



# Caroline County Health Department

Division of Environmental Health 410/479-8045

Public Health  
Prevent. Promote. Protect.

## 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 \_\_\_\_\_