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SUSAN M. BECK.....HUMAN SERVICES DIRECTOR
JIM EDER.....INFORMATION SYSTEMS DIRECTOR
ROBERT M. NELSON.....VETERANS SERVICE OFFICER
JOHN BOWEN.....EMERGENCY MANAGEMENT DIRECTOR

PLANNING & ZONING OFFICE
322 LAUREL STREET, SUITE 14
BRainerd, MINNESOTA 56401

COUNTY COMMISSIONERS
ROSEMARY FRANZEN, CHAIR DOUG HOUGE, VICE CHAIR
PHIL TRUSTY PAUL M. THIEDE RACHEL REABE NYSTROM

TELEPHONE (218)824-1125

FAX (218)824-1126

www.co.crow-wing.mn.us

Dear Homeowner:

22 January 2009

Thank you for your interest in the ISTS Loan Program. This program is administered by Region 5 Development, and we are the intermediary for them. The second page of this packet outlines projects that are eligible for funding.

In addition to the four page application from Region 5, you need the following information:

- A Compliance Inspection will need to be performed on your system. If the system is non-compliant, a Notice of Non-Compliance needs to be issued by the Inspector.
- A design for a new system must be approved by this office before forwarding to Region 5.
- A bid for installation of the complete system from a Licensed Installer. This needs to be a complete bid as the amount that is on the bid is all you will be allowed to draw.

When your application is complete, bring it to this office, and we will forward it to Region 5 Development for you.

Attached is a list of Installers, Inspectors, and Designers for your use. You are welcome to use any Licensed Septic Professional you choose: these names are those that have chosen to register with us for your use.

If there are any further questions, please do not hesitate to ask.

Respectfully,

Tom Espersen
218-824-1134

Individual Sewage Treatment System (ISTS) Loan Program Information and Application Procedure

The ISTS Loan Program will be used to replace non-compliant septic systems in Cass, Crow Wing and Wadena Counties. The 3% loans will be provided to qualifying Cass, Crow Wing or Wadena County property owners. The Minnesota Department of Agriculture has appropriated funds to these counties for the loans. Region Five Development Commission will provide administration for the loans.

Eligible Projects:

- Repair or replacement of an existing Individual Sewage Treatment System (ISTS) that does not conform with the provisions of the MN Rules Chapter 7080.
- Relocation of ISTS out of environmentally sensitive areas.
- Replacement of ISTS that is failing or non-conforming with an expanded portion of the ISTS.

Ineligible Projects:

- Individual Sewage Treatment Systems (ISTS) in excess of 5,000 gallons of waste water per day.
- New connections or repairing old connections to collection systems or municipal waste treatment systems.
- Installation of ISTS for new construction.
- Expansion or upgrading of a conforming ISTS due to construction of additional living quarters, new construction or expanded use.
- Costs that were incurred before the effective date or after the termination date of the loan agreement or before loan package approval.

Process:

1. Request or download an application. Loan funds can only be disbursed to private property owners in Cass, Crow Wing or Wadena County.
2. Complete the application packet and checklist. Applicants must provide proof of repayment ability. (Incomplete applications can cause delays.)
3. Submit the application packet to your county. The county will add forms and forward the entire ISTS packet to Region Five. Allow 2-4 weeks for the loan decision.
4. After approval, Region Five will send you a written confirmation letter, committing ISTS funds for your septic system project.
5. Retain ISTS contractor with the approved bid and design to begin the work.
6. Have the completed ISTS system inspected by your county.
7. Submit the updated inspection and contractor invoice to the appropriate county.
8. ISTS loans will be disbursed for the amount of the approved loan. Contact Region Five to arrange a loan closing date.

Loan Terms:

- Loans above \$5,000 require 10% owners equity.
- Maximum interest rate for loans to borrowers shall be 3% per annum.
- Maximum term is five (5) years.
- An origination fee of up to ½% shall be charged to the borrower along with other customary closing fees.
- The local lender, Region Five Development Commission, will be secured with a Promissory Note and a mortgage lien on real estate.

Contacts:**Cass County**

Paul Fairbanks
Cass County Environmental Services
303 Minnesota Ave. W
PO Box 3000
Walker, MN 56484
Phone: 1-218-547-3300

Crow Wing County

~~Chuck Kauppi~~ *TOM ESPERSON*
Crow Wing County Planning & Zoning
~~200 S. 4th Street~~ *322 LAUREL ST*
Brainerd, MN 56401
Phone: 1-218-824-~~1130~~ *1134*

Wadena County

Malinda Dexter
Wadena Soil & Water Conservation District
4 Alfred Street NE
Wadena, MN 56482
Phone: 1-218-631-3195 extension # 3

Region Five Development Commission

Anne Hanson
611 Iowa Avenue NE
Staples, MN 56479
Phone: 1-218-894-3233 extension 25
ahanson@regionfive.org

COUNTYWIDE ISTS LOAN APPLICATION

Complete this application, sign it and return it with your completed application packet to the contact agency.

