## Public Health Prevent. Promote. Protect. Wicomice County Health Department

## **BAY RESTORATION FUND**

## **APPLICATION FOR FINANCIAL ASSISTANCE (Pre-Treatment Tank Only)**

Wicomico County Health	•		Property ID #:				
108 E. Main St., Salisbu (410)546-4446 Fax (410	•		Application Date:				
Property Owner:		Mailing Addres	Mailing Address:				
Phone:							
		 Email Address	 5:				
			Block: Lot:	•			
Subdivision:							
			Number of residents:				
Is the existing septic s	ystem failing?		☐ Yes ☐ No				
Is this property located	d inside the Ch	esapeake Bay Critical Areas?	☐ Yes ☐ No				
New Construction (lim	ited to cost, inc	come % below and, minus \$1,200	0) □ Yes □ No				
		•	es. Drainfield assistance is available				
only if incor		e met based on the attached sheet	and if funding is available.				
	% of BAT						
Homeowners	Cost paid	Priority Le	evels for Qualifying				
(Pre-Treatment Unit Only)	by BRF						
Income ≤ \$300,000 yearly	100%	1. Failing OSDS in Critical Areas	4. Non Conforming OSDS outside t	he			
Income > \$300,000 yearly	50%		Critical Areas				
Non-profit entities	100%	2. Failing OSDS outside the	5. Other OSDS in the Critical Areas	<b>;</b> ,			
For-profit business	50%	Critical Areas	including new construction				
Small business	75%	O New Conference CODO in the	0.00-2.0000 245424242 028524	Δ			
Non-Primary residence (outside Critical Areas)	50%	3. Non-Conforming OSDS in the	6. Other OSDS outside the Critical including new construction	Area			
(Outside Chilical Areas)		Critical Areas including new construction  Property Owners Statement					
the Department from any clair pre-treatment technology and financial assistance applies t pre-treatment component of the approval of a pre-treatment unrecords; 5) that completion of information may be given out to	ns arising there from that I must proper to the cost of enging the sewage system; a nit does imply a guat of this application of the open sure fair pricing.	onnel to enter my property to perform neces n. I understand that 1) I am applying to pa y maintain the pre-treatment unit once it is neering, inspection, two years of mainten- all other expenses are the responsibility of rantee; 4) a signed pre-treatment agreement loes not imply approval or availability of form	ssary field work, inspections, etc. and indemnifulticipate in a program to investigate the use of sinstalled; 2) this program and any associate ance, and the cost associated with only that the property owner; 3) the Health Department'nt is required and must be recorded in the lanuards to the applicant; and 6) that my contact	of d e 's			
""First two pages of		le taxes, proof of income must be	ust accompany this application***				
Owner's Signature:		· ·	Date:				
Owner's Name (printed)	:						
		For office use only					
Area Sanitarian:		Permit Number:	_ Installer:				
Model: Project Cost: \$ Qualifying %: % Amount awarded: \$							
<del>-</del>		I Area? ☐ Yes ☐ No New Con	struction:   Yes	_			

	Cost/Lbs				
	Nitrogen				
Vendor (in ranking order based on	Reduction		FY2024 Unit		
Cost/Lbs Nitrogen Reduction	Ranking	BAT System	Price/BAT	Contact	Phone
		Bio-Microbic			
Gillespie and Son Inc	1	(RetroFast)	\$19,784.00	James Gillespie	410-778-0900
		Orenco (Advantex			
Atlantic Solutions	2	AX20)	\$23,816.00	Bob Johnson	877-814-8426
		Orenco (Advantex			
Atlantic Solutions	2	AXRT)	\$27,051.00	Bob Johnson	877-814-8426
		Norweco			
Towers Concrete Products	3	(Singular TNT)	\$15,828.00	Mark Hubbard	800-773-9128
Mayer Brothers Inc	4	Hoot (BNR)	\$22,053.00	Nancy Mayer	410-796-1434
Gillespie and Son Inc	5	Septitech	\$22,934.00	Bob Johnson	877-814-8426
		Hydro-Action			
Sample Excavating Company Inc	Added	(AN Series)	None	Mike Sample	443-807-8639
Fuji Clean	N/A	Fuji CEN5	\$18,302.00	Dwayne C Jones	410-692-6900
Fuji Clean	N/A	Fuji CEN7	\$20,690.00	Dwayne C Jones	410-692-6900

Drainfield Assistance Income Eligibility Limits						
	Maximum Gross	Maximum Gross				
	Monthly Income	Yearly Income				
Household Size	Standards	Standards				
1	\$1,982	\$23,784				
2	\$2,670	\$32,040				
3	\$3,359	\$40,308				
4	\$4,047	\$48,564				
5	\$4,735	\$56,820				
6	\$5,424	\$65,088				
7	\$6,112	\$73,344				
8	\$6,800	\$81,600				
Each Additional						
Person Add	\$688	\$8,526				