Public Health
Prevent. Promote. Protect.
Harford County Health Department

HCHD Environmental Health
120 S Hays Street, Suite 200
Bel Air, MD 21014
410-877-2300
Fax: 443-643-0334
HCHD.INBOX@maryland.gov

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:** _____

Documentation

(1) Funding is income-based. Please submit a copy of your 2025 Income Tax Return for review. (Federal tax return, line 9: total income on 2025 Form 1040)

(2) If applying for Public Sewer connection, please also submit a Sewer Hook-Up charge worksheet from Harford County 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.

(3) 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.

Once you have all required documentation, please submit application and documentation to our office via mail, email or fax.

***Notes to Applicant:**

(1) 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.

(2) This is only an application. 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.

****

OFFICE USE ONLY:

Tax ID: _____ ***Priority:*** _____ ***Critical Area:*** _____

Repair: _____ ***Within 1,000 ft. of stream:*** _____

AM/jh 3/2026