**EASTERN PANHANDLE CONSERVATION DISTRICT**

**ELKS RUN 319 PROGRAM**

**SEPTIC REPAIR APPLICATION**

**Landowner Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In order to be eligible to receive assistance for septic repair under the Elks Run 319 program, septic systems must be located within the Elks Run watershed and deemed to be failing through an onsite sewage disposal system inspection by the Jefferson County Health Department.**

1. **Before completing this application**:
	1. Contact Danielle Watson at the Eastern Panhandle Conservation District(EPCD) at (304) 263-4376 ext. 3 to verify that your residence is located within the Elks Run watershed.

* 1. Contact the Jefferson County Health Department at 304-728-8416 to schedule an onsite inspection with the sanitarian. This inspection MUST occur before applications can be considered for approval.
1. Once an onsite inspection has been performed, you will be provided with a copy of the “Onsite Sewage Disposal Inspection Form” from the sanitarian. A copy of this form must be provided to all contractors providing estimates. Additionally, a copy must be included with this application.

1. After the Jefferson County Health Department, has verified that your system is failing, you must receive 3 written estimates for the cost of repair. The landowner must request written estimates from 3 contractors and document their requests using this form. If you cannot obtain 3 written estimates, you must provide a signed, written statement that lists the contact information for all contractors you have requested estimates from, including the date you made the request. EPCD reserves the right to perform follow up verification if 3 written estimates are not received. EPCD reserves the right to deny any application that does not contain 3 written estimates.
2. P**rovide each contractor with a copy of your “Onsite Sewage Disposal Inspection Form” that you received from the Jefferson County Health Department**. Contractors must provide their written estimate to you within 10 calendar days of your request for an estimate. Any contractor who fails to provide a written estimate within 10 calendar days, shall become ineligible to enter into a contract with EPCD to perform repairs necessary on the applicant’s septic system.
3. If an estimate was provided to a landowner prior to the beginning of the application process for this program, the landowner must request the contractor re-issue a written estimate showing a date within the 10-calendar day timeframe noted above, in order for that estimate to be considered. Landowners must provide records that show both the date they requested estimates from contractors and the dates they received each estimate.
4. After a complete application is received it will be evaluated by the EPCD. If approved, the EPCD will then enter into a contract with both the landowner, and the contractor who provided the lowest submitted estimate. Landowners will be contacted regarding the status of their application by EPCD program personnel.

This is a cost share program. Landowners are responsible for the first $500 of repair costs. Those costs may include Health Department fees, permits, and the costs, if any, of obtaining 3 estimates for repair. All costs incurred by the landowner must include verifiable documentation. Landowners are required to submit copies of any applicable invoices with their application in order to be included in their $500 cost share responsibility. After landowners have met their $500 cost share, the EPCD will pay the contractor up to an additional $7,000 of repair costs, for a total of $7500 per applicant. If there are costs beyond the $500 landowner cost share and the $7,000 EPCD cost share, all additional costs will be the responsibility of the landowner.

Landowner will be provided information concerning a low interest on-site systems loan program, however, **EPCD is not the lender in that loan program and provides this information as a courtesy only** and does not guarantee or otherwise make any representation about the loan program.

If the three (3) written estimates exceed the projected cost estimate established by the program personnel, the landowner shall be required to seek three (3) new written estimates.

By my signature below, I certify I own the land on which the septic system is located. I further acknowledge that I have read and understand the requirements of the program and agree to the terms and conditions of the program as set forth in this application. All information submitted is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landowner Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landowner Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Application Received by EPCD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of EPCD Personnel Receiving Application

Estimate #1 for Septic Project

|  |  |
| --- | --- |
| Contractor Name: |  |
| Contractor Address: |  |
| Contractor Phone Number: |  |
| Date landowner contacted this contractor & requested estimate: |  |
| Did contractor submit estimate? (Yes or No) |  |
| Date estimate received: |  |
| Total estimate amount: |  |
| **Attach copy of estimate (Copy can be scan E-mail; Faxed; or Hand Delivered)** |

Estimate #2 for Septic Project

|  |  |
| --- | --- |
| Contractor Name: |  |
| Contractor Address: |  |
| Contractor Phone Number: |  |
| Date landowner contacted this contractor & requested estimate: |  |
| Did contractor submit estimate? (Yes or No) |  |
| Date estimate received: |  |
| Total estimate amount: |  |
| **Attach copy of estimate (Copy can be scan E-mail; Faxed; or Hand Delivered)** |

Estimate #3 for Septic Project

|  |  |
| --- | --- |
| Contractor Name: |  |
| Contractor Address: |  |
| Contractor Phone Number: |  |
| Date landowner contacted this contractor & requested estimate: |  |
| Did contractor submit estimate? (Yes or No) |  |
| Date estimate received: |  |
| Total estimate amount: |  |
| **Attach copy of estimate (Copy can be scan E-mail; Faxed; or Hand Delivered)** |