

MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM APPLICATION INSTRUCTIONS

Please read all instructions before filling out application form.

The goal of this program is to improve and protect water quality while assisting residents of certain watersheds in the remediation of their failing or failed single-family, residential onsite wastewater treatment systems (OWTS), also known as septic systems or lagoons. Do NOT repair or replace your failing or failed system until H2Ozarks and the Missouri Department of Natural Resources approves your application, which includes acquiring the necessary authorizations and/or permits from the local permitting authority or Department of Health and Senior Services.

Depending on your household income, you may be eligible to participate in this reimbursement program with all or partial grant, not to exceed maximum amounts or available funding, whichever is less, for the repair or replacement of a failing OWTS or connection to a nearby larger centralized or decentralized wastewater treatment system. For instance, if a household reported an adjusted gross income on their most recent federal tax return of \$55,000 and their selected quote for OWTS replacement totaled \$15,000, they would qualify for 80 percent grant with 20 percent cost share or \$12,000 in grant with \$3,000 being the responsibility of the homeowner.

Income*	Grant (Reimbursement)	Homeowner Cost Share	Program Funds per Category
≤ 75% of State MHI** (≤ \$45,782.25)	100% Max of \$40,000	0%	67%
>75% and ≤ 100% of State MHI** (>\$45,782.25 and ≤ \$61,043.00)	80% Max of \$32,000	20%	33%

*Based on homeowner's most recent federal tax return's adjusted gross income. Alternatively, if the homeowner is not required to file taxes and H2Ozarks approves, the homeowner may submit a Supplemental Security Income (SSI) letter or other documentation.

**Based on 2021 5-year American Community Survey data for State of Missouri.

Additional program requirements include:

- Home must be located in a priority watershed (see map).
- Homeowner must own the home and occupy the home as their primary residence.
- Homeowner must have proof of failing OWTS, such as an inspection from local permitting authority or Department of Health and Senior Services.
- Failing OWTS is not a cluster system.
- OWTS must be
 - o Permitted or otherwise authorized by the local permitting authority or Department of Health and Senior Services, regardless of lot size or other exemption.
 - o Designed and/or installed per the Department of Health and Senior Services rule at 19 CSR 20-3.060 "Minimum Construction Standards for On-Site Sewage Disposal Systems."
- Both homeowner and installer must sign invoice of work completed with the date of project completion/installation.

The homeowner will be responsible for:

- Filling out the program application in its entirety.

- Hiring a registered installer and, if needed, a registered soil scientist (installer may hire).
- Meeting all requirements of the local permitting authority or Department of Health and Senior Services and state statutes and regulations.
- Supplying documents needed to establish eligibility including proof of homeownership, identity, and income. (Examples include, but are not limited to, most current paid real estate/property tax receipts, valid driver's license, Form 1040 from most recent tax filing).
- Providing a copy of all required paperwork, including, but not limited to, paid invoices for the service completed, to the H2Ozarks to seek reimbursement.

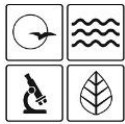
The Missouri Department of Natural Resources provides financing for this program through the Missouri State Revolving Fund, by the Water and Wastewater Loan Revolving Fund and federal Capitalization Grants to Missouri. The Missouri Department of Natural Resources and H2Ozarks claims no responsibility for any warranties or failures of the OWTs, including but not limited to design, installation, and/or maintenance.

Applications will be processed in the order received and must be approved by H2Ozarks prior to proceeding with recommended work. Approval is subject to available funds and program requirements.

By submitting an application, the homeowner is under no obligation to participate in the program. Approval of an application alone does not guarantee reimbursement. Applicant must complete all requirements prior to seeking reimbursement.

