

PROJECT LOCATION INFORMATION

## **Harford County Health Department**

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Marcy Austin • Health Officer
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## **Bay Restoration Fund - Application for Financial Assistance**

## Address: Facility Type: \_\_ Residential On-Site Disposal System Status: \_\_ Repair \_\_ Perc Completed Commercial \_\_ Upgrade/New Construction Public Sewer **CONTACT INFORMATION Applicant\* Name: Applicant Address: Phone Number: E-Mail Address: DOCUMENTATION** (1) Funding is income-based. Please submit a copy of your 2024 Income Tax Return for review. (Federal tax return, line 9: total income on 2024 Form 1040) (2)If applying for Public Sewer connection, please also submit a Sewer Hook-Up charge worksheet from Harford County Department of Water and Sewer. In addition, three bids for the cost of the connection of the existing dwelling to the public sewer and the abandonment of the existing septic system must be included. If applying due to a repair, please also submit documentation from a licensed septic inspector or Health Department inspector stating a failing system was determined. \*Notes to Applicant: Upgrade costs pertain only to the cost of the unit, installation, any associated plumbing and electricity to the BAT unit and two 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. Please note this is only an application and the completion of this form **does not** guarantee the availability of funds. **(2)** By submitting this form you are agreeing to have your application information released to BAT vendors and **(3) OFFICE USE ONLY:** Tax ID: Priority: Critical Area: \_\_\_ Repair: \_\_\_

AM/jh/mmj 3/2025

Within 1,000 ft. of stream: \_\_\_\_\_