

Division of Environmental Health

205 Duke Street / PO Box 980, Prince Frederick, MD 20678 Phone: (410) 535-3922, Fax: (410)-535-5252

icant / Property Owner:	The applicants'	name (above) must n	natch the (pro	perty) tax	asse	ssment offic	e inforr	nation	<u> </u>	
Mailing Address:		Street: Zip: Zip:								
applicant Phone Number:										
Email:										
Project Street Address: different than mailing address	Street: ss)		(City/State	:				Zip:	
Property Tax ID:	Tax Account N	lumber:								
Dwelling Use/Features:	Square footag	e of living space (Iı	ncluding bas	ement):						
	Does the house have a water softener:					YES		NO		
		working plumbing:				YES		NO		
		working e	ectric:			YES		NO		
Prioritization Factors:	This property is within the Critical Area:					YES		NO		
	Plans for demolition/construction to the structure:					YES		NO		
	The existing septic tank is: ☐ Metal ☐ Concrete						(or pla	stic)	□ Unknown	
	The septic system has failed?					YES		NO		
*You may also sub	•	explain: report from a sep						as pi	oof of failure. *	
A copy of you	ır most recent	Federal Income	Tax Form	1040 m	ust	accompa	any th	nis a	pplication.	
		Level of Grant	Household Income]					
		Funding	From Up To							
		100%	\$0	\$300,0	00					
		50%	\$300,001	Unlimit	ed					
Property owners with incomes of		00 and non-profit ent 00 and businesses (In						erty ov	vners with an inco	

I grant permission for the Bay Restoration Fund grant staff to enter my property to perform necessary field work, inspections, etc. and do hereby indemnify the staff from any claims arising. I acknowledge that 1) I am applying to participate in a program to investigate the use of a BAT system and that I have received and will thoroughly review the ranking and evaluation document for Class I BAT systems; 2) this program and any associated financial assistance applies to the cost of installation, inspection, 2 years of maintenance, and the cost associated with only the BAT components of the sewage system; all other expenses (i.e. drainfields, pump systems, electrical upgrades, grading, etc) are my financial responsibility and I must submit a signed contract with a qualified installer for those costs prior to being awarded the grant 3) the approval of a BAT unit does not imply a guarantee; 4) I must choose a BAT technology and submit a signed contract from the local distributor of the technology as well as a signed BAT Agreement prior to being awarded the grant. The Agreement must be recorded in the land records of Calvert County; and 5) that completion of this application does not imply approval or availability of funds to the applicant. After the initial two-year grant-funded service contract has expired it shall be the responsibility of the property owner to obtain an annual operation and maintenance contract and ensure that service is conducted at least once per year.

Property Owner's Signature	Date:	

The following applies to all <u>residential</u> properties throughout Calvert County:

All property owners may apply for grant assistance to replace their septic tank. Properties within the Critical Area (that area within 1,000' from the tidal waters of the Chesapeake Bay and its tidal tributaries) with failed septic systems receive the highest priority ranking with failed septic systems outside of the critical area being the next highest priority. The amount of funding is based on your **total income** as reported on your **most recent IRS Form 1040**.

The following are instructions for completing the "Bay Restoration Fund (BRF) Grant Application." If approved, funding will be provided to replace and upgrade your current septic tank to a *Best Availability Technology* (BAT) system.

Applicant Name: Last name and first name of the legal owner of the property. Use the name listed on the

property tax records. If you have recently purchased a property please provide a copy of the

recorded deed with your application.

Mailing Address: Provide the property owners mailing address: street, city, state and zip code.

Applicant Phone: The best phone number to contact the owner or applicant and an alternate phone number.

Project Address: Street or Premise address as indicated on the tax records; include street address number, city,

state and zip code.

Project Location: Provide the tax identification number (it will begin with a "5" followed by: 01, 02 or 03). Provide

the Tax Map number; parcel number, Section and Lot number(s) (if applicable).

Dwelling Use: Indicate the square footage of the dwelling. This square footage includes the above grade

living area as well as the basement area, whether it is finished or unfinished area.

- Is the property located within the Critical Area? (The area within 1,000' feet of the tidal

waters of the Chesapeake Bay and its tidal tributaries).

- Is the septic tank concrete, metal, or composite (plastic) and lastly, has the septic system

failed? Please provide a brief description if possible. You may provide an inspection report

from a contractor, if applicable.

Signature: The property owner or designated contact must sign and return the form. This will be the first

step in being considered for the grant. Be sure to include a copy of your latest IRS Federal

Income Tax Return being sure to include the page that list your **Total Income**.

Sign & Mail the Application and a copy of your latest IRS Tax Form 1040 to:

Calvert County Health Department, Division of Environmental Health
Attn: Bay Restoration Fund Grant
P.O. Box 980
Prince Frederick MD 20678

After the application has been received, staff from the Health Department may visit the property and complete a site evaluation. Not all properties will be funded. Submitting an application does not ensure or guarantee that your property will be awarded the grant. The program is highly competitive and has limited funds. A property is not awarded the Grant until a staff member from the Health Department sends an email confirming the Grant award notification to the property owner and contractor. Only the Health Department is authorized to award Grant funds.