

APPLICATION FOR OHIO EPA FUNDING ASSISTANCE: HOME SEWAGE TREATMENT SYSTEM (HSTS) REPAIR OR REPLACEMENT

If you are applying for Section 319 cost-share funding, Section 3 of the application will be used by the local Health Department to evaluate your eligibility. Only applicants within targeted areas are eligible for 319 funding. Where applicant scores are equal, and 319 funds are insufficient to all eligible applicants, preference will be given to homeowners in the critical areas.

1. Personal Information (Please Print)

Name: (last)	(first)	(middle)
Mailing Address:		
City:	State:	Zip:
Phone Number: (home)		(work)
An invoice for the repair or replacement of the HSTS will need to be submitted to this office if this application is approved.		
Applicant's Signature		Date:

2. Basic Problem Assessment- to be completed by Delaware General Health District. This section must be completed for ALL applicants seeking Ohio EPA funding from a 319 grant and/or a WPCLF linked deposit loan.

1. Is the current HSTS failing?	Yes	No
2. With the repairs or replacement recommended by DGHD, will the HSTS be a discharging system	Yes	No

If yes is answered to question 2., HSTS improvements are not eligible for OEPA funding.

3. Evaluation of Water Quality Impacts – to be completed by DGHD. This section must be completed for ALL applicants seeking 319 grant cost-share assistance. Use of this section is optional for applicants seeking WPCLF linked deposit assistance.

Amount of Discharge	Location distance to stream	Depth to groundwater/bedrock	Contamination of drinking water	Connection to a storm water or adjacent water
1-slight	1-3751 to- ft.	0- No	0- No	0- No
2-	2-1751-3750 ft.	1- Yes	5- Yes	1- Yes
3-moderate	3-751-1750 ft.			
4-	4- 251-750 ft.			
5-extreme	5-0-250 ft.			

Columns (A) _____ + (B) _____ + (C) _____ + (D) _____ + (E) = _____ Total Score

OFFICE USE ONLY

Approved by:	Amount of Approval: \$
Date:	