

**MORGAN COUNTY HOME SEWAGE TREATMENT SYSTEM
PROGRAM APPLICATION**

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Phone: _____ Cell Phone: _____

Please list all household members, age and relationship to you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the total household income from all sources for all household members (income includes wages, social security, AFDC, child support, disability, etc.):

<u>Gross Monthly Income</u>	<u>Source</u>
_____	_____
_____	_____
_____	_____
_____	_____

PROPERTY INFORMATION

Do you own the property address listed? Yes or No

Do you live at the address listed? Yes or No Is it your primary residence? Yes or No

Is your property a new development site? Yes or No Do you have a failing system? Yes or No

What type of septic system work are you requesting? New System or Repair/Alteration

How many bedrooms are in your home? _____

REQUIRED DOCUMENTATION

Please provide copies of the following when returning this application to the address below:

**Morgan County Development Office
155 E. Main St Room 135
Phone: 740-962-1322
Fax: 740-962-1341**

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1. ALL Sources of Income (gross income for all residents, 18 and older) for the most recent three months.
2. ALL Sources of Assets (Checking/Savings account information, IRAs, CDs, etc.)
3. One copy of most recent electric bill for the address where septic system improvements are requested.
4. Property Deed
5. One personal identification item (driver's license, birth certificate or social security card)
6. Morgan County Health Department Inspection Form (provided)

Application Agreement

All information in this application is true and complete to the best of my knowledge and is submitted to the Morgan County Development Office for the purpose of review for assistance with home sewage repair. It is my understanding that this information will be confidentially reviewed by the appropriate staff of the Morgan County Development Office. It is my understanding that the Morgan County Health Department will verify that I have a repair or failing septic system that is in need of replacement. I understand that Morgan County has received funding assistance and I may be offered grant assistance that will pay for either 100% , 85% or 50% of the total costs (administrative fees, permit fees, installation costs, etc.) for improvements to the septic system at my home. I understand that I may be responsible for 50% or 15% of the total project costs and will need to pay that amount before the repair or replacement of my septic system occurs. I have had these terms explained to me. I understand them and if funded will cooperate with the Morgan County Health Department in the installation or repair of the septic system at my home. I also understand that once my application is reviewed and approved that no fees or other payments towards my project can be refunded.

Signature _____

Date _____

Signature _____

Date _____

Applications will not be stamped received until a completed application and all required documentation is received by the Morgan County Development Office.

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155 E. Main St Room 135
Phone: 740-962-1322
Fax: 740-962-1341



Public Health
Prevent. Promote. Protect.
MORGAN COUNTY HEALTH DEPT.

Morgan County Health Department
4275 N St Rt 376 NW
McConnelsville, OH 43756
Phone: 740-962-4572
Fax: 740-962-3271

EVALUATION OF EXISTING HOME WATER & SEWAGE SYSTEMS

Part 1 – To Be Completed by Applicants

Inspection Requested: Water \$85 includes lab testing Sewage \$125 Closing Date: _____

LOCATION OF REQUESTED INSPECTION

Name

Phone

Address

Township

City

Zip Code

PERSON RESPONSIBLE FOR PROVIDING ACCESS TO PROPERTY

Name

Phone

Address

City, State, Zip Code

INFORMATION NEEDED ON HOME SEWAGE SYSTEMS

System must be pumped prior to inspection (within last 30 days)

Type of Septic System: Regular Aerator Other _____

Does Your System Have Risers: Yes No Year Installed: _____

Location of the System: _____

Last Date Tank Pumped: _____ Pumper: _____

INFORMATION NEEDED ON WATER SYSTEMS

Entry to home is needed to obtain sample

Type of Water System: Well Cistern Dug Well Spring City _____

Complete Directions to Property: _____

I hereby give consent to inspect the Home Sewage and/or Water System on the above property.

Property Owner's Signature

Date

Realtor/Representative

Phone