Waupaca County Zoning Office
811 Harding Street
Waupaca, WI 54981-2087
Phone 715/258-6255

return by January 15

WISCONSIN FUND GRANT PROGRAM

This program is administered by the Department of Safety & Professional Services (DSPS), for the purpose of providing financial assistance for the replacement of failing private septic systems. The award is, at this time, a grant, and does not need to be claimed on your income taxes, or paid back, however, there is a $100 Program fee, to be paid when you receive your grant check. If you do not receive a check, there is no fee.

When is my private sewage system considered failing?

Wisconsin law defines three categories of failing private sewage systems, which are listed in the order of decreasing public health, safety and environmental harm:

Category 1 - discharging sewage to surface water, groundwater, drain tiles, bedrock, or seasonally saturated soils.

Category 2 - discharging sewage to the ground surface.

Category 3 - backup of sewage into the structures served. This type of failing system is **not** eligible for grant assistance.

Your private sewage system may not show any apparent signs of failure and yet be failing. *In order for you to be eligible for a grant, the County Sanitary Inspector must inspect your system to determine failure type before your system has been replaced.

Who can apply for a grant?

You may be eligible for a grant under the Wisconsin Fund provided that ALL of the following requirements are met, in addition to any other Program requirements:

- If your principal residence or small business falls within Category 1 or 2 (as designated by the POWTS Inspector), and this determination is made prior to the system installation.
- Your family or business income is within program limits ($45,000 for residence and $362,500 for small commercial).
- Your home or business is not located in an area served by a municipal sewer, and sewer is not available to your property.
- Your septic system was constructed prior to July 1, 1978.
- This must be your principle residence. A principal residence is one that you occupy it at least 51% of the year. Seasonal homes or rental housing units do not qualify. To qualify as a small business, the total wastewater flow may not exceed 5,000 gallons per day (your soil tester can tell you this), and you must reside in the same building as the business (i.e., farmers, bed & breakfast, etc.).

What is covered by the grant?

Except for soil testing, any work done before the enforcement order or determination of failure is issued is not grant eligible.

See the attached Grant Worksheet for approximate grant amounts per component. These amounts are relative, since proration can decrease Grant amounts, and there are no guarantees that funding will be available.

How do I apply for a grant?

If you believe you are eligible and wish to apply for the Wisconsin Fund:

1. Have your soils tested by a Certified Soil Tester (CST). This will determine what type of system your replacement system will be.
2. Contact this office. Someone from this office must verify the conditions of failure.
3. You will need to hire a licensed plumber to apply for the sanitary permit. The sanitary permit must be issued before January 25, or your application cannot be sent in until the following year.
4. Complete Part A of the Owner's Application, and enclose your Federal Income Taxes. (All owners of the property must submit a copy of their Federal Income Tax form for either the year of the determination, or the year prior to the determination of failure.) Return all completed application forms to the Zoning Office. Do not send the forms to DSPS.

It is best to apply as soon as you have obtained your sanitary permit. However, you may apply up to three years after the installation of the system, as long as there has been a determination of failure by a County representative.

If my application is approved, when do I get the money??

We receive applications from individuals all year. However, they are only sent to DSPS January 31st of each year. The applications are then reviewed by State officials. State funds that have been set aside for the Wisconsin Fund Program are divided among the applicants, Category 1 people receiving priority. Payment is usually available around early fall. However, you cannot receive payment until the septic system has been installed by a licensed plumber and inspected by this office.

There is no guarantee of the amount of money to be reimbursed to the property owner. DSPS may pro-rate available funds if moneys are not sufficient to fully fund all applicants. (Category 1 failures will have priority over Category 2 failures.) A pro-rated payment will be deemed full payment of the grant. If your grant is denied because funds are not available in a particular year, you may not reapply in a later year.

