



1000 RAIN GARDENS

Application

Please read the Rain Garden Manual before completing this application

Property Owner Name (please print): _____

Person responsible for the Rain Garden, if different than Owner: _____

Address where rain garden will be installed:

Phone number of person responsible for the rain garden: day _____
evening _____

Do you prefer to be contacted by email? If so, please provide your email address:

I request enrollment in the 1,000 Rain Gardens for York County program for the property described above and I hereby certify that (please initial each item and sign at the bottom):

1. _____ I am the owner of the property or have permission from the property owner to install a rain garden on the property listed above.
2. _____ I agree to maintain the rain garden after it is built for a minimum period of five years.
3. _____ I have located all utility lines, underground electric fences and irrigation systems on the property where the rain garden will be installed (Please call PUPs 888-721-7877).
4. _____ I have read the certification criteria for location and installation of a rain garden.

Signature

Date

For Official Use Only

Design

The rain garden design for the property described above is hereby approved for the 1,000 Rain Garden Program.

___ yes ___ no

Date homeowner/garden installer contacted with approval: _____

Rain Garden Liaison Date

Completed Rain Garden Inspection

The rain garden for the property described above has been successfully inspected by the program administrators.

Rain Garden Liaison Date



1,000 RAIN GARDENS

Details of proposed Rain Garden

What type of area is your property: Urban Rural Suburban

Approximate Rain Garden Dimensions (in feet) _____

Approximate Rain Garden Depth (in inches) _____

Location of garden on your property (or use the optional sketch space on the following page):

Yes, I would like purchase a *1,000 Rain Garden* sign for my rain garden.

Yes, I would like my name to be included on the *1,000 Rain Garden* website.

Yes, I would like to incorporate a rain barrel in my rain garden.

Proposed location of rain barrel _____

Who will be installing the rain garden? Please check all that apply:

Applicant Landscaper Don't know

Tentative List of perennials, shrubs, and/or trees to be planted (or list of plants in an existing garden):

Mail or email completed application to:

Barbara O'Connell

York Soil & Water Conservation District

Street address

York, SC 29745

barbara.oconnell@sc.nacdnet.net



Optional: Sketch of proposed Rain Garden

*Mail or email completed application to:
Barbara O'Connell
York Soil & Water Conservation District
Street address
York, SC 29745
barbara.oconnell@sc.nacdnet.net*