



Pipestone County Conservation & Zoning

1016 8th Ave SW
Pipestone, MN 56164



Phone: 507-825-1185 • www.pipestoneswcd.org • www.pipestone-county.com

2025 PIPESTONE MPCA LOW INCOME SSTS GRANT PROGRAM APPLICATION

1. _____ 2. _____
Name of Applicant (Must be the property owner) Telephone #

3. _____
Mailing Address City State Zip

4. _____ / _____
Name of Contract for Deed Vendor/Vendee Signature: _____

7. _____ 8. _____ 9. _____ 10. _____
Township Name Section # Quarter Parcel #

11. I hereby authorize the release of my 10-40 tax documents to the Pipestone County Soil and Water Conservation District for the purpose of determining the adjusted gross income for a grant on a septic system. The approval of this grant is based on the conditions that the adjusted gross income of the property owner/owners, is equal to or less than the low-income level for the number of persons being claimed on the applicant's tax statements as shown below. Other requirements include that the owner/owners reside in the residence and do not transfer the land within 5 years. Grant dollars will not be given out to homeowners that build or plan to build a new house. Grant dollars will be given out on a first come first serve basis. Grant payments shall be paid to homeowner after submittal of all bills and final system inspection and approval. Grant amounts will be at a rate of 50% of the total cost not to exceed \$10,000 for households in the low-income category.

*****Have your contractor call the County office at 507-825-1185, for a preliminary site evaluation.
Grant approval and site evaluation must be completed prior to installation of the septic system**

Signature:

Applicant _____ Date _____

Co-Applicant _____ Date _____

GRANT	PERSONS IN HOUSEHOLD	A D J U S T E D I N C O M E L I M I T S							
		1	2	3	4	5	6	7	8
MPCA/BWSR LOW INCOME		46,950	63,450	79,950	96,450	112,950	129,450	145,950	162,450
(Based on the 300% Federal Poverty Guidelines)									

Office Use Only:

11. _____
Grant Approval Date Grant Fund Approved By

12. _____
Installer Installation Date Design Received SSTS Fee Paid

13. Total Cost _____ Grant Amount _____ Check # _____ Check Date _____