Submit applications to:

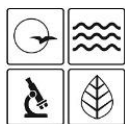
	<u>H2Ozarks</u>
Drop off:	11 Oak Drive Kimberling City, MO 65686
Mail:	P.O. Box 636 Kimberling City, MO 65686
Email:	owtsgrant@h2ozarks.org



**ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM
APPLICATION CHECKLIST**

1. Do NOT repair or replace your failing or failed system until H2Ozarks and Missouri Department of Natural Resources (DNR) approves your application. This grant will not pay for work already finished or in progress.
2. Verify that your home is within a priority watershed within the State of Missouri (see map).
3. Gather written proof of your onsite wastewater treatment system (OWTS) failure.
 - a. Contact your local permitting authority or the Department of Health and Senior Services to request an inspection to determine if your system is failing or
 - b. Request documentation from the local permitting authority or Department of Health and Senior Services if they have previously determined your OWTS is failing.
4. Submit the following to H2Ozarks:
 - a. Application form filled out completely, signed, and dated by homeowner;
 - b. Inspection report or OWTS observation form filled out, signed, and dated by local permitting authority or Department of Health and Senior Services;
 - c. Proof of property ownership, such as a copy of property/real estate tax receipt;
 - d. Proof of identity, such as a valid driver's license or state ID;
 - e. Terms of Agreement signed and dated by homeowner; and
 - f. Proof of income, such as most current year's federal tax return's adjusted gross income. If not required to file taxes, then submit a Supplemental Security Income (SSI) letter or other documentation, if agreed to by the H2Ozarks prior to approval.
5. After H2Ozarks notifies you of your application approval, proceed with next steps.
6. Request a registered soil scientist to conduct a percolation, soil morphology, or other soil test at the proposed site, if needed for lateral field or lagoon work. If your OWTS only needs a tank replacement, skip this step.
7. Request at least three separate, itemized quotes from registered installers.
8. Decide which registered installer you will hire and have them provide plans and/or design of new or repairs to OWTS to the local permitting authority or Department of Health and Senior Services before installation begins.
9. Obtain construction permit or other authorization and meet all requirements of the local permitting authority or Department of Health and Senior Services, regardless of lot size or other exemption. The OWTS must be designed and/or installed per 19 CSR 20-3.060 "Minimum Construction Standards for On-Site Sewage Disposal Systems."
10. Submit the following documents to H2Ozarks :
 - a. All quotes from registered installers (If not accepting lowest quote, explain why in writing);
 - b. Copy of percolation or other soil test report (unless tank replacement only);
 - c. Construction permit or other authorization from local permitting authority or Department of Health and Senior Services;
 - d. Assurance of cost share form for those applicants that are required to pay part of the project on their own; and
 - e. Copy of contract with registered installer.
11. After H2Ozarks agrees documentation is correct, you may start construction work needed per agreed-to plans for OWTS improvements.
12. Request post-construction inspection from local permitting authority or Department of Health and Senior Services.
13. Submit the following documents to H2Ozarks:
 - a. Photos of OWTS improvements in progress and completed (by homeowner, installer or H2Ozarks);

- b. Final construction invoice showing total amount paid, signed and dated as complete by the installer;
 - c. Post-construction inspection approval or similar documentation from the local permitting authority or Department of Health and Senior Services; and
 - d. Completed reimbursement request form
14. H2Ozarks will submit final documentation to DNR for reimbursement for agreed up grant amount based on construction costs and income.
 15. Within 10 business days of receipt, DNR will reimburse H2Ozarks, who will in turn reimburse the homeowner.
 16. Homeowner pays for completed work per agreed-to contract.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

**ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM
HOMEOWNER APPLICATION**

1. HOMEOWNER INFORMATION

NAME

TELEPHONE NUMBER WITH AREA CODE

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIPCODE + FOUR

COUNTY

☐ Attach copy of most current proof of income, such as federal tax return or Supplemental Security Income (SSI) letter

☐ Attach proof of identity, such as a valid driver's license

2. PROPERTY INFORMATION

HOMEOWNER'S PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

CITY

STATE

ZIPCODE + FOUR

COUNTY

YEARS AT THE LOCATION

MONTHS OCCUPIED PER YEAR

☐ Attach proof of ownership (e.g., copy of most current real estate/property tax receipt)

3. DESCRIPTION OF CURRENT SYSTEM

TYPE OF SYSTEM

☐ Tank ☐ Lateral Field ☐ Lagoon ☐ Advanced ☐ Unknown ☐ Other _____

YEAR INSTALLED

TYPE OF LATERAL FIELD

☐ Conventional Gravity Leach Field ☐ Low Pressure Pipe ☐ Drip Irrigation ☐ Unknown ☐ Other _____

