#### **FY26**

# CHARLES COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH PO BOX 1050

## WHITE PLAINS, MARYLAND 20695 Phone 301-609-6751 Fax 301-609-6684

#### BAY RESTORATION FUND GRANT APPLICATION CHECKLIST

#### **Connection to Sewer in Priority Funded Areas- FY26**

Applicant Name:		Property ID#					
Phone	e Number:	Date Package submitted:					
Addr	ess:						
	submit the items below together as soon						
0	BRF Application						
0	Last tax return to verify income (First	two pages only)					
0	Site Plan. (Showing connection from	cleanout to house) (Contact Town/County about this)					
0	Documentation confirming failing system (failing septic inspection, letter from licensed Wastewater Professional, etc)						
0	Application for Utilities Service with sewer connection fee amount filled in						
0	3 Bids from different contractors to connect sewer line from cleanout to house The bids need to include the						
	Company name, address, and contact information and signature of the Contractor. The bids will also need						
	to include the property owners name	and complete address, and what is included with the sewer connection					
	(i.e. any tap fees, septic tank pumpin *****Public sewer Connection/tap fees a	g and abandonment, etc. are eligible for reimbursement. Permit fees are not eligible for reimbursement.					
	o Bid #1						
	o Bid #2						
	o Bid #3						

Charles County Department of Health will need to submit the following to Maryland Department of the Environment for approval: (This process can take a long time)

A Consideration of BRF Funding letter will be sent to MDE for approval to use BRF funds to connection to public sewer

If approval is granted the homeowner will need to contact the contractor with **the lowest bid** and the work can begin. Once the sewer connection has been inspected by the Town/County, and the septic tank has been abandoned, crushed, and filled the following will need to be submitted to the Health Department.

Please contact the Health Department about inspecting the abandoned and crushed septic tank.

- Letter/Inspection sheet from Town/County about sewer connection
- Contractor Invoice

### SEWER CONNECTION

(existing home) MAX \$25,000

As long as household is income below 300K

#### **SEWER CONNECTION-Business (or Existing Home with household** income over 300k)

(existing business w/ failing system

Max \$12,500-

Lowest Bid x 50%= Grant Amount

#### **SEWER CONNECTION- Business**

(existing business w/ failing system Small Business Vendor-eMMA

Max \$18,750 for Small Business Vendor Lowest Bid x 75%= Grant Amount

x.75 =

#### PLEASE KEEP THIS OR MAKE A COPY FOR YOUR RECORDS

# CHARLES COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH 4545 CRAIN HIGHWAY, PO BOX 1050 WHITE PLAINS, MARYLAND 20695 BAY RESTORATION GRANT APPLICATION SEWER CONNECTION PFA

**BRF FY26** 

Date Application Received

Official Use Only

This application is designed to aid in determining your eligibility. Submit completed applications to the address above. Please note if you are issued a BRF permit it will be valid for 60 days past the date of issuance.

Building   Type	Please note if you are issued a BRF permit it will be valid for 60 days past the date of issuance.										
B.	Building	Type	BA	T Funding <b>E</b>	Eligibility				Water Su	pply	
Second	A: ☐ Existing Home	_							☐ Existi	☐ Existing Well Tag #	
Substitute   Sub	R  Fxisting Rusi				ome on 1040/Ke	ep copy in I	iie)		CH-		
Tincome is more than \$300,000 only \$0% of the BAT cost is eligible for BRF Funding   If income is more than \$300,000 only \$0% of the BAT cost is eligible for BRF Funding   Owner	D. La Laisting Dusin										
If income is more than \$300,000 only 50% of the BAT cost is eligible for BRF Funding	-								☐ Publi	ic Water	
Owner Address  City, State Zip Phone Number (Home) Phone Number (Work)  Email Address (Communication regarding BRF only) Social Security Number (Required for Payment Purposes)  Building Address  House Number, Street, City  Property Tax Account Number Subdivision Lot Number Tax Map Grid Parcel  ** DESCRIBE ANY PROBLEMS WITH YOUR EXISTING SYSTEM ** i.e. (Tank Failure, Drainfield failing, etc.)  LOT LOCATED WITHIN CHESAPEAKE BAY CRITICAL AREA: YES NO UNKNOWN  Number of existing Bedrooms: Septic Inspection Report or Documentation of failure    yes (required) No  NAME, MAILING ADDRESS AND PHONE NUMBER OF APPLICANT:  ASITE PLAN SHOWING THE SIZE AND SHAPE OF THE PROPERTY, HOUSE LOCATION, ALL STRUCTURES ON THE PROPERTY, LOCATION OF WELL AND SEPTIC SYSTEM ON THE PROPERTY MUST BE SUBMITTED  The applicant is authorized to make the application; (2) the information is correct; (3) the applicant will comply with all regulations of Charles County which are applicable hereto; (4) the applicant will perform no work on the above property not specifically described in this application; (5) The applicant will ensure that the BAT tank will be installed and have the final electrical inspection by Planchek completed within 60 days of the BRF permit being issued. (6) the applicant grants County officials and approved contractors the right to enter onto the property for the purpose of inspecting the work permitted, posting notices, and performing maintenance and sampling.	profit								1		
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SIGNED (required) DATE		, .	,				•				
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# Instructions for Completing the Bay Restoration Grant Application for Sewer Connection in a PFA Area.

The following are instructions for completing an application to upgrade existing septic systems with nitrogen reducing pretreatment units. The information listed below corresponds to the items listed on the Bay Restoration Grant Application.

Building: Indicate the type of building on the property.

Type: Indicate the type of septic system project for the property.

Water Supply: Indicate the type of water supply on the property.

Item 1: List the property owner's name and mailing address including the street address, city, state, and zip code. Also include the home and work telephone numbers for the property owner.

Item 2: List the building address of the property, including the house number, street name, and city.

Item 3: Transfer the 12-digit tax account number from the corresponding County property tax bill.

#### 1) Applicant Information:

Applicant must sign the application and agree to the terms of the application. Provide name, mailing address and phone number of the applicant in the box provided.

#### 2) Site Plan:

Submit a site plan showing the size and shape of the property, house location, well and septic system on the property, property lines, rights of way, easements, and existing improvements such as decks, garages, sheds and swimming pools with measurements between all of the above items.

#### 3) Federal Tax return:

A copy of the previous year's federal tax return. Submit first two (2) pages of federal tax return, total income determines eligibility.

For businesses funding will be 50% of the lowest bid amount up to \$12,500 max.

For small businesses on the eMMA Small Business Vendor list, funding is 75% of the lowest bid amount up to \$18,750 max.

#### 4) Connection Fee Amount

Charles County Government, Town of La Plata, and the Town of Indian Head have connection fees. Public sewer Connection/tap fees are eligible for reimbursement, while permit fees are not.

#### 5.) Bid:

Three (3) bids from contractors for sewer connection from house to the cleanout. The lowest bid amount will be used. Application for Utilities Service with sewer connection fee amount filled in.

For More Information Contact:	Mail Application To:
Latoya Reeder	Charles County Department of Health
301-609-6751	Environmental Health Services
Well & Septic Program	4545 Crain Highway
Latoya.reeder1@maryland.gov	P.O. Box 1050
	White Plains, MD 20695