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 non-Priority Funded Areas- FY26

Applicant Name: _____Property ID# _____

Phone Number: _____Date Package submitted: _____

Address: _____

Please submit the items below together as soon as possible as **one complete package**.

- BRF Application
- Last Federal tax return to verify income **(First two pages only)**
- Site Plan**. (Showing connection from cleanout to house) (Contact Town/County about this)**
- Documentation confirming failing system **(failing septic inspection, letter from licensed Wastewater Professional, etc)**
- Application for Utilities Service with sewer connection fee amount filled in
- 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 permitting fees, septic tank pumping and abandonment, etc.)**
  *******Public sewer Connection/tap fees are eligible for reimbursement. Permit fees are not eligible for reimbursement.**
  - Bid #1 _____
  - Bid #2 _____
  - Bid #3 _____

Charles County Department of Health will need to submit the following to Maryland Department of the Environment for approval: (This process can and has taken 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 from homeowner stating satisfactory install of sewer connection
- Letter/Inspection sheet from the 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
(existing business w/ failing system
Small Business Vendor-eMMA

Max $18,750
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 non-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**	**BAT Funding Eligibility**	**Water Supply**
A: ☐ Existing Home: B. ☐ Existing Business C: ☐ Existing Non-profit	[ ] Repair [ ] Upgrade [X] **Sewer connection**	[ ] A: 100% cost up to $25,000, if **Income < $300K** (Check Total Income on 1040/Keep copy in file) **OR** 50% costs up to 12,500 for incomes over $300K [ ] B: 50% of sewer connection costs up to $18,750. [ ] C: 100% of cost up to $25,000 (keep copy of non-profit status in file	☐ Existing Well Tag # CH-_____ ☐ Public Water

If income is more than $300,000 only 50% of the BAT cost is eligible for BRF Funding

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 IF DIFFERENT FROM PROPERTY OWNER

A SITE 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 hereby certifies and agrees that:

(1) 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,

SIGNED _____ (required) DATE _____

Instructions for Completing the Bay Restoration Grant Application for Sewer Connection in a non 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.

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.) Bids:

3 bids from contractors for sewer connection from house to cleanout. The lowest bid amount will be used.

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