** If you are selling your property, or buying it, contact the Zoning Office for information prior to the closing.

Department of Safety and Professional Services Safety and Buildings Division	**Owners Application**	**Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program**

Instructions For Property Owners:
You may apply for a grant award for up to three years after the governmental unit has verified that the system is failing and after you have obtained a sanitary permit. Complete Part A of this form, attach evidence of your annual income explained in Section 7 and return those items to the **Waupaca County Zoning Office, 811 Harding St., Waupaca WI 54981-2087**.

For DSPS Use Only

PART A. TO BE COMPLETED BY THE PROPERTY OWNER Please print.

Owner #1*	SS# Last 4 Numbers	Owner #2	SS# Last 4 Numbers
Owner #3	SS# List 4 Numbers	Owner #4	SS# Last 4 Numbers
Address	City, State, Zip Code	Telephone Number ( )	

*Grant awards will be sent to the address of this owner.

If there are additional owners, attach documentation listing all owners and the last four numbers of their social security number.

1. Is this application for a principal residence or a small commercial establishment?	☐ Principal Residence ☐ Small Commercial Establishment
If applying as a principal residence, do you (the owner) occupy this residence 51% of the year?	☐ Yes ☐ No
If applying as a small commercial establishment, do you own the business occupying the small commercial establishment?	☐ Yes ☐ No
2. If applying as a small commercial establishment, what is the name of the small commercial establishment? _____ Description of Small Commercial Establishment (farm, restaurant, etc.): _____	
3. Has there been a change in ownership of the principal residence or small commercial establishment served by the failing system within the last three years?	☐ Yes ☐ No
If yes, please explain:	
4. As the owner, are you a licensed plumber?	☐ Yes ☐ No
If yes, are you engaged in the business of installing private onsite wastewater treatment systems?	☐ Yes ☐ No
5. Will a portion of the replacement system be funded by another program?	☐ Yes ☐ No
If yes, explain:	
6. How did you hear about this Program?	

7. **Evidence of income.** If you are applying as a principal residence, attach a copy of your federal income tax return for the year of OR prior to the year that the governmental unit determined your system was failing. If you were married and filed separate forms, you must also include your spouse's return for the same year. You must include evidence of income for each owner and for each owner's spouse.

If you are applying as a small commercial establishment, submit a copy of your federal profit and loss form for the year of OR prior to the year that the governmental unit determined your system was failing.

If you or any owner listed above did not file an income tax return, contact your governmental unit for further instructions.

Property Owner's Certification. I certify that, to the best of my knowledge and belief, the information I have provided is true and correct on this form and all attachments.

Owner's Signature	Date Signed	Co-Owner's Signature	Date Signed

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

PART B. TO BE COMPLETED BY THE GOVERNMENTAL UNIT

1. VERIFICATION OF OWNERSHIP

On the document used to verify ownership, do the names match those on Part A of this application? If no, please explain. ☐ Yes ☐ No

If the applicant answered yes to question 3 on Part A of this application, did the applicant(s) own the property when the failure was verified or the system installed *and* incur the cost of replacement? ☐ Yes ☐ No

How was ownership verified? _____

2. Is a public sewer available to this property? ☐ Yes ☐ No

3. Has a previous grant been awarded for this property under this program? ☐ Yes ☐ No

4. Principal Residence evidence of income. Please indicate applicable annual family income: $_____

Federal income tax form _____, Line_____, Year _____ ***OR*** Affidavit of _____, Year _____

Small Commercial Establishment evidence of income. Please indicate applicable annual gross revenue: $_____

Profit & loss form used:_____, Line_____, Year_____

5. Date of the Order or Determination of Failure: _____

When was the existing failing system installed?

