

## Division of Environmental Health 403 S 7<sup>th</sup> Street, Rm 248, Denton, MD 21629

Health Officer, Scott T. LeRoy, MPH, MS

## **Bay Restoration - Grant Application** Individual Public Sewer Connection

This application is designed to aid Caroline County Environmental Health in determining your eligibility for grant funds. The information will be placed in your case file and is considered public information under the Maryland Public Information Act.

If you are NOT the owner, then you must fill out the Authorization Form.

Building:  ☐ Residential ☐ Other -Describe below	Type: ☐ Existing Septic System ☐ Existing holding Tank —	Water Supply:  ☐ Existing Well  Well Tag #:  ☐ Public Water So  Town:	urce
Owner:	Email:		
Mailing Address:(Mailing 91	address or, P. O. Box, City, State,	ZIP)	
Day Phone #:	Cell #:	_	
911 Property Address:	(House #, Street, City, Zip)		
Property Tax ID #:		Map: Block:	Parcel:
Subdivision:		Lot #:	_
Is the existing septic system failing? $\Box$	Yes □ No		
	elow if you are NOT the property owner		-
Address:			-
Phone Number:			_
Attach a site plan showing the location of the horsystems etc, since they will need to be abandor follows:  1. I am authorized to make this applicated above is one of the information submitted above	tion; correct;	blic sewage system. The homeo	wner hereby certifies and agrees as
Property Owner's Signature:			
Printed Name:	Date:	——— Н	ealth Dept: PT#

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