REQUIRED) – *must be completed within the past 6 years*

Date Completed:_____

3. Select Services – *select and complete information for all that apply*

☐ **Septic Inspection**

Service Provider:_____

Date of Service:_____

☐ **Septic Pumping**

Service Provider:_____

Date of Service:_____

☐ **Lids and Risers**

☐ New Installation ☐ Lid Replacement ☐ Homeowner Lid Replacement

Service Provider (if applicable):_____

Date of Service:_____

☐ **Minor Repairs**

Service Provider:_____

Date of Service:_____

4. Documentation Checklist

☐ Receipts for lid and riser work

☐ Receipts for minor repairs

☐ Photos of homeowner-performed lid replacement

FOR HEALTH DEPARTMENT USE ONLY

Parcel:_____

Approved by:_____ Date:_____ Amount:_____

If denied, reason:_____