Toledo-Lucas County Health Department

635 N Erie Street

Toledo, Ohio 43604

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Website: [www.lucascountyhealth.com](http://www.lucascountyhealth.com)

APPLICATION FOR SEWAGE TREATMENT SYSTEM

**Replacement and Repair Program**

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| **PROPERTY INFORMATION** | | | | | |
| First Name | M.I. | Last Name | | | Township |
| Property Address | | | City | | Zip Code |
| Name of Property Owner on Record with County | | | | Parcel # | |
| E-mail | | | | Daytime Phone | |
| Household Size (total # of people living in the home) | | | | Water Supply (city, well, cistern) | |
| Is your home located in the Swan Creek Watershed –see enclosed map. yes  no | | | | | |

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| **WHY DO YOU BELIEVE YOUR SEPTIC SYSTEM IS FAILING** |

What is the approximate age of your existing septic system? **\_\_\_\_\_ Years**

Do you have ponding sewage on your property? ** yes  no**

How often does the ponding occur? \_\_\_\_\_\_\_\_\_\_

Is there an eminent safety issue? (i.e. tank lid collapse) ** yes  no**

Have you received orders from Toledo-Lucas County Health Department? ** yes  no**

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| **PERMISSION TO ENTER THE PROPERTY** |

I grant permission to all parties involved in the repair or replacement of my home sewage treatment system access to my property, including but not limited to the Toledo-Lucas County Health Department, soil evaluator, system designer, installers bidding on the work and the installer and their employees contracted to repair/ replace the system.

** I agree**

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| **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 with this application.
3. Once applications are approved, all information will be submitted to professional soil evaluators, designers and registered sewage treatment system installer to be bid out for the work on your STS.
4. All reimbursements will be paid out to the contractor doing the work once the STS is inspected and approved by this health department and the contractors has met all of the deliverables of the contracts.
5. Selections of applicants will be first based on incomes at or below 100% of the poverty level and whose household is located in the Swan Creek Watershed. Applicants that meet this qualification will be qualified to have 100% of all cost of STS installation reimbursed to the contractor(s).

\*If selections of applicants include those whose income is at or below 200% of the poverty level will be qualified to have 85% of all cost of STS installation reimbursed to the contractor(s).

\*If selections of applicants include those whose income is at or below 300% of the poverty level will be qualified to have 50% of all cost of STS installation reimbursed to the contractor(s).

\*Homeowners will be responsible for other cost not reimbursable to the contractor(s).

1. TLCHD will conduct site visit to determine and verify status of existing system prior to making final decision.

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| **ACCEPTANCE** |

I understand that filling out this application does not entitle my household to funding from the Toledo-Lucas County Health Department 2015 Home Sewage Treatment System Repair or Replacement program until TLCHD has notified grant awardees in writing.

** I understand**

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

** I Certify**

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

** I understand and agree**

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| Owner Signature: | Date: |