

HOME SEWAGE TREATMENT SYSTEM UPGRADE APPLICATION FOR OEPA FUNDING

Personal Information (Please Print)

Name: (Last) _____ (First) _____ (Middle) _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (Home) _____ (Work) _____

Social Security Number: _____

System Application for: (please check) _____ Conventional _____ Alternative

I understand that this information is subject to confirmation by my county Health Department. I also understand that if the information I submit is determined to be false, I will be totally responsible for all payments to the contractor or materials involved.

Applicant's Signature: _____ **Date:** _____

This section for County Health Dep. Use Only (for all Ohio EPA funding applications)

Is the current HSTS failing ? YES _____ NO _____
 If **no**, HSTS improvements are **not** eligible for OEPA funding
 Is the current HSTS a discharging system? YES _____ NO _____
 With the repairs or replacement recommended by the HD, will the HSTS be a discharging system? YES _____ NO _____
 If **yes**, HSTS improvements are **not** eligible for OEPA funding.

This section for County Health Dep. Use Only (for all applicants requesting 319 funds)

NOTE: If you are applying for Section 319 cost-share funding, the section below will be used to evaluate your eligibility. Only applicants with a score of 6 or higher are eligible for 319 funding. Where applicant scores are equal and 319 funds are insufficient to fund all eligible applicants, preference will be given to homeowners in the critical areas shown in the White Oak Creek Watershed Action Plan.

<u>Column A</u> <u>Amount</u> <u>Of</u> <u>Discharge</u>	<u>Column B</u> <u>Location</u> <u>or</u> <u>Distance to stream</u>	<u>Column C</u> <u>Shallow Depth</u> <u>to</u> <u>Groundwater</u> <u>or bedrock</u>	<u>Column D</u> <u>Fecal</u> <u>Contamination</u> <u>of drinking water</u>	<u>Column E</u> <u>Subwatershed</u> <u>Critical Area</u>
1 - Slight	1 - 3751 to — feet	0-NO	0-NO	1-North Fork
2 -	2 - 1751 to 3750 feet	1-YES	5-YES	2-Lit. North Fork
3 - Moderate	3 - 751 to 1750 feet			3-Lower Main
4 -	4 - 251 to 750 feet			4-East Fork
5 - Extreme	5 - 0 to 250 feet			5-Upper Main
				6-Sterling Run

Column A + B + C + D + E = Total Score

Columns
 (A) _____ + (B) _____ + (C) _____ + (D) _____ + (E) _____ = _____ (total)

Sanitarian Signature _____ **Date** _____

OFFICE USE:	Approved by:	Amount of Approval:
Date of Approval:		\$