☐ Prior to 12-1-1969
☐ 12-1-1969 to 7-1-1978

Vertical distance from the bottom of the existing infiltrative surface to a limiting condition:

☐ 0 to Less than 24”
☐ 24 to Less than 36”
☐ Equal to or greater than 36”

6. Private onsite wastewater treatment system failure caused by discharge of sewage to (check all that apply):

Category 1	Surface water or groundwater	☐
	A zone of saturation	☐
	A drain tile or zone of bedrock	☐
Category 2	The surface of the ground	☐
Category 3	Back-up of sewage into the structure served	☐

7. This request is for what type of replacement system:

☐ At-grade
☐ Conventional
☐ Holding Tank
☐ In-ground Pressure
☐ Mound

If this request is for a system not listed at the right, please explain: _____

_____

8. Sanitary Permit Number_____ Date Issued_____

Plan Approval Number_____ Date Approved_____

9. After reviewing this application, I have determined the applicant to be:

☐ Eligible
☐ Ineligible

If ineligible, reason ineligible: _____

10. Governmental Unit Representative’s Certification. I certify that I have reviewed and verified all information provided on this form and attachments and that they are true and correct to the best of my knowledge and belief.

Signature of Authorized Governmental Unit Representative	Title	Date Signed

Department of Safety and Professional Services Safety and Buildings Division	**Grant Worksheet**	**Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program**

Owner's Name:	**Governmental Unit:**

PART 1. GRANT FUNDING TABLES

In Sections B-F, the number of bedrooms determines the grant award. To use the grant funding tables for **small commercial establishments**, divide the estimated daily wastewater flow rate in gallons per day by 150, round off to the next highest whole number and use the result for the number of bedrooms.

A. Site evaluation and soil testing. Grant amount $250. $

B. Installation of a replacement anaerobic treatment component.

Number of Bedrooms	Grant Amount
1 or 2	$500
3	550
4	650
5	725
6	750
7	875
8 or more	950

$

C. Installation of a dosing component, lift pump or siphon:

Number of Bedrooms	Grant Amount
1 or 2	$1,100
3 or 4	1,200
5 or more	1,250

$

D. Installation of a non-pressurized and in-ground pressure POWTS treatment or dispersal component.

Percolation Rate When Properly Filed with the Governmental Unit Before 7-2-94 Minutes Per Inch	Design Loading Rate in Gallons Per Square Foot Per Day	1	2	3	4	5	Each Additional Bedroom:
0 to less than 10	0.7 or more	$ 1,400	$1,450	$1,925	$2,100	$2,100	$250
10 to less than 30	0.60 to 0.69	1,475	1,475	2,100	2,200	2,250	250
30 to less than 45	0.50 to 0.59	1,475	1,475	2,100	2,400	2,450	300
45 to less than 60	0.49 or less	1,475	1,550	2,325	2,725	2,750	300

$

E. Installation of an at-grade or mound POWTS treatment or dispersal component.

Type of Design	1	2	3	4	5	Each Additional Bedroom:
At-Grade	$2,050	$2,350	$2,600	$3,200	$3,800	$275
High Groundwater Mound	2,550	3,500	4,100	4,750	4,775	300
High Bedrock Mound	4,000	4,600	4,675	4,775	4,775	350
*Slowly Permeable Mound	3,250	3,600	4,400	4,750	4,750	375
Mound with less than 24" of suitable Soil or greater than 12% slope.	3,050	4,175	4,400	4,775	4,775	375

$

*A slowly permeable mound may be designed based on a percolation rate of greater than 60 minutes per inch and less than or equal to 120 minutes per inch or having a soil application rate of 0.3 or less.

F. Installation of a POWTS Holding Tank Component.

	1, 2 or 3	4	5	6	7	8	Each Additional Bedroom:
Grant Amount:	$2,800	3,200	3,850	4,400	4,775	4,775	$400

$

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

PART 1. GRANT FUNDING TABLES continued

G. Installation of a Replacement Exterior Grease Interceptor by Gallon Capacity.

Gallons:	Up to 1,249	1,250-1,499	1,500-1,749	1,750-1,999	2,000 or more
Grant Amount:	$550	$650	$750	$800	$900

$

I. Installations not Covered by the Grant Funding Tables.
The Department on a case-by-case basis reviews installations not covered by the Grant Funding Tables. If you are requesting funding for an installation not covered by the grant funding tables or listed in Sections A-H, please explain your request here, attach a copy of the paid invoice showing the cost of the item and request 60% of the cost of the installation at the right.

