Butler County General Health District
301 S. Third Street • Hamilton, OH 45011
Phone: 513-863-1770 • Fax: 513-863-4372
Website: health.bcohio.gov

Household Sewage Treatment System Replacement and Repair Loan Program
Program Overview

WHAT IS A FAILING HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS)

A septic system may not show any apparent signs of failure, but still may be considered to be a "failing" system:

- A HSTS which discharges sewage to bedrock, drain tiles, groundwater, surface water or into zone of seasonally saturated soils and exceeds the public health nuisance standards and effluent quality limits;
- A HSTS which discharges sewage onto the ground surface; or
- A HSTS in which components such as the concrete septic tank or distribution box are showing signs of deterioration.

WHO IS ELIGIBLE TO APPLY FOR THE PROGRAM

All residents of Butler County who may have a failing HSTS, and meet the income guidelines, are eligible to apply. Rental properties and new build homes will not be eligible for assistance.

WHAT COSTS ARE COVERED BY THIS PROGRAM

Allowable costs for HSTS repair and replacement include:

- Initial pumping of the system
- Soil evaluation
- Design fee
- Site and Design review fee
- Installation permit fee
- Cost of HSTS repairs
- Indoor plumbing repairs, if needed per OAC 3701-29 (reviewed on a case-by-case basis)
- Cost of installation and materials (estimates required)
- Other costs may be allowed per review

The amount of cost that will be reimbursed is based on the income level.

HOW DOES THE PROGRAM WORK

If you meet the criteria and get approval from the Butler County General Health District (BCGHD) for the repair or replacement of your HSTS, your information will be included in a list of qualified applicants.

- The list of qualified applicants will first be submitted for bid by professional soil evaluators and HSTS designers to conduct a soil evaluation of your parcel of land, and design a HSTS in accordance to the soil types.
- Once a HSTS design is approved for your household, the design will then be submitted for bid by sewage installers that are registered with the BCGHD.
- Once the HSTS is installed and approved by the BCGHD and upon receipt of all required documents by the contractor, the contractor will be reimbursed the amount in accordance with the approved application. This amount is based on the household income level at time of application.

WHAT PAPERWORK IS REQUIRED TO APPLY

If you decide to proceed with applying for grant assistance to replace or repair your HSTS, you will need to submit to the BCGHD the following required information and documentation:

- Application for Sewage Treatment System Replacement and Repair Program
- Income Verification Form (and accompanying documentation as requested)

WHO TO CONTACT

Any questions concerning the Household Sewage Treatment System Replacement/Repair Program can be directed to the following:

ATTN: Carrie Yeager, RS, Environmental Health Director
Butler County General Health District
301 S. Third Street
Hamilton, OH 45011
Phone: (513) 887-5239
Email: EnvironmentalHealth@bcohio.gov
Website: health.bcohio.gov

Butler County General Health District
301 S. Third Street • Hamilton, OH 45011
Phone: 513-863-1770 • Fax: 513-863-4372
Website: health.bcohio.gov

Household Sewage Treatment System
Replacement and Repair Program
Qualification Criteria

This application will be used to evaluate your eligibility for home sewage treatment system repair or replacement. The Butler County General Health District is administering this program which is funded through the Ohio Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this form does not commit or obligate you in any way; additionally, your application does not guarantee you will be selected for the program.

Criteria for Qualification:

A. Income

Annual household income must be at or below those listed in the following table. If annual income is at or below those listed in Column A, 100% of the project costs will be paid. If annual income is at or below those listed in Column B, 85% of the project costs will be paid. If annual income is at or below those listed in Column C, 50% of the project costs will be paid.

Project costs not covered by the program must be paid in full prior to start of any work.

# of people in home	100% of project costs paid if annual income is at or below:	85 % of project costs paid if annual income is at or below:	50% of project costs paid if annual income is at or below:
1-4	$31,200	$62,400	$93,600
5	$36,580	$73,160	$109,740
6	$41,960	$83,920	$125,880
7	$47,340	$94,680	$142,020
8	$55,720	$105,440	$158,160

For families with more than 8 persons, add $5,380 for each person.

