

**Property Owner Information**

Name(s)			Pre-approval #	SS25 ____ _
Phone Number(s)				
Email Address	<i>If provided, RDN will respond by email</i>			
Property Address	<i>RDN address where work was done</i>	<i>City/Town</i>	<i>Postal Code</i>	
Mailing Address	<i>(If different than above)</i>	<i>City/Town</i>	<i>Postal Code</i>	

**Rebate Claim**

Claims must be received before your pre-approval expires and no later than December 31, 2025.

Select all that apply:	Maximum Rebate
Effluent Filter Installation	\$100
Distribution Box Installation or Replacement	\$200
Riser Installation	\$400
Repair or Replace an Aging System (if selected, cannot claim for distribution box, riser, effluent filter)	\$700

**Acknowledgement**

By submitting the form, I acknowledge that:

- I have read the 2025 SepticSmart Rebate Information Sheet (available at [www.rdn.bc.ca/septicmart-rebate](http://www.rdn.bc.ca/septicmart-rebate)).
- I am including a copy of a **detailed invoice** and **proof of payment** (i.e., receipt) to support my claim.
- Invoice must show work was completed by an Authorized Person.
- The Regional District of Nanaimo is not responsible for the performance or maintenance of my septic system.

**Email Claim Form to [RCU@rdn.bc.ca](mailto:RCU@rdn.bc.ca)**  
 Submit by mail or in person:  
 Regional District of Nanaimo, Wastewater Services  
 6300 Hammond Bay Road, Nanaimo, BC, V9T 3Z2

*RDN Use Only*

Date approved	_____	EF	\$ _____
Total Approved	\$ _____	DB	\$ _____
		RI	\$ _____
		AS	\$ _____