



Caroline County Health Department

Division of Environmental Health 410/479-8045

BAY RESTORATION FUND – ONSITE SEWAGE DISPOSAL SYSTEM (OSDS) APPLICATION FOR GRANT FUNDING*

PROPERTY OWNER INFORMATION:

Owner's Name: _____

Day Phone: _____

Mailing Address: _____

Home Phone: _____

City/State/ZIP: _____

Cell Phone: _____

APPLICANT INFORMATION (write "SAME" if applicant is owner)

Owner's Name: _____

Day Phone: _____

Mailing Address: _____

Home Phone: _____

City/State/ZIP: _____

Cell Phone: _____

PROPERTY INFORMATION:

911 Address: _____

Map _____ Block _____ Parcel _____ Lot _____ (Sub'd: _____)

Is property located within limits of an incorporated town? () No () Yes, Town of: _____

FACILITY TYPE

- Individual Residential; #bedrooms: _____
- Multiple Residential; #units: _____
- Commercial; projected wastewater flow: _____ gallons per day

WATER SUPPLY

- Existing ___shallow well ___deep well ___municipal connection from town of: _____
- Proposed ___deep well ___municipal connection from town of: _____

PRIORITIZATION FACTORS (Please check all that apply to your application):

- Project is located within the Chesapeake Bay Critical Areas
 - Project upgrades a failing septic system
 - Project upgrades a replacement septic system
 - Other (describe): _____
- _____
- _____

Note to Applicant: Upgrade costs pertain only to the cost of the engineering, inspection, maintenance contract for the first five years, cost of the unit and costs associated with installation of the unit. All other necessary sewage disposal system costs including conventional tank, distribution network, or effluent dispersal method replacements encountered or required by the local approving authority during the unit installation are to be paid by the property owner/applicant.

*Please note, this is only an Application and the completion of this form does not guarantee the availability of funds to the applicant.

Applicants Signature _____

Date _____