SIZE OF TANK, IF HAVE

TYPE OF TANK

☐ Concrete ☐ Metal ☐ Fiberglass ☐ Plastic ☐ Other _____

DATE OF LAST TANK PUMPING

MAINTENANCE PERFORMED ON SYSTEM IN LAST 5 YEARS

☐ Attach pictures, sketches, or maps showing location of system and its components (e.g., tank, lateral field, lagoon)

4. DESCRIPTION OF PROPERTY, IF KNOWN

GEOGRAPHIC LOCATION

☐ Latitude _____ / Longitude _____ ☐ Section _____, Township _____, Range _____

LOT SIZE IN ACRES

SOIL CONDITIONS

ELEVATION

SLOPE AROUND INHABITED BUILDINGS

PROXIMITY TO NEIGHBORS

OTHER FEATURES?

☐ Attach supporting maps, information, or reports, if have any

5. SETBACK DISTANCES FROM/TO

	SEPTIC TANK	CLASS I UNIT	PUMP TANK	ABSORPTION FIELD	LAGOON
<input type="checkbox"/> Homeowner's Well					
<input type="checkbox"/> Neighbor's Well					
<input type="checkbox"/> Public/Community Well					
<input type="checkbox"/> Water Lines					
<input type="checkbox"/> Property Line					
<input type="checkbox"/> House					
<input type="checkbox"/> Foundation <input type="checkbox"/> Basement					
<input type="checkbox"/> Stream or Impoundment					
<input type="checkbox"/> Other _____					

6. DESCRIPTION OF ONSITE WASTEWATER TREATMENT SYSTEM FAILURE

SPECIFICALLY DESCRIBE EXTENT OF FAILURE

- ☐ Attach pictures of failure, if available and observable
- ☐ Attach written proof of your onsite wastewater treatment system (OWTS) failure, such as Inspection report or OWTS observation form
- ☐ Attach Terms of Agreement signed and dated by homeowner

7. CERTIFICATION

The homeowner certifies that the information submitted in this application is true and correct to the best of their knowledge and that they are authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the loan or loan/grant agreement. **Incomplete applications will be returned.**

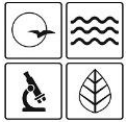
SIGNATURE

DATE

8. EMAIL (PREFERRED) OR MAIL COMPLETED APPLICATION TO:

H2Ozarks
Contact@H2Ozarks.org
11 Oak Drive
P.O. Box 636
Kimberling City, MO 65686
(417) 739-5001

Upon receipt of your application, a representative will contact you within 5 business days. Contact the administrator should you not hear from a representative in that time. Thank you for your interest in the Onsite Wastewater Treatment System Grant Program.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

**ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM
TERMS OF AGREEMENT**

Purpose: Improve and protect water quality while assisting residents of certain watersheds in the remediation of their failing or failed onsite wastewater treatment systems (OWTS), also known as septic systems, single-family lagoons, and other terms.

1. H2Ozarks agrees to:
 - a. Provide basic information, or contact information for professionals, concerning residential OWTS and their operation and maintenance.
 - b. Reimburse approved homeowners per the appropriate percentage based on their adjusted gross income or similar value up to maximum for the cost of the system after the homeowner meets all program requirements and submits necessary documentation.
 - c. Reserves the right to terminate any project at any time if the homeowner is not meeting the requirements of the program or terms of connection for this project.
2. The homeowner agrees to:
 - a. Obtain all necessary permits or other authorizations and meet all requirements of the local permitting authority or Missouri Department of Health and Senior Services, including the design and/or installation of the OWTS.
 - b. Hire a registered installer and soil scientist for replacement and/or repair of the OWTS, or qualified engineer for connection to a larger decentralized or centralized wastewater treatment system.
 - c. Provide proof of inspection and approval of OWTS plans by the local permitting authority or Department of Health and Senior Services.
 - d. Complete installation and/or repairs of the OWTS according to approved plans and by agreed upon date.
 - e. Present copies of all required paperwork including invoices for OWTS costs.
 - f. Supply all documents needed to establish ownership of property, income requirements, and proof of identity.
 - g. Pay invoices after receipt of funds from H2Ozarks.

