



**Environmental
Protection
Agency**

Drinking Water Protection Fund Emergency Loan Application

Use this form to apply to the Director of Ohio EPA for a loan for emergency remediation of a threat of contamination to a public water supply system, as described in Chapter 3745-86 of the Ohio Administrative Code. The following information is required for a complete application.

Water System Name				County		
Address						
City				State	OH	Zip
Phone Number			Email			
Describe the emergency or threat of contamination at the public water system						
Describe the project that the loan will be used to complete						
Provide a compliance schedule, including deadlines for project completion						
Amount of loan requested (not to exceed \$25,000)			\$			
Total estimated project cost			\$			
List the revenue sources used to repay this loan within 12 months						
Describe the public water system's financial need for an emergency loan and explain why other funding sources are not available						

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I hereby certify that I am a duly authorized representative of the above listed public water system. On behalf of the water system, I hereby waive the right to appeal the Director's decision regarding this application for an emergency loan from the Drinking Water Protection Fund.

By making this application, the public water system agrees to repay within 12 months according to the repayment schedule set forth in Attachment A, any emergency loan made from the Drinking Water Protection Fund. Failure to repay this loan within 12 months will result in referral to the Ohio Attorney General for collection of the outstanding balance, in accordance with Section 131.02 of the Ohio Revised Code. The public water system also agrees to submit plans for the project in accordance with Ohio Administrative Code Chapter 3745-91 and agrees not to begin construction until receiving approval of the plans from the Director. Furthermore, the public water system agrees to notify, in writing, the Ohio EPA Division of Drinking and Ground Waters when the project is complete.

Name		Title	
Signature		Date	

Sworn to and subscribed in my presence by the above-named applicant this _____ day of _____
 20 _____ at _____ County of _____
 and state of _____ My commission expires: _____

Signature of Notary _____
Notary Public, State of Ohio