



28 Executive Drive, Norwalk, OH 44857 | 419-668-1652 | information@huroncohealth.com

FOR IMMEDIATE RELEASE

Contact:

Cyleen Sharpe, Public Information Officer
Huron County Public Health
28 Executive Drive
Norwalk, Ohio 44857
Phone: 419-668-1652, ext: 234
csharpe@huroncohealth.com

March 21, 2025

Funds Available for the Replacement or Repair of Household Sewage Treatment Systems

NORWALK, Ohio— Huron County Public Health is excited to announce another round of funding available to assist Huron County residents in repairing or replacing failing household sewage treatment systems. With the assistance of The Ohio Environmental Protection Agency's Water Pollution Control Loan Fund (known as WPCLF), Huron County residents may be awarded funds covering 50% - 100% of the cost for repairing or replacing their failing sewage treatment system.

To be eligible for funding, individuals must:

- Live in Huron County, Ohio;
- Own their own home (property must be owner-occupied and purchased December 31, 2023 or before);
- Have current property tax payments paid up-to-date;
- Have a household sewage treatment system that is either failing or in need of repair (to be verified by Huron County Public Health); and
- The applicant and all individuals living in the home over the age of 18 must have a total combined income level that falls within 100% - 300% of the 2023 federal poverty line as shown in the table below:



Timothy Hollinger, MPH
Health Commissioner

Community Health Fax:
(419) 668-0152

Environmental Fax:
(567) 244-3201

Medical Fax:
(419) 663-1809

An equal opportunity provider of employment and services.



Table H-2. 2023 U.S. Dept. of Health & Human Services Poverty Guidelines for Households

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50% PF)
1-4	\$30,000	\$60,000	\$90,000
5	\$35,140	\$70,280	\$105,420
6	\$40,280	\$80,560	\$120,840
7	\$45,420	\$90,840	\$136,260
8	\$50,560	\$101,120	\$151,680

For families with more than 8 persons, add \$5,140 for each person.

Summary of the Guidelines Outlined in the Chart Above

- Homeowners whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2023 Poverty Guidelines will receive 100% of the eligible repair/replacement cost for the HSTS.
- Homeowners whose incomes are between 100% and 200% of the U.S. Department of Health and Human Services 2023 Poverty Guidelines will receive 85% of the eligible repair/replacement cost for the HSTS.
- Homeowners whose incomes are between 200% and 300% of the U.S. Department of Health and Human Services 2023 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

Interested individuals should complete the OEPA WPCLF Application for HSTS Assistance Program available on HCPH’s website at www.huroncohealth.com/sewage-program.

Questions? Contact HCPH Environmental Health Division at 419-668-1652 ext. 239 or via email at environmental@huroncohealth.com.

Applications must be submitted to HCPH no later than Monday, April 7, 2025 by 4:00pm.

###



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

OEPA WPCLF Application for Household Sewage Treatment Systems (HSTS) Assistance Program

PROPERTY INFORMATION

First Name	MI	Last Name	Township
Property Address		City	Zip Code
Name of Property Owner on Record with County		Parcel #	
Email		Home Phone# Cell Phone #	
Household Size (Total # of people living in the household)		Water Supply (Public, well, HWST)	
Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this house owner occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	2023 Household income \$	
<p>Please note that if you purchased this home within the last year (after January 1, 2024), the system will not be considered for the HSTS Assistance Program. Contact USDA Rural Development, GLCAP, or a financial lender for other possible loan/grant opportunities.</p>			

WHY DO YOU BELIEVE YOUR HSTS IS FAILING?

What is the approximate age of your existing HSTS? _____ Years

Do you have ponding sewage on your property? Yes No

When does the ponding occur? _____

Is there a safety issue? (i.e., tank lid collapsing) Yes No

Explain: _____

Have you received legal orders from Huron County Public Health? Yes No

PERMISSION TO ENTER PROPERTY

I grant permission to all parties involved in the repair or replacement of my household sewage treatment system access to my property, including but not limited to the Huron County Public Health, Ohio Environmental Protection Agency, soil scientist, system designer, installers bidding on the work and the installer, and their employees contracted to repair/replace the system.

Signature of Property Owner Date

03/07/2025 HCPH



PROOF OF INCOME

TOTAL HOUSEHOLD INCOME (before deductions). Include copies of 2023 income tax returns and W-2's for all occupants. List all income on the same line as the person who receives it.	
1. Name (List all household members and their total income, enter 0 for those without income)	2. Yearly Income

ADDITIONAL INFORMATION

- 1) Application shall be filled out completely and applicant/owner must be able to substantiate all data.
- 2) Submit your 2023 income tax return and W-2's with this application.
- 3) Huron County Public Health will conduct a site visit to determine and verify status of existing system prior to making final decision.
- 4) Once applications are approved, all information will be submitted to professional soil evaluators and registered sewage treatment system installers to quote for work on your HSTS.
- 5) Any applicable reimbursements will be paid directly to the contractor doing the work once the HSTS is inspected and approved by the health district and the contractors have met all the deliverables of the contracts.

ACCEPTANCE

I understand that filling out this application does not entitle or guarantee my household to funding from the Huron County Public Health 2024 HSTS Assistance Program until HCPH has notified funding awardees in writing.

I Understand I don't Understand

I certify that the information that I have provided in this application is, to the best of my knowledge to be true, accurate and complete disclosure of the requested information.

I Certify I don't Certify

Upon selection, I understand and agree to provide all additional monies required as my portion of this loan/grant prior to work commencing on soil analysis, system design, repair, or installation of a new HSTS on my property.

I Understand and Agree I don't Understand and Agree

Owner Signature	Date
-----------------	------

Office Use Only

Total Income: _____ Score: _____ Group level: 50% 85% 100%

Approved: Yes No, Reason: _____

REHS Signature: _____ Date: _____