OTTAWA CONSERVATION DISTRICT

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Office Use Only
Application Number
Date Received
Processors Initials
Rank

Residential Septic Assistance Program Application

Ottawa Conservation District

(We reserve the right to limit cost-share for all practices)

Name:_____

Date: _____

Phone: _____

Email: _____

Mailing Address: _____

_____

Township: _____ Section Number: _____

Watershed (if known): _____

General Septic System Questions:

Size of Septic Tank: _____ # of Bedrooms in Household: _____ Age of System:_____

System Issues: _____

Date of Last System Inspection: _____ Date of Last Maintenance: _____

Type (check): ☐ Single Family ☐ Multi Family Residence, number of units_____

Requested Services (check): ☐ **Septic Tank Repair** ☐ **Septic System Replacement**

"I certify that I am the legal owner of the property or an authorized representative of the property owner and the information on this application is true and correct. I hereby grant the Ottawa Conservation District and Ottawa County Health Department access to this property for inspection(s) related to this application."

_____ _____ _____

Print Signature Date

Septic Assistance Program (SAP) Requirements for Financial Assistance to Repair or Replacement of Failing Septic Systems:

1. The septic system must be located within the identified boundaries of a 319 grant funded watershed.
2. The septic system must service a currently occupied home.
3. The participating homeowner will work with the Ottawa Conservation District (OCD) to go through a confidential on-site home environmental risk assessment (Home*A*Syst WQ-51) and develop a home risk reduction schedule.
4. This septic system will be subject to an on-site inspection by the Ottawa County Department of Public Health (OCDPH). **They reserve the right to enforce the "Ottawa County Environmental Health Regulations" regardless of participation in the grant. Systems being replaced as a direct result of enforced county regulations are NOT ELIGIBLE for funding through the SAP.**
5. Once enrolled, the participating homeowner will have 60 days to have a new septic system installed.
6. All new septic systems installed through the SAP will follow requirements defined the OCDPH permit.
7. Participants will be required to obtain any and all permits.
8. Contractors must notify the OCD of the date for activities to be funded under this program.
9. **Written approval for grant funds MUST be received prior to the start of the work to be funded. Funding will not be approved for "after the fact" work.**
10. Following installation of new septic system, the OCDPH will inspect to ensure septic systems are installed and fully functioning prior to payments being distributed.
11. Participating homeowner will be required to provide a receipt for services to the OCD for reimbursement of up to **50% or $10,000 max** of the total cost for septic system replacement or septic tank pumping. Reimbursements awards and amount will be determined by the ranking score and are available until the funds are exhausted.
12. The OCD has up to 60 days after the end of the fiscal quarter (March 31, June 30, September 30, December 31) to disperse payments.
13. All cost share reimbursements provided through OCD is taxable. The participating homeowner must provide OCD with the appropriate tax identification and OCD will provide the Form-1099-MISC for tax reporting purposes.
14. Program participants will be required to sign and follow a 20 year maintenance plan for maintenance of the septic system funded through the SAP.
15. The SAP is intended to address nonpoint source pollution and is open to homeowners with failing septic systems. Homes found with illicit connection pipes dispelling home wastewater are **NOT ELIGIBLE** for funding through the SAP.
16. **Any illicit connection pipes found will be directed to the OCDPH**.

I, _____, have read and understand the above requirements for the Septic System Assistance Program. Initials:_____