B. Occupancy & Property Taxes

Applicants must be the homeowner and occupy the dwelling as their primary residence and be current on their property taxes. The property must be located in Butler County. There can be no judgments on file with the courts against the property i.e. tax liens, pending bankruptcy, etc.

C. Nature of the Septic Repair

The dwelling must be in need of septic repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household and the public.

D. Funded Applicant Responsibility

Upon completion of the system installation, an operation permit will be issued to the owner. The owner is responsible to maintain the sewage treatment system in accordance with Ohio Law and conditions stated on the operation permit. **ALL COSTS associated with the operation and maintenance of the system will be borne by the owner.** Lastly, some systems, such as those utilizing aerobic treatment units, are required to maintain a service contract with a registered service provider for the life of the system. Costs associated with the service contract are also the responsibility of the owner.

Butler County General Health District
301 S. Third Street • Hamilton, OH 45011
Phone: 513-863-1770 • Fax: 513-863-4372
Website: health.bcohio.gov

Household Sewage Treatment System Replacement and Repair Program
Application

PROPERTY INFORMATION:

First Name M.I. Last Name Township

Property Street 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)

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 imminent safety issue? (i.e. tank lid collapse) □ Yes □ No

Have you received orders from the Butler County General Health District? □ 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 Butler County General Health District, soil evaluator, system designer, installers bidding on the work, and the installer and their employees contracted to repair/replace the system.

□ **I Agree**

Property Owner's Signature Date

Butler County General Health District
301 S. Third Street • Hamilton, OH 45011
Phone: 513-863-1770 • Fax: 513-863-4372
Website: health.bcohio.gov

Household Sewage Treatment System
Replacement and Repair Program
Income Verification

Name: _____ Date: _____

Telephone: _____ Cell/Other: _____

Address: _____ Social Security Number: _____

City: _____ State: _____ Zip: _____

TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. **INCLUDE INCOME VERIFICATION WITH APPLICATION.**

1. Name (list all household members, age 18 and over, with income).	**2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED** Earnings from work before deductions	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
	$	□	
	$	□	
	$	□	
	$	□	
	$	□	

Does your household have reportable liquid assets in excess of $100,000? Yes_____ No_____
If you answered YES, verification of the assets must be included with the application. If you answered NO, additional asset verification is not needed. A list of reportable assets is included in this application.

Must Provide Proof of Income by all household members earning income including the following documents:

- □ **2019 W-2**
- □ **Four (4) consecutive weeks of pay stubs, stub must reflect year-to-date earnings.**
- □ **Monthly Social Security, Disability, Pension, and/or Unemployment, if applicable.**

Office Use Only

Total Income:_____ Per: □ Month □Year Denied:_____ Approved: _____

Reason: _____ Approval Level: _____

ADDITIONAL INFORMATION

1) **Application shall be filled out completely** and applicant/owner must be able to substantiate all data. A completed income verification form must accompany the application.

2) The installation of a sewage treatment system will create a messy environment. The contractor is required to ensure that surface water or run-off cannot pond around the sewage treatment system components. Your property may not be returned to its original condition. **Finish grading, landscaping, and seeding are the responsibility of the homeowner.** Since soil takes time to settle, final grading should not take place for several months after the repair/installation work is completed.

3) Grants will be provided to qualified households. For those who are only 85% or 50% eligible, the remaining funds (15% and 50%) **must be paid in full before work can commence**. No mortgages, deed restrictions or paybacks of any type will be required.

4) Applications for the WPCLF 2019 Grant will be accepted through the duration of the grant period and assistance will be provided on a first-come, first-served basis until all of the funds are expended. Homeowners will be responsible for other costs not reimbursable to the contractor(s).

5) 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).

6) All reimbursement will be paid out to the contractor doing the work once the HSTS is inspected and approved by this health department and the contractor has met all of the deliverables of the contract.

