



Toledo-Lucas County Health Department  
 635 N Erie Street  
 Toledo, Ohio 43604  
 Phone: 419-213-4100 ext. 3  
 Fax: 419-213-4141  
 Website: [www.lucascountyhealth.com](http://www.lucascountyhealth.com)

## Application for Household Sewage Treatment System Replacement and Repair Program

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)	Total Number of Bedrooms	Water Supply (city, well, cistern)	

### 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**

### 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**

## 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 installers to be bid out for the work on your household sewage treatment system (HSTS).
- 4) All reimbursements will be paid out to the contractor doing the work once the HSTS 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. Applicants that meet this qualification will be qualified to have 100% of eligible cost of HSTS 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 eligible cost of HSTS 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 eligible cost of HSTS installation reimbursed to the contractor(s).

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

- 6) Toledo-Lucas County Health Department will conduct a site visit to determine and verify status of an existing system prior to making the final decision.

## ACCEPTANCE

I understand that completing this application does not entitle my household to funding from the Toledo-Lucas County Health Department Home Sewage Treatment System Repair or Replacement program until this department 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**

Owner Signature:	Date:
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