



**Jackson County Household Sewage Treatment System Grant Program**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own the property: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all household members, age and relationship to you:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

List the total household income from all sources for all household members: (income includes wages, social security, AFDC, child support, disability, etc.)

GROSS ANNUAL INCOME

SOURCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL: \_\_\_\_\_

I understand that Jackson County has received funding assistance and I may be offered grant assistance that will pay for either 100%, 85%, or 50% of the total costs (administrative fee, permit fees, installation costs, etc.) for repairing, replacing, or connecting the household sewage treatment system on my property.

I understand that I may be responsible for 15% or 50% of the total project costs and will need to pay that amount before the repair, replacement, or connection of my household sewage treatment system occurs.

I understand that if funded, I will cooperate with the Jackson County Health Department in the installation or repair of the septic system at my home. I understand that Jackson County is not obligated to offer me any assistance whatsoever.

I understand that using this grant program, it may take months for the project to be completed due to the grant funding process, weather conditions (leach lines cannot be installed in moist conditions as it often causes the system to fail), contractor's schedules, and administrative time.

This grant program cannot be used for emergency situations where immediate repairs are needed.

This grant can only be used for household sewage treatment systems that are failing (sewage coming to surface of ground/out of tank; components missing or damaged that affect system performance; gray water lines not connected to septic system; older homes that never had an approved septic system; privy in use; or home connected to another dwelling's sewage treatment system.

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Signature of Property Owner

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Date

**Please return this application along with the following:**

- **documentation of current total household income (pay stubs, social security award letter, etc.)**
- **documentation of property ownership (property deed)**

**to: Jackson County Health Department  
200 E. Main Street  
Jackson, OH 45640**

Specific questions regarding the Jackson County Household Sewage Treatment System Grant Program funded by the Ohio Environmental Protection Agency application can be directed to David Ramby, 740-286-5094, extension 2836 or Gary Radabaugh, 740-286-5094, extension 2829.