Bureau of Environmental Health
120 South Hays Street, Suite 200
P.O. Box 797
Bel Air, Maryland 21014-0797
410-877-2300

Bay Restoration Fund
Application for Financial Assistance

PROJECT LOCATION INFORMATION

Address: _____

_____

Facility Type: __ **Residential** __ **Commercial**

On-Site Disposal System Status: __ **Repair** __ **Perc Completed** __ **Upgrade/New Construction** __ **Public Sewer**

CONTACT INFORMATION

Applicant* Name: _____

Applicant Address: _____

_____

Phone Number: _____

E-Mail Address: _____

***Notes to Applicant:**

(1) Upgrade costs pertain only to the cost of the unit, installation, any associated plumbing and electricity to unit and five year operation and maintenance warranty. 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 owner/applicant.

(2) Please note this is only an application and the completion of this form does not guarantee the availability of funds.

(3) By submitting this form you are agreeing to have your application information released to BAT vendors and installers.

(4) Funding is income-based. Please submit a copy of your 2016 Income Tax Return for review. (Federal tax return, line 22: total income on 2016 Form 1040)

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OFFICE USE ONLY:

Tax ID: _____ ***Priority:*** _____

Critical Area: _____ ***Repair:*** _____

Within 1,000 ft. of stream: _____