Applicants Name: Last, First, MI		
Street Address		County
City	State	Zip Code
Legal Description of Property Township	Section	¼ ¼
Home Phone	Work Phone	# Years at Residence
Employer Name	Address	Phone
Credit Reference Name	Address	Phone
Amount of Total Project Cost	Amount of Loan Requested	
<p>I authorize NCEDA and Region 5 to contact my credit references and view my credit report. I authorize NCEDA and Region 5 to contact my employer to verify employment or salary information. I authorize NCEDA or Region 5 to contact the county for a lien search of the property listed above.</p> <p>I certify and affirm by my signature that the information contained in, and otherwise supplied as part of this application, is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.</p>		
Signature	Social Security Number	Date
Signature	Social Security Number	Date



611 Iowa Ave. N.E. Staples, Minnesota 56479-2224

Phone: (218) 894-3233

FAX: (218) 894-1328

SECTION A - INDIVIDUAL APPLICANT INFORMATION					
NAME (Last, First, Middle)					
BIRTHDATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
PREVIOUS EMPLOYER (Company Name & Address)			GROSS: \$	NET: \$	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH	
Is any income listed in this Section likely to be reduced before the credit request is paid off?				Have you previously received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	
SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION					
Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.					
NAME (Last, First, Middle)					
BIRTHDATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street, City, State & Zip)				HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
PREVIOUS EMPLOYER (Company Name & Address)			GROSS: \$	NET: \$	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH	
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Has Joint Applicant or Other Party ever received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	
SECTION C - MARITAL STATUS					
Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.					
APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)		
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)		

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____
 Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION _____
 NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____
 IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any). _____

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature _____ Date _____ Other Signature (Where Applicable) _____ Date _____
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AgBMP Loan Application

Project Certification and Disbursement Request

PROJECT APPROVAL AND CERTIFICATION
Borrower Information:

Organization: North Central Minnesota Joint Powers Board

Name: _____ Company: _____

"911" Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

Project Information: On a Farm: Non-Farm: Relocation: **Project Location (provide one method)**

Brief description of what will be purchased or constructed: _____

Twp #: _____
 Range: _____ Sec: _____
PIN: _____
 UTM Coordinates:
 X: _____
 Y: _____

Section Map

Locate project within 10 acres for Twp/R/Sec or PIN on Section Map above.
 Each square is 10 acres. Check only one.

Borrower Signature: _____ Date: _____

PROJECT BUDGET INFORMATION

FARM OPERATION INFORMATION

Category	MAXIMUM Ag BMP Loan		Beginning Animal Units:	Ending Animal Units:
Ag Waste Management	\$	State Cost Share \$	Primary Animals or Crop Raised:	
Structural Erosion Control				
Con-Tillage Equipment		Federal Cost Share: \$	Current Con. Till Acres:	
ISTS – Sewage Systems				
Wells – Other				
Odor Control –Air Quality			Con-Till Acres after Equip. Purchase:	
Estimated Total Project Cost (ALL EXPENSES) \$			REVOLVING FUNDS: <input type="checkbox"/> YES	

Project Approved by: _____ Approval Date: _____

COMPLETION OF PROJECT CERTIFICATION

This certifies that the above activity is complete, operable, and in compliance with accepted standards, specifications or criteria. The final payment is authorized.

Completion Approved by: _____ Completion Date: _____

LENDER DISBURSEMENT REQUEST TABLE			LGU: North Central Minnesota Joint Powers Board Contract:		
	Request #1	Request #2	Revolving Funds	TOTAL LOAN	ACTUAL TOTAL PROJECT COST
REIMBURSEMENT REQUEST:	\$	\$	\$	\$	\$
Borrower's first payment date: ____ / ____ / ____ Number of payments per year: ____ Total number of payments: ____					
Bank Name and Address: _____					
Request #1-Lender Signature: _____		Amount: \$ _____		Date: _____	
Request #2-Lender Signature: _____		Amount: \$ _____		Date: _____	
Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements FAX or MAIL TO: AG BMP LOAN PROGRAM, MINNESOTA DEPARTMENT OF AGRICULTURE, ROOM 211 90 W DIATO RIVD ST PAUL MN 55107-2004 Fax: (651) 207-7678					

ISTS Application Checklist

Your application for ISTS, Individual Sewage Treatment System, funding must contain the following:

- 1. Countywide ISTS Loan Application**-completed and signed by applicant.
- 2. Personal Financial Statement**-Completed and signed by applicant.
- ~~**3. AgBMP Form**-top portion signed and dated by applicant~~
- 4. MPCA Compliance Form**-to be completed and signed by the ISTS inspector. This certifies that you have a non-compliant system.
- 5. Contractor bid**-Contractor must have a cost estimate with the design of the system approved by the county planning and zoning department/environmental services department or soil and water district, whichever is applicable.
- 6. Complete and accurate legal description**

AJA
RE-INSTATED
9/07