



Harford County Health Department

Main Office: 120 S. Hays Street • P.O. Box 797 • Bel Air, Maryland 21014 • 410-838-1500

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

Marcy Austin • Acting Health Officer
Andrea Pappas, LCPC • Acting Deputy Health Officer



Bay Restoration Fund - Application for Financial Assistance

PROJECT LOCATION INFORMATION

Address: _____

Facility Type:	<input type="checkbox"/> Residential	On-Site Disposal System Status:	<input type="checkbox"/> Repair
	<input type="checkbox"/> Commercial		<input type="checkbox"/> Perc Completed
			<input type="checkbox"/> Upgrade/New Construction
			<input type="checkbox"/> 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 2021 Income Tax Return for review. (Federal tax return, line 9: total income on 2021 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.
- (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.

***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) 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.

OFFICE USE ONLY:
Tax ID: _____ *Priority:* _____
Critical Area: _____ *Repair:* _____
Within 1,000 ft. of stream: _____