

BOARD OF HEALTH BELMONT COUNTY GENERAL HEALTH DISTRICT

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890
www.BelmontCountyHealth.com



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2024 WPCLF

Thank you for your interest in the Belmont County Health District (BCHD) Water Pollution Control Loan Fund (WPCLF) Program. The attached information will describe this Program and the requirements for participation. Included are the household income guidelines that apply to the Program. An application is attached for those interested in applying.

The intent of this Program is to assist homeowners who lack the financial resources to replace failing household Sewage Treatment Systems (STS), especially those cases that pose an immediate threat to the health and safety of the occupant, the public, and the environment. Funding can also be used to assist homeowners that need to connect to an existing sanitary sewer and properly abandon their STS.

<p>How does the program work?</p> <ul style="list-style-type: none"> - The WPCLF is a loan program between the BCHD and the Ohio EPA - The loan is Principal Forgiveness funding that DOES NOT require re-payment - Registered contractors will submit cost proposals to the BCHD for approved projects - Contractors will be selected by the BCHD, not the homeowner 	<p>Who is eligible?</p> <p>The following criteria must be met:</p> <ul style="list-style-type: none"> - The household income must meet the program criteria (see attached application) - The sewage system must be failing and verified by the BCHD - The applicant must be the homeowner - Property taxes must be current - Rental property, new-build homes, and homes advertised for sale are not eligible 	<p>How can the money be used?</p> <p>The funding can ONLY be spent to:</p> <ul style="list-style-type: none"> - Repair/replace failing sewage systems, or - Properly abandon sewage systems and make connection to an existing sanitary sewer <p>The funding is not available for commercial sewage systems.</p>
<p>How will homeowners be selected?</p> <ul style="list-style-type: none"> - Applications will be selected based on financial need and the severity of the sewage system failure - The severity of the failure will be the primary factor, followed by financial need - The order of receipt of applications will be considered as a final factor when all other factors are equal 	<p>What happens after I apply?</p> <ul style="list-style-type: none"> - BCHD staff will review the completed application and determine eligibility - You will be notified in writing of your eligibility, or non-eligibility - If you decide to participate, the BCHD will arrange to evaluate the sewage system to verify it is need of repair/replacement 	<p>Does it cost me anything to apply?</p> <p>There is no cost to apply for the program</p>

Applications will be accepted through the duration of the grant period, or until all grant funding is expended.

- The BCHD will conduct a site visit to evaluate the status of the sewage treatment system failure or verify that the dwelling is in need of making connection to an existing sanitary sewer.
- Funding assistance will be provided to qualified households on a first-come-first-serve basis; however, priority will be extended in emergency situations to eliminate immediate health and safety hazards.
- Applicants who are 85% or 50% eligible must pay the remaining funds (15% and 50%, respectively) in full before work can begin.
- Several project sites may be bundled into one contract for cost proposals. The contractor with the most acceptable cost proposal will be awarded the contract. The homeowner does not choose the contractor, the BCHD does.

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- The homeowner must allow the BCHD, contractors, and EPA representatives to enter the property to make inspections.
- The sewage treatment system repair, replacement, or sanitary sewer connection will create a messy environment. Since soil takes time to settle, final grading/seeding may not take place for several months after work is completed.
- The BCHD is required to inspect all sewage treatment systems that are altered/installed within 12 months.
- Before any work can begin, permits must be obtained from the BCHD.

The following criteria are program requirements. There are no exceptions or exemptions.

A. Income

Annual household income must be below those listed in the table below.

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.

B. Occupancy and Property Taxes

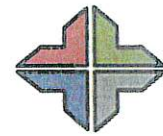
Applicants must be the homeowner and occupy the dwelling as their primary residence and must be current on their property taxes. The property must be located in Belmont County.

C. Nature of the Sewage System Repair, Replacement, or Sanitary Sewer Connection

The sewage treatment system must be in need of a repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household, the public, and the environment. Or, the dwelling must be in need of making connection to an existing sanitary sewer and properly abandon the sewage treatment system.

