



**2019/20 Logan County Health District (LCHD) Water Pollution Control Loan Fund (WPCLF) Application for Assistance in the Repair, Replacement or Connection to Public Sanitary Sewer for a Failed, Owner-Occupied Household Sewage Treatment System (HSTS)**

**Types of Eligible Expenses for an Existing Home with a Failed Sewage System** (please check all that apply):

- Repair of a failed HSTS   
  Replacement of a failed HSTS   
  Connection to Public Sanitary Sewer  
 Soil Evaluation fee   
  System Design fee   
  OEPA NPDES Permit fee (for off lot discharge, initial fee only)  
 LCHD Site Review fee   
  LCHD Alteration Permit fee   
  LCHD Installation Permit fee  
 LCHD Plumbing fee (if necessary for correction of indoor plumbing so can connect to new sewage system/sewer)

**Complete the following** (please print):

Property Owner \_\_\_\_\_ Township \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Names of all persons residing in the household: \_\_\_\_\_

\_\_\_\_\_

**Provide the following:**

Evidence of Residency: Medicaid letter, Utility bill (electric, water, or phone) or Credit Card bill

Evidence of Ownership: Property tax receipt; copy of property deed

Evidence of Total Monthly or Annual Income (for everyone in the household): Medicaid, SNAP, or TANF form or letter; Paycheck stubs for a month; Social Security benefits statement; Tax return IRS 1040; Unemployment insurance benefit statement; Worker’s Compensation statement; or Retirement income statement

I hereby certify that all information provided is true.

\_\_\_\_\_ Date \_\_\_\_\_  
 Property Owner Signature

<b>Office Use Only</b> <input type="checkbox"/> 50% <input type="checkbox"/> 85% <input type="checkbox"/> 100%            Sanitarian’s Initials _____            Date _____
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