



Environmental
Protection
Agency



**Jackson County Health Department
Household Sewage Treatment System Repair/Replace/Connect
Grant Program**

The following items are eligible for grant funding:

• Connecting a home with a failing HSTS to sewers (up to 50% of the total award)
• Connections and reconnections outside a home
• Correction of indoor plumbing issues related to sewage treatment system
• Demolition and abandonment of failing sewage treatment system
• Design costs
• Health District plan review/permit fee
• Installation of a sewage treatment system at an existing home that never had a system installed
• NPDES permit fees
• Site and soil survey

Name: _____ Phone: () _____ Email: _____

Address: _____

Do you own the property? Yes _____ No _____ How long have you lived at home? _____
(Grant funds can only be used for owner-occupied homes with failing septic systems)

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

_____ Name	_____ Age	_____ Relationship
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_____ Name	_____ Age	_____ Relationship
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_____ Name	_____ Age	_____ Relationship
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_____ Name	_____ Age	_____ Relationship
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_____ Name	_____ Age	_____ Relationship
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What is 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 the Jackson County Health Department has received funding and I may be offered grant assistance that will pay for either 100%, 85%, or 50% of the total costs (soil evaluation, site review fee, permit fees, installation costs, etc.) for improvements to the septic system at my home. 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 or replacement of my septic system occurs. I have had these terms explained to me. I understand them and if funded 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.

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I will inform you of any changes therein, immediately. In case any of the above information is found to be false, misleading, or misrepresenting, I am aware that I may be held liable for it.

Signature of Property Owner

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
102 Twin Oaks Drive
Jackson, OH 45640**