The homeowner shall not hold the Missouri Department of Natural Resources nor the H2Ozarks responsible for any warranties or failures of the system including but not limited to design, installation, and/or maintenance.

H2Ozarks

Homeowner

Printed Name: _____

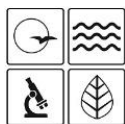
Printed Name: _____

Signature: _____

Signature: _____

Title: _____ Date: _____

Date: _____



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

**ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM
INSPECTOR OBSERVATION FORM**

1. INSPECTOR'S INFORMATION

NAME

TELEPHONE NUMBER WITH AREA CODE

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIPCODE + FOUR

COUNTY

2. HOMEOWNER INFORMATION

NAME

TELEPHONE NUMBER WITH AREA CODE

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIPCODE + FOUR

COUNTY

3. PROPERTY INFORMATION

HOMEOWNER'S PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

CITY

STATE

ZIPCODE + FOUR

COUNTY

NUMBER OF BEDROOMS

NUMBER OF OCCUPANTS

WATER SUPPLY

☐ Private well ☐ Shared well ☐ District/community water ☐ City water ☐ Unknown ☐ Other _____

FEATURES

☐ Garbage disposal ☐ Jetted/oversized tub ☐ Water softener ☐ Other _____

4. DESCRIPTION OF CURRENT SYSTEM

TYPE OF SYSTEM

☐ Tank ☐ Lateral Field ☐ Lagoon ☐ Advanced ☐ Unknown ☐ Other _____

YEAR INSTALLED

TYPE OF LATERAL FIELD

☐ Conventional Gravity Leach Field ☐ Low Pressure Pipe ☐ Drip Irrigation ☐ Unknown ☐ Other _____

SIZE OF TANK (GALLONS)

TYPE OF TANK

☐ Concrete ☐ Metal ☐ Fiberglass ☐ Plastic ☐ Other _____

DATE OF LAST TANK PUMPING

MAINTENANCE PERFORMED ON SYSTEM IN LAST 5 YEARS WITH DATE COMPLETED

☐ Attach pictures, sketches, or maps showing location of system and its components (e.g., tank, lateral field, lagoon)

5. CONDITION OF SYSTEM

TANK

- a. Noticeable odors near the tank ☐ Yes ☐ No Comment: _____
- b. Surfacing of sewage around or near the tank ☐ Yes ☐ No Comment: _____
- c. Watertight tank ☐ Yes ☐ No Comment: _____
- d. Aerator tank present ☐ Yes ☐ No Comment: _____

TANK COMPONENTS

- a. Inlet baffle/tees in place ☐ Yes ☐ No Comment: _____
- b. Outlet baffle/tees in place ☐ Yes ☐ No Comment: _____
- c. Effluent screen present ☐ Yes ☐ No Comment: _____

ABSORPTION FIELD

- a. General absorption field area can be located ☐ Yes ☐ No Comment: _____
- b. Noticeable odors coming from field ☐ Yes ☐ No Comment: _____
- c. Surfacing of sewage in the field area ☐ Yes ☐ No Comment: _____
- d. Excessive vegetation growth in or near field ☐ Yes ☐ No Comment: _____
- e. Signs of past sewage surfacing or discharges ☐ Yes ☐ No Comment: _____
- f. Signs of effluent anywhere on property ☐ Yes ☐ No Comment: _____
- g. Signs of effluent flowing on neighbor's property ☐ Yes ☐ No Comment: _____

ABSORPTION COVER

☐ Warm/cool season grasses ☐ 1-3 trees ☐ 4 or more trees ☐ Other _____

6. DESCRIPTION OF PROPERTY, IF KNOWN

GEOGRAPHIC LOCATION

☐ Latitude _____ / Longitude _____ ☐ Section _____, Township _____, Range _____

LOT SIZE IN ACRES

SOIL CONDITIONS

ELEVATION

SLOPE AROUND INHABITED BUILDINGS

PROXIMITY TO NEIGHBORS

OTHER FEATURES?

