



Health & Community Services

San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

SEPTIC REVOLVING FUND APPLICATION FORM

Revised 11/24/20

APPLICANT AND PROPERTY INFORMATION:

Name(s) of Applicant: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tax Parcel Number: _____

Island: _____ Property Address: _____

I hereby apply for a loan in the amount of \$ _____ (\$50,000 maximum) from the San Juan County Septic Revolving Fund. These monies are being provided through a Federal and State Grant administered by the State Department of Ecology. By this application I hereby certify that I am the legal owner of the above-noted property.

I wish to repay the loan over _____ (60 monthly or 20 quarterly payments). I understand San Juan County will record a Deed of Trust and a Promissory Note. **The County will add the costs of title report, recording, reconveyance and loan administration setup to the loan, and charge a four percent (4%) annual interest rate as a fee to process this transaction.**

I AM THE LEGAL OWNER OF RECORD for the above-described property. I hereby certify that the above information is correct.

WITNESS MY HAND THIS _____ day of _____, 20 ____ .

(State of Washington,

County of _____)

Signature (printed name)

Signature (printed name)

On this _____ day of _____, 20 _____, before me, the undersigned Notary Public, personally appeared and

is personally known to me, proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) they, he, she subscribed to the within instrument, and acknowledged that they, he, she, executed it.

WITNESS MY HAND AND OFFICIAL SEAL,

Notary's Signature

Printed Name

Notary Public in and for the State of Washington, residing in

My Commission Expires on _____

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The project fits the following criteria (✓ all that apply):

- Malfunctioning septic system that jeopardizes a shellfish area or drinking water source;
- Malfunctioning septic system that jeopardizes a freshwater lake;
- Other shoreline malfunctioning septic system;
- Other malfunctioning septic system.

Loan Approval Steps	Department Responsible	Signature	Date
Project meets eligibility requirements	Health & Community Services		
Contractors not on EPLS (Excluded Parties List System)	Health & Community Services		
Loan authorized	Auditor		
Final system installation paperwork	Health & Community Services		
Loan Issued	Auditor		