



## **DISTRICT COST-SHARE PROGRAM REPLACEMENT SEPTIC SYSTEM INSTRUCTIONS/GUIDELINES**

- To be eligible for cost-share the property must be located in DeKalb County with a failed septic system at an existing site. **New home construction or expansion is not eligible.**
- Cost Share will only pay to replace or repair an existing failed system.
- The **reimbursement for cost-share is up to 75% of the total cost of construction, not to exceed \$2,500.00**, to install and/or remove an old system, including but not limited to tank, distribution box, absorption field, and labor.
- New aeration or lagoon systems or the replacement of an existing aeration system or lagoon system with a septic system is not eligible for cost share.
- Pumping of the septic tank sometimes solves the problem. If not, pumping still may be required to determine the problem. Cost share will not pay for pumping of a septic tank or any other maintenance on an existing system.
- The DeKalb Health Dept may recommend a soil test performed by a certified soil scientist. The applicant will be responsible for the hiring and cost of this service. DeKalb SWCD has a list of local certified soil scientists available.

### **The schedule of events will be as follows:**

- Applicants are required to fill out a District Cost-Share application which can be picked up or sent by contacting the DeKalb SWCD office 260-925-5620 ext. 3. **Return the completed application to DeKalb County SWCD, 942 W 15<sup>th</sup> Street, Auburn, IN 46706.**
- **Application MUST BE APPROVED by the DeKalb SWCD board of supervisors BEFORE ANY WORK IS STARTED on new system. (*Work on the new system may begin if a scheduled board meeting is not held in a timely manner, however approval is NOT guaranteed.*)**
- After the application is received a recommendation from the DeKalb County Health Department will be requested, it will then be presented to the DeKalb SWCD Board of Supervisors, at the monthly SWCD board meeting, for their approval of cost-share benefits.
- If the Board of Supervisors approves your application, a Notification of Approval letter will be sent. The approved application will be considered a contract between the applicant and DeKalb SWCD.
- Applicants are responsible for obtaining a DeKalb County Health Department Septic Construction Permit.
- Applicant is responsible for hiring a septic system contractor to repair or install a system based on DeKalb County Health Department's recommendation.
- **Applicant is responsible for all costs up front.** It will be the applicant's responsibility to negotiate any wait for payment with their contractor.
- Project completion is required 12 months from the date application is approved by the Board. If the project is not completed within the allotted time the application/contract will be terminated.

- If the project is not able to be completed in the required 12 months an extension may be obtained by submitting a letter to the board of supervisors explaining the delay. The letter must be submitted at least 30 days prior to the expiration of the application/contract. The board will review the letter and if approved a new contract for 12 months will be issued. An applicant may apply for this extension only once per project.
- When construction is complete the DeKalb County Health Department will make a final inspection at the property and approve the new system. Applicant is responsible for providing DeKalb County SWCD a copy of this approval.
- The invoice(s) for the repair or replacement must also be submitted to the DeKalb SWCD office for presentation to the DeKalb SWCD Board of Supervisors.
- All other required documents must be in the DeKalb SWCD office before final approval of payment is requested.
- The final approval will take place at the monthly DeKalb SWCD board meeting. These meetings are held on the third Thursday of each month in the DeKalb SWCD Conference Room at 7:00 pm and are open to the public.

**Check list of documents required for approval and distribution of cost share funds:**

\_\_\_\_\_ Signed application approved by DeKalb SWCD board

\_\_\_\_\_ Requirements from DeKalb County Health Dept

\_\_\_\_\_ Copy of invoice(s) for total cost of replacement/repair of system

\_\_\_\_\_ Verification and approval of completed project from DeKalb Health Dept