7) Butler County General Health District will conduct a site visit to determine and verify status of an existing system prior to making the final decision.

APPLICANT RESPONSIBILITY

HOME OWNERSHIP VERFICATION

- □ A copy of the property deed in their name(s)
- □ A copy of the title to the home (if applicable)
- □ A copy of most recent paid property taxes

INCOME VERFICATION (please include all documents that apply to you)

- □ Provide proof of household income with copies of most recent income taxes
- □ Provide proof of income with four (4) consecutive weeks of your most recent paycheck stubs
- □ Social security award letter (most recent)
- □ Retirement benefits
- □ Disability benefits or SSI supplemental security income
- □ Public (cash) assistance/Food stamps award letter
- □ Alimony
- □ Asset Verification (for reportable liquid assets in excess of $100,000.00)
- □ Child support
- □ Unemployment benefit
- □ Workers Compensation
- □ Profit loss statements for those who are self employed
- □ If no income – include letter stating how your bills are being paid, and how you are managing (food, etc.); letter needs to be signed and dated
- □ Past 2 months bank statements from checking and savings
- □ 401K statements, annuities, interest bearing account statements

OTHER REQUIRED DOCUMENTS:

- □ If home is on public water, provide three months worth of water bills.

ACCEPTANCE

Please initial each section and sign at the bottom:

_____*I certify that I am not an employee or family member or any agent or official who exercises any functions or responsibilities in connection with the review or approval of the work completed under the WPCLF 2019 program.*

_____*I understand that upon completion of the system installation, an operation permit will be issued to me. I understand I am responsible for maintaining the sewage treatment system in accordance with Ohio Law and the conditions stated on the operation permit. I understand I will be responsible for all costs associated with the operation and maintenance of the system. I also understand some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system, and that I am responsible for all costs associated with the service contract.*

_____*I understand that finish grading, landscaping, and seeding is the responsibility of the homeowner. I further understand that since soil takes time to settle, finish grading should not take place for several months after the repair/installation work is completed.*

_____*I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I will be required to pay the remaining 15% or 50% project cost before work can begin.*

_____*I understand that by signing this application I grant the Butler County General Health District and the Butler County Board of Health or their authorized provider's access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I understand that completing this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind my contract if information is acquired which determines that my household is not eligible for services according to the rules of this program. I certify that the information I have provided in this application, to the best of my knowledge, a true, accurate, and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements.*

I hereby waive any and all present and future claims against the Butler County General Health District or any of the individual employees of the Butler County General Health District or any Board Members of the Butler County General Health District or any Companies and their employees working under a contract with the WPCLF 2019 for damages in any way connected with the repair for which I am making an application as a condition of receiving repair/replacement assistance. I understand that I have the opportunity to consult with an attorney before signing this waiver.

_____ _____

Owner Signature Date

_____ _____

Co-Owner Signature Date

If you do not understand any part of this application or have a question about what you are being asked to sign, please ask someone at the health department to help you. By signing above you acknowledge your understanding of the application and verifications. Applicants/Owners must sign in INK in the presence of a Butler County General Health District employee.

_____ _____

Witness Date

ANNUAL INCOME NET FAMILY ASSETS

INCLUDE

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts use the current balance. For checking accounts use the average 6 month balance.

2. Cash value of revocable trusts available to the applicant.

3. Equity in a rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g. broker fees) that would be incurred in selling the asset. Equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.

4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.

5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).

6. Retirement and pension funds.

7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).

8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.

9. Lump sum or one-time receipts such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

10. Mortgages or deeds of trust held by an applicant.

EXCLUDE

1. Necessary personal property, except as noted in #8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for person with disabilities.

2. Interest in Indian trust land.

3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.

4. Equity in cooperatives in which the family lives.

5. Assets not accessible to and that provide no income for the applicant.

6. Term life insurance policies (i.e., where there is no cash value).

7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.