Huron County Public Health

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# 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#<br>Cell Phone # | |
| Household Size (Total # of people living in the household) | | Water Supply (Public, well, HWST) | |
| Is this a rental property? ☐ Yes ☐ No | Is this house owner occupied? ☐ Yes ☐ No | 2025 Household income<br>$ | |

**Please note that if you purchased this home within the last year (on or after January 1, 2026), 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.**

**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



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**PROOF OF INCOME**

| TOTAL HOUSEHOLD INCOME (before deductions). Include copies of 2025 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 |
| | |
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**ADDITIONAL INFORMATION**

1) Application shall be filled out completely and applicant/owner must be able to substantiate all data.
2) Submit your 2025 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 2026 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%

Eligibility completed by _____ Evaluation completed by _____

Approved: ☐ Yes ☐ No, Reason: _____ Date: _____