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Eligible?	Typical Expenses
NO	Abandonment of drinking water well
YES	Administrative costs
NO	Annual Contractor permit fees
YES	Connecting a home with a failing HSTS to sewers (up to 50% of the total award)
YES	Connections and reconnections outside a home
YES	Correction of indoor plumbing issues ¹
YES	Demolition and abandonment of failing HSTS
YES	Design costs
YES	Health District plan review/permit fee
NO	Installation of an HSTS at a new home
YES	Installation of an HSTS at an existing home that never had a system installed
NO	Insurance costs
YES	NPDES permit fees ²
NO	Operation and Maintenance permit fee
NO	Performance or payment bonds costs
YES	Site and soil survey
NO	Tax

¹ Costs associated with correction of indoor plumbing issues are eligible in particular instances. Eligible indoor plumbing corrections must be necessary for an on-site system to receive health district approval and must be itemized on the health district's inspection report. Contractors must submit an itemized bid to the local government agency for these specific items. The local government agency must include the itemized bid with all other contract documents submitted to Ohio EPA for review and approval following bid opening and prior to contract execution. The itemized invoice from the contractor listing the indoor plumbing work must be included with a payment request.

² NPDES permit fees are eligible for reimbursement only for the first occurrence after the disbursement of these funds.

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This application will be used to determine your eligibility for household sewage treatment system repair, replacement, or connection to an existing sanitary sewer. The Belmont County Health District is administering this program which is funded through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit or obligate you in any way and is not a guarantee for funding assistance.

[illegible]

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INCOME VERIFICATION (OWNER(S) OF PROPERTY)		
<u>COPY OF 2023 TAX RETURNS</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>2 CURRENT CONSECUTIVE PAY STUBS</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	NO INCOME: PLEASE INCLUDE A LETTER ON HOW YOU PAY YOUR BILLS
<p>Please read the following statements, initial each section, and sign below to acknowledge that you understand the application and the verifications. If you do not understand any part of this application or have a question about what you are being asked to sign, please contact the BELMONT COUNTY HEALTH DISTRICT(BCHD).</p>		

_____ I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate, and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements. I further certify that I am not an employee, family member, agent, or official exercising any functions or responsibilities in connection with the review and approval of the work completed under the WPCLF Program.

_____ I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I am required to pay the remaining 15% or 50%, respectively, project costs at least 14 days before any work can begin.

_____ I understand that I must allow the BCHD, contractors, and EPA representatives to enter upon the property to make inspections.

_____ I understand that the personal financial information contained in this application is necessary for the evaluation of my eligibility for the Program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that the BCHD may rescind my contract if information is acquired that determines that my household is not eligible for services according to the rules of the Program.

_____ I understand that upon completion of the sewage treatment system repair/replacement, an Operation and Maintenance Permit will be issued to me from the BCHD. I understand that I am responsible for maintaining the sewage treatment system in accordance with Ohio and local laws and rules. I understand that I will be responsible for all costs associated with the proper operation and maintenance of the system. I also understand that some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system, and that I am responsible for all costs associated with the service contract.

_____ I hereby waive any and all present and future claims against the BCHD, its employees, and Board Members for damages in any way connected with the work for which I am requesting assistance. I understand that I have an opportunity to consult with an attorney before signing this Certification.

_____ As an applicant for this Program, I hereby give my permission to the BCHD administering the Program to contact my employer or other appropriate person(s) or companies to verify information I have provided and submitted as supporting documentation with this application. I also understand that my records may be released upon request pursuant to public records law.

(Property Owner) Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

**Return completed application and all required documentation to: BELMONT COUNTY HEALTH DISTRICT
68501 BANNOCK RD
ST. CLAIRSVILLE OH 43950**

DATE APPLICATION RECEIVED BY BCHD: _____

BCHD STAFF MEMBER REVIEWING APPLICATION: _____