_____

_____ $

TOTAL PART 1. $

PART 2. GRANT AMOUNT CALCULATIONS

A. Enter the total from Part 1. The maximum award at this point is $7,000. $

B. Is the applicant a licensed plumber or contractor that installs private onsite wastewater treatment systems? If yes, enter 2/3 of the amount from section A in this section or $4,667, whichever amount is less.

If the applicant is not an installer, list the amount from Section A here. $

C. If this application is for a small commercial establishment and the annual gross income of the business that owns the small commercial establishment is less than $362,500, the amount listed in Section B is the total grant award. Carry the amount in Section B forward to Section F.

If this application is for a principal residence and the annual family income of the owner(s) is less than $32,001, the amount listed in Section B is the total grant award. Carry the amount in Section A forward to Section F.

If this application is for a principal residence and the annual family income of the owner(s) is between $32,001 and $44,999, list the amount in Section B here and go on to Section D. $

D. Use this section to calculate the grant award for an application for a principal residence where the income of the applicant(s) is between $32,001 and $44,999. This application will need to be reduced by 30% of the grant amount for each dollar earned over $32,000.

Annual Family Income _____
Subtract - $32,000

Subtotal _____ X .30 =

List the final calculation in this section and continue to Section E. $

E. Subtract section D from section C. This is the maximum grant amount for this applicant. Carry this amount forward to section F. $

F. Total grant award requested for this applicant up to the maximum of $7,000. If your final calculation totals more than $7,000, list $7,000 here.
The amount in this section must be at least $100 for the applicant to be eligible for a grant award.
If the amount calculated is less than $100, the applicant is not eligible. $

Notes:

ALTERNATE FUNDING SOURCES

(PLEASE CONTACT SOURCES LISTED BELOW FOR INFORMATION ABOUT THEIR PROGRAMS)

DEPT OF COMMERCE, BUREAU OF HOUSING
Housing Cost Reduction Initiative (HCRI)
Grant or loan based on need
Betty Kalscheur
Phone: 608-267-6904
E-Mail: betty.kalscheur@commerce.wi.us
http://www.commerce.state.wi.cd/cd-boh.html

DEPARTMENT OF VETERANS AFFAIRS
Home Improvement Loan Program (HILP) http://dva.state.wi.us/Ben_improvementloans.asp
Personal Loan Program (PLP) http://dva.state.wi.us/Ben_personalloans.asp
Primary Mortgage Loan Program & Purchase & Rehabilitation Loan Program
http://dva.state.wi.us/Ben_mortgageloans.asp
Waupaca County Veterans Service Office
Phone: 715-258-6475

USDA RURAL DEVELOPMENT
Section 504 Repair Loan & Grant Program
Low income loans and Grants to those low income and >62 years of age
Rural Housing Section of the Rural Development State Office
Phone: 715-345-7620
E-Mail: RD.SFH.SO@wi.usda.gov
http://www.rurdev.usda.gov/wi/programs

CAP SERVICES
Housing Rehabilitiation Funds
Nancy Thiede
Phone: 715/343-7108

USDA FSA SERVICE CENTER OFFICE
WAUPACA COUNTY FARM SERVICE AGENCY
Phone: (715) 258-7162
Roberta Ruef
Farm Loans
(715) 346-1313
E-Mail: roberta.ruef@wi.usda.gov

WI Rural Development Home Repair Loan & Grant
Stevens Point Area Office
1462 Strongs Avenue
Stevens Point, WI 54481
Email:RD.StevensPoint@wi.usda.gov
Phone:(715)346-1313
FAX:(715)343-6222