Steuben County Soil and Water Conservation District

District Cost-Share Program Application for Residential Onsite Sewage Systems

Section A – Applicant Information

Applicant Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Tax ID or Social Security #: _____ Email: _____

(Only applicable if cost-share amount is greater than or equal to $600.00)

Property Information Where District Cost-Share Practice will be Located (if different than above):

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Section B – Cost-Share Practices

Please check which cost-share practice you are applying for. One application must be filled out for each practice.

Maintenance - (*Inspection & Pumping Services*)	
Repairs - (*System Components*) *	
Replacement - (*Full System*) *	
Sanitary Sewer Connection- (*Mandatory or Elective*) *	

**Prior to applying for cost-share assistance the applicant must: (1) Obtain the required application from the Steuben County Health Department and receive a formal inspection completed by an Authorized Septic Service Provider for the Repairs and Replacement practices, and (2) Obtain all required permits/applications from the Sewer Utility for the Sanitary Sewer Connection practice. (Failure to fulfill these requirements will affect eligibility for program funding.)*

Section C – Program Eligibility Requirements

1. The property must be located in Steuben County, Indiana, and have a residential onsite sewage system in use at an existing site.
2. The applicant must either own property outright or be current on the mortgage, contract for deed, etc., secured on the property. If more than one owner is listed on the deed, all owners must sign a Control of Land form, which can be obtained by contacting the SWCD office.
3. Non-recorded land contracts are NOT eligible.
4. Properties that are for sale, in foreclosure, or undergoing ownership transfer are NOT eligible.
5. New home construction or expansion projects requiring a system upgrade are NOT eligible.
6. Sewage Holding Tanks are NOT eligible.
7. All cost-share funds are nontransferable.

Section D – Participation Terms and Conditions

The above-named applicant hereby agrees to take part in the Steuben County Soil and Water Conservation District (SWCD) District Cost-Share Program for Residential Onsite Sewage Systems and fully understands that his/her participation is subject to the following provisions of this agreement.

1. **THIS APPLICATION MUST BE APPROVED BY THE STEUBEN COUNTY SWCD BOARD OF SUPERVISORS BEFORE ANY WORK BEGINS ON THE EXISTING SYSTEM.**
   (No reimbursement will be issued for work started prior to approval.)
2. The applicant is aware the Steuben County SWCD Board of Supervisors will have final approval of all applications for cost-share participation and benefits.
3. The applicant certifies that he/she has control of the property on which the practice is implemented.
4. The applicant agrees to follow the guidelines and reimbursement procedures established by the Steuben County SWCD for the practice they are applying for within the designated time frame indicated.
5. The applicant understands that participation in the Steuben County SWCD District Cost-Share Program does not guarantee system performance or compliance. The SWCD is not responsible for any issues, deficiencies, or violations identified during formal inspection. The property owner remains responsible for meeting all applicable laws and regulations and reporting any issues to the Steuben County Health Department.

Section E – Applicant Signature

I, _____, a resident/homeowner of Steuben County, Indiana, hereby apply to the Steuben County Soil and Water Conservation District (SWCD) for cost-share assistance through the District Cost-Share Program for Residential Onsite Sewage Systems for the practice listed above. I acknowledge that I have received the appropriate **Information Packet** and agree to **Section D- Participation Terms and Conditions**. I understand that the approved practice must be completed within _____ months of the application approval date.

Applicant Signature:_____ Date: _____

Section F – Application Approval (to be filled out by the SWCD)

Contract expiration date of _____, for the _____ practice.

Maximum reimbursement amount: Up to 80% of the total cost not to exceed _____.

_____ _____

Technical Representative (SWCD) Date

_____ _____

SWCD chairman or designated supervisor Date

Section G – Reimbursement Approval (to be filled out by the SWCD)

Practice Completion Date:	
Total Eligible Cost:	
Cost Share Rate:	
Reimbursement Amount:	

Reimbursement Documentation Submitted:

Documentation Meets Program Standards: ☐ **Yes** ☐ **No**

Comments (optional):

SWCD Board of Supervisors Approval

SWCD chairman or designated supervisor Date