



Ottawa County Health Department
 1856 E. Perry St.
 Port Clinton, Ohio 43452
 Phone: 419-734-6800 Fax: 419-734-6800

OEPA WPCLF Application for Household Sewage Treatment Systems (HSTS) Assistance Program

PROPERTY INFORMATION

| | | | |
|--|---|--|-----------|
| First Name: | M.I.: | Last Name: | Township: |
| Property Address: | | City: | Zip Code: |
| Name of Property Owner on Record with County: | | Parcel #: | |
| Email: | | Home Phone #: Cell Phone #: | |
| Household Size (Total # of people living the household): | | Water Supply (Public, well, HWST): | |
| Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this house owner occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No | Household income: (IRS tax return for 2017 must be attached) \$ _____ | |

WHY DO YOU BELIEVE YOUR HSTS IS FAILING?

What is the approximate age of you existing HSTS? _____ Years

Do you have ponding sewage on your property? Yes No

When does the ponding occur? _____

Is there a safety issue? (i.e. tank lid collapsing) Yes No

Explain: _____

Have you received orders from Ottawa County Health Department? Yes No

PERMISSION TO ENTER PROPERTY

I grant permission to all parties involved in the repair or replacement of my household sewage treatment system access to my property, including but not limited to the Ottawa County Health Department, Ohio Environmental Protection Agency, soil scientist, system designer, installers bidding on the work and the installer and their employees contracted to repair/replace the system.

 Signature of Property Owner

 Date

ADDITIONAL INFORMATION

- 1) Application shall be filled out completely and applicant/owner must be able to substantiate all data.
- 2) Must complete the enclosed income verification form and submit it with this application.
- 3) Ottawa County Health Department will conduct a site visit to determine and verify status of existing system prior to making final decision.
- 4) Once applications are approved, all information will be submitted to professional soil evaluators, designers and registered sewage treatment system installers to bid out for work on your HSTS.
- 5) All reimbursements will be paid out to the contractor doing the work once the HSTS is inspected and approved by the health department and the contractors have met all of the deliverables of the contracts.

ACCEPTANCE

I understand that filling out this application does not entitle my household to funding from the Ottawa County Health Department 2018 HSTS Assistance Program until OCHD has notified grant awardees in writing.

I Understand **I don't Understand**

I certify that the information that I have provided in this application is, to the best of my knowledge to be true, accurate and complete disclosure of the requested information.

I Certify **I don't Certify**

Upon Selection, I understand and agree to provide all monies required as my portion of this grant prior to work commencing on soil analysis, design, repair or installation of a new HSTS on my property.

I understand and agree **I don't Understand and Agree**

| | |
|------------------|-------|
| Owner Signature: | Date: |
|------------------|-------|

Household Sewage Treatment Systems (HSTS)
Assistance Program

Proof of Income

Name: _____ Date: _____

Home Telephone: _____ Cell/Other: _____

Address: _____
City State Zip

| TOTAL HOUSEHOLD INCOME (before deductions). Include a copy of the previous year's income tax return and W-2's for all. List all income on the same line as the person who receives it. | |
|---|-------------------------|
| 1. Name (List all household members and their total income, enter 0 for those without income) | 2. Yearly Income |
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| | |

Office Use Only

Total Income: _____ Group level: 1 2 3

Approved: Yes No Reason: _____

Dir of Environmental Health Signature: _____ Date: _____