7. SETBACK DISTANCES FROM/TO

	SEPTIC TANK	CLASS I UNIT	PUMP TANK	ABSORPTION FIELD	LAGOON
<input type="checkbox"/> Owner's Well					
<input type="checkbox"/> Neighbor's Well					
<input type="checkbox"/> Public/Community Well					
<input type="checkbox"/> Water Lines					
<input type="checkbox"/> Property Line					
<input type="checkbox"/> House <input type="checkbox"/> Foundation <input type="checkbox"/> Basement					
<input type="checkbox"/> Stream or Impoundment					
<input type="checkbox"/> Other _____					

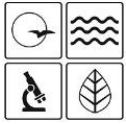
8. REASON FOR FAILURE

DESCRIBE REASON FOR FAILURE

9. INSPECTOR SIGNATURE

SIGNATURE

DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM QUOTE REQUIREMENTS

Homeowners are required to acquire at least three quotes from registered installers. Installers may use the “Estimate for Onsite Wastewater Treatment System Installation” form (see attached) or may use their own format. All quotes must include the following information:

- Name, address, and phone number of installer
- Name and address of homeowner’s property (where OWTS is located)
- Type of OWTS being installed (i.e., conventional, advanced, etc.)
- Size and type of tank(s)
- Feet of lateral pipe or drip irrigation
- Other needed aspects of the projects (i.e., curtain drain, retaining wall, imported soil, etc.)
- If rock removal or other potential costs are not included in quote, please indicate the hourly fee for these services or that the homeowner must separately seek services from another professional.

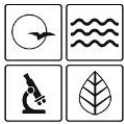
The lowest responsible and responsive contractor from those that submitted quotes must be selected unless the homeowner submits a written statement to the H2Ozarks listing the reasons for selecting another contractor over the lowest one. H2Ozarks /or the Missouri Department of Natural Resources reserves the right to accept or reject this statement on a case-by-case basis.

A contractor is

- Responsible if they are capable and qualified to perform the work.
- Responsive if they supply all the information as requested in the application.
- In good standing with the Department of Health and Senior Services.

Reimbursement will be made to the homeowner, not the installer. Amount of reimbursement will be based on the actual, total cost of the project and not the estimate provided. Final invoices dramatically deviating from the estimate will need to be explained by the installer on the invoice.

The homeowner shall not hold the Missouri Department of Natural Resources nor the H2Ozarks responsible for any warranties or failures of the system including but not limited to design, installation, and/or maintenance.



