

ST. MARY'S COUNTY HEALTH DEPARTMENT  
OFFICE OF ENVIRONMENTAL HEALTH  
21580 PEABODY STREET  
P.O. BOX 316  
LEONARDTOWN, MD 20650

BAY RESTORATION GRANT APPLICATION  
NITROGEN-REDUCING ADVANCED TREATMENT UNIT  
FOR GRANT PERIOD JULY 2010-JUNE 2012

*This application is designed to aid in determining your eligibility. Submit completed applications to the address above. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.*

RESIDENTIAL\_\_\_\_\_ COMMERCIAL\_\_\_\_\_ EXISTING HOUSE\_\_\_\_\_ NEW CONSTRUCTION\_\_\_\_\_

1. PROPERTY OWNER:\_\_\_\_\_
2. PROPERTY ADDRESS:\_\_\_\_\_
3. TAX MAP\_\_\_\_\_ PARCEL\_\_\_\_\_ LOT #\_\_\_\_\_ SUBDIVISION\_\_\_\_\_
4. PROPERTY IN 1000-FT CRITICAL AREA: YES\_\_\_\_\_ NO\_\_\_\_\_ UNKNOWN\_\_\_\_\_
5. EXISTING SEPTIC SYSTEM IN FAILURE: YES\_\_\_\_\_ NO\_\_\_\_\_
6. REPAIR PERC TEST COMPLETED: YES\_\_\_\_\_ NO\_\_\_\_\_ UNKNOWN\_\_\_\_\_

APPLICANT/CONTACT PERSON:\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_ FAX NUMBER:\_\_\_\_\_

***The Property Owner 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 St. Mary's County which are applicable hereto; (4) the applicant grants St. Mary's County officials and approved contractors the right to enter onto the property for the purpose of evaluation, inspection of the work permitted and performing any required maintenance and sampling.

**Property Owners Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HD FILE#** \_\_\_\_\_