



Nationally Accredited

310 S. Main St. Bellefontaine, OH 43311
PH:937-592-9040 Fax:937-592-6746
www.loganhealth.org

2021(22) 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)

NOTE: ANY WORK DONE BEFORE GRANT APPROVAL WILL NOT BE ELIGIBLE.

Project Type (please check one):

___ Repair of a Failed HSTS ___ Replacement of a Failed HSTS ___ Connection to Public Sanitary Sewer

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

___ 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 Replacement Permit fee
___ LCHD Plumbing fee (if required to correct indoor plumbing) ___ Sewer Tap fee from Sewer District

Complete the following (please print):

Property Owner _____ Township _____

Address _____

Phone _____ Email _____

Names of all persons residing in the household: _____

Provide the following:

1. **Evidence of Residency:** Medicaid letter, Utility bill (electric, water, or phone) or Credit Card bill
2. **Evidence of Ownership:** Property tax receipt; copy of property deed
3. **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.

Property Owner Signature

Date

Office Use Only 50% 85% 100% Sanitarian’s Initials _____ Date _____