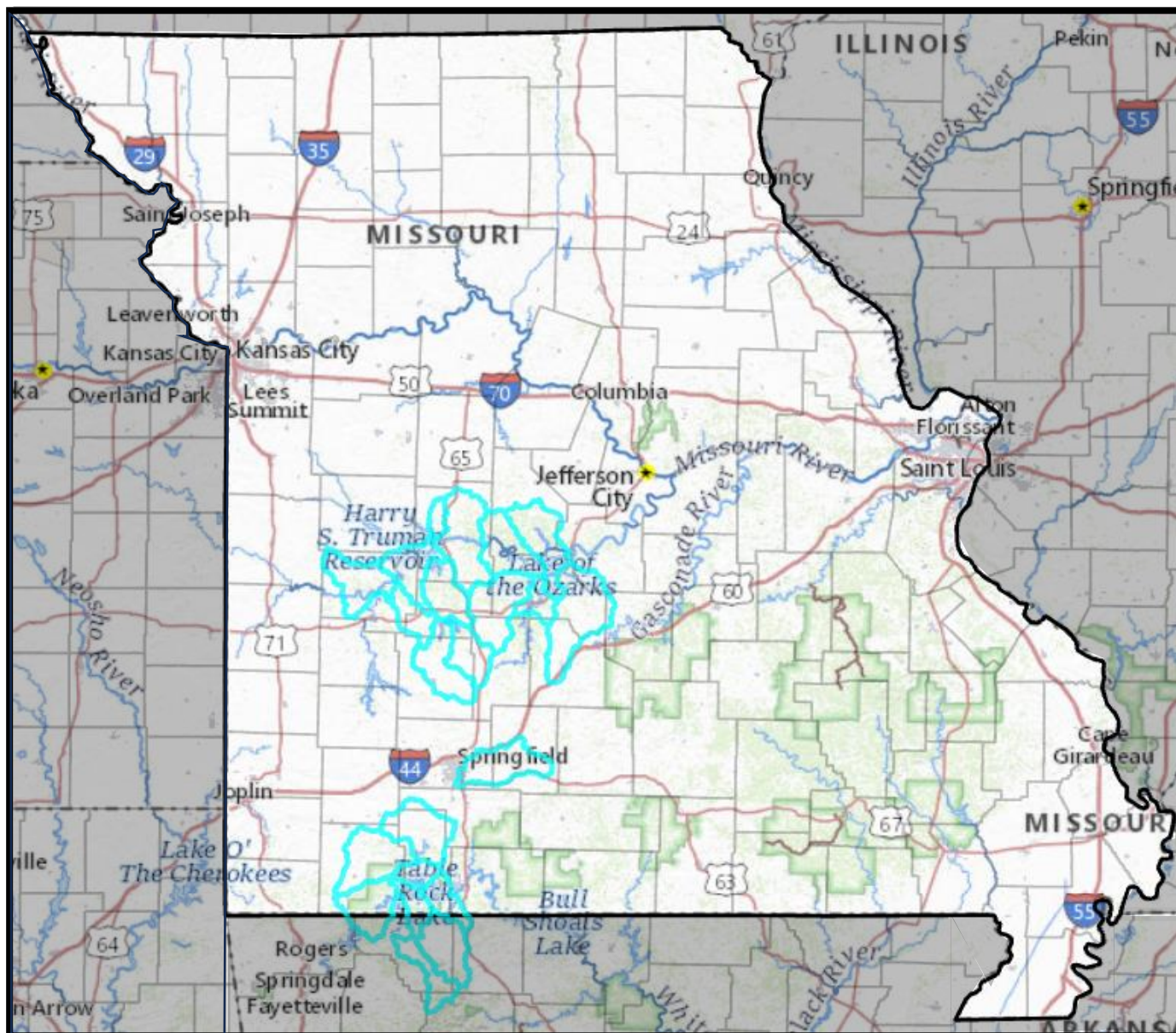
MISSOURI DEPARTMENT OF NATURAL RESOURCES
FINANCIAL ASSISTANCE CENTER

ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM **QUOTE FOR REPAIRS OR INSTALLATION**

1. INSTALLER INFORMATION				
NAME			DISADVANTAGED BUSINESS ENTERPRISE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS		
MAILING ADDRESS				
CITY	STATE	ZIPCODE + FOUR	COUNTY	
2. HOMEOWNER INFORMATION				
NAME				
TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS		
MAILING ADDRESS				
CITY	STATE	ZIPCODE + FOUR	COUNTY	
3. PROPERTY INFORMATION				
HOMEOWNER'S PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)				
CITY	STATE	ZIPCODE + FOUR	COUNTY	
4. DESCRIPTION OF SYSTEM				
TYPE OF SYSTEM <input type="checkbox"/> Tank <input type="checkbox"/> Lateral Field <input type="checkbox"/> Lagoon <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____			COST SUBTOTAL	
TYPE OF TANK <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____		SIZE OF TANK (GALLONS)	COST SUBTOTAL	
TYPE OF LATERAL FIELD <input type="checkbox"/> Conventional Gravity <input type="checkbox"/> Low Pressure Pipe <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other _____		AMOUNT (FEET)	COST SUBTOTAL	
OTHER WORK NEEDED FOR PROPER INSTALLATION AND FUNCTION OF SYSTEM (I.E., CURTAIN DRAIN, RETAINING WALL, IMPORTED SOIL, ETC.)			COST SUBTOTAL	
ADDITIONALLY SERVICES: STATE IF ADDITIONAL FEES WILL BE ADDED AND AT WHAT RATE. STATE IF SERVICES NEED TO BE PURCHASED SEPERATELY FROM ANOTHER PROFESSIONAL (I.E., ROCK BREAKING, TREE REMOVAL, ELECTRICAL, PLUMBING, ETC.)			COST SUBTOTAL	
OTHER COMMENTS			COST SUBTOTAL	
TOTAL COST			TOTAL	
INSTALLER SIGNATURE		DATE		

Onsite Wastewater Treatment System Grant

HUC10 Project Areas (Missouri Only)





HUC10 Project Areas (Missouri Only)

