



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

*This application is designed to aid Caroline County Environmental Health in determining your eligibility for grant funds.
The information will be placed in your case file and is considered public information under the Maryland Public Information Act.*

If you are NOT the owner, then you must fill out the Authorization Form.

PROPERTY OWNER INFORMATION:

EMAIL: _____

Owner's Name: _____

Day Phone: _____

Mailing Address: _____

Home Phone: _____

City/State/ZIP: _____

Cell Phone: _____

APPLICANT INFORMATION

EMAIL: _____

(Write "SAME" if applicant is owner)

Owner's Name: _____

Day Phone: _____

Mailing Address: _____

Home Phone: _____

City/State/ZIP: _____

Cell Phone: _____

PROPERTY INFORMATION:

911 Address: _____ Property Tax ID #: _____

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 an adequately functioning septic system
- Other: _____

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.

Owner's Signature _____ Date _____

HEALTH DEPT ONLY:

Health Dept. PT #: _____

Date Rc'd: _____

BAY RESTORATION FUND (BRF) INSTRUCTIONS CHECKLIST FOR THE BEST AVAILABLE TECHNOLOGY (BAT)

DATE _____ **STEP 1: SUBMIT A BRF APPLICATION AND A COPY OF YOUR FEDERAL INCOME TAX RECORD**

Submit a copy of your most recent federal income tax record with your [BRF Grant Application](#). The first page of the federal form 1040 for each individual listed on the deed must be provided to Environmental Health. Social Security and bank account numbers should be deleted. Homeowners with adjusted gross incomes up to \$300,000 per year may be eligible for up to 100% funding. If the BAT unit installation cost exceeds the maximum allowable grant, the property owner is responsible for the cost difference. Homeowners with incomes greater than \$300,000 per year may be eligible for up to 50% funding. Just because you may be eligible for 100% funding does **not** guarantee funds are available.

DATE _____ **STEP 2: SUBMIT APPLICATION FOR SANITARY CONSTRUCTION PERMIT**

You must fill out the application for [Sanitary Construction Permit](#) (fees are **NOT** covered by the BRF) and schedule a site visit with the area Environmental Health Specialist. Drainfield is not covered by BRF, unless approved under low income criteria & funds are available.

DATE _____ **STEP 3: SELECT A BEST AVAILABLE TECHNOLOGY UNIT (BAT)**

Choose from the seven field verified BAT units listed in the Maryland Department of the Environment's [Bay Restoration Guidance FY2017 document found on page 5, Eastern Region Counties Section](#). Click here for [Ranking of System Performance](#).

DATE _____ **STEP 4: PROVIDE A VENDOR SIGNED FIXED COST CONTRACT**

DATE _____ **STEP 5: WAIT AND RECEIVE THE BAY RESTORATION FUND GRANT AWARD LETTER**

Bay Restoration grant funds are administered based on a priority system found in the MDE Guidance Document. Individual grants are awarded based on the applicant meeting the program's eligibility requirements and the availability of funds. A waiting list will be created if the number of eligible projects exceeds the availability of funds. Based on the availability of funds, Environmental Health will send you a BAY RESTORATION FUND GRANT AWARD LETTER. The Bay Restoration Fund Grant Award Letter certifies that funds are available for the installation of a BAT unit on your property for a specified time period.

THE BAT UNIT MUST BE INSTALLED WITHIN 6 (SIX) MONTHS OF RECEIPT OF THE BID AWARD LETTER OR JUNE 30TH (END OF GRANT PERIOD); WHICHEVER COMES FIRST.

DATE _____ **STEP 6: SIGN AND RECORD THE BRF EASEMENT & AGREEMENT**

The BRF Easement Agreement will be mailed to you with the Award Letter. The agreement is a legal document that you record in the Caroline County Land Records. Do not record if the Health Department has **NOT** signed this document. The Sanitary Construction Permit is typically issued after the Agreement is recorded.

DATE _____ **STEP 7: LICENSED SEPTIC CONTRACTOR SCHEDULES INSTALLATION**

Prior to installation, your contractor is responsible for having a permit and notifying the Environmental Health Department 24 hours prior to BAT installation. Environmental Health and a manufacturer representative will inspect the BAT unit to ensure it complies with manufacturer and state requirements.

DATE _____ **STEP 8: VENDOR PAYMENT**

The approved vendor must submit an invoice to Environmental Health for payment. Payment will be made to the approved vendor based on the grant award amount.

For more information, contact: Caroline Co. Environmental Health; Div. of Environmental Health
410-479-8045 403 South 7th Street, Room 248; Denton, MD 21629