

319(h) Residential Septic Financial Assistance
Peter Francisco Soil & Water Conservation District

Applicant Form

Date: _____

Name: _____

Mailing Address: _____

Physical/Home Address: _____
(If different than mailing address)

Home number: _____ Cell number: _____

Work number: _____ Best daytime phone number? home cell work

Email address: _____

Are you the owner of the home? yes no

****The homeowner must make the application.****

What is the address of the property for which you are applying for financial assistance?

For which type of project are you applying for financial assistance?

- Septic tank pump out
- Repair
- Alternative system installation

DEQ NPS COST-SHARE PROGRAMS BMP CONTRACT

Part I (of III) – Application for Program

Name of Grantee:		Peter Francisco Soil & Water Conservation District		DEQ Grant Agreement #:		DEQ 17219	
Application Number: [Issued by Grantee]			Contract Number: [generated by tracking program-TP]			Application Date:	
First Name:		Middle Initial:		Last Name:			
Business/Organization (Farm) Name				VA Fiscal Yr.:		FY2026	
TMDL Implementation Plan/Project			Slate River and Rock Island Creek Watersheds				
Address:						City/County:	
State:		Zip code:		S.S. Number or Tax ID:			
Telephone Number:		(H)		(W)		(M)	

APPLICANT CERTIFICATION: I understand that applying to participate in any DEQ Nonpoint Source (NPS) cost-share program(s) does not guarantee that any or all of my request will be funded. In the event that all or part of my request is funded, I certify the following: I agree to install and maintain all best management practices (BMP) receiving cost-share through the DEQ NPS Program according to applicable standards and specifications as expressed in either the Department of Conservation and Recreation's (DCR) "Agricultural BMP Cost-Share Manual", or DEQ's "Nonpoint Source Implementation Best Management Practice Guidelines." I understand that my period of responsibility begins with the acceptance of payment and extends through the lifespan of the BMP in accordance with applicable standards and specifications. I understand that the lifespan begins on January 1 of the calendar year following the year of certification of completion. I understand that a BMP is subject to spot check by the funding agency(ies) or their designee throughout the BMP lifespan. I agree to allow funding agency personnel or their designee access to private property under my control for the purpose of evaluation, design, construction and inspection of said BMP(s) from this date forward through the required lifespan of each BMP. I agree to refund to the Grantee identified on this form all or part of the cost-share and/or tax credit I receive if my BMP(s) is/are found not to meet applicable standards and specifications at the time installation, during spot check or if the BMP(s) is/are removed or not properly maintained during the lifespan of the BMP(s). I understand that the sale, lease, or changed use of the property will not exempt me from fulfilling this/these requirement(s). Should the property change ownership or leasehold during the lifespan of the BMP, I agree to complete an agreement transferring responsibility for BMPs (see attached example agreement) signed by all involved parties and submit that signed form to the Grantee identified on this form. I understand I will be held responsible for the operation and maintenance of the BMP(s) for the duration of the BMP lifespan if the above referenced transfer agreement is not completed and submitted to the Grantee. The voluntary participation in this program does not relieve or relinquish me and my property (or farm operation) from compliance with ordinances, laws, and regulations that may exist at any level of government. I agree to allow the release of information related to location and extent of BMPs associated with this contract. I understand that cost-share funds are considered income and that I am responsible for compliance with all tax requirements including requirements of the Internal Revenue Service.

REQUIREMENTS APPLICABLE TO DEQ NPS COST-SHARE PROGRAMS

<input type="checkbox"/>	<p>Agricultural: The DEQ NPS Program has a \$50,000 per applicant per program year (July 1 thru June 30) limit. This limit applies to an individual practice, as well as any aggregation of smaller practices that are DEQ-funded. An exception exists for applicants installing structural practices LE-1T, LE-2T, SL-6, WP-2T that may be approved to receive up to \$70,000 in cost-share funds in any given program year. I certify that I will not accept DEQ NPS Cost-share funds that exceed the applicant limit whether funds are issued by a single SWCD or multiple SWCDs during a program year.</p>
<input checked="" type="checkbox"/>	<p>Residential Septic: The DEQ NPS Program has a baseline of 50% cost-share funding, and can be increased up to 80% based on income eligibility and locality Fiscal stress designation. I understand that I can request that the cost-share payment be made directly to the contractor or technical service provider (TSP) for on-site sewage disposal practices with the exception of septic tank pump-out. I understand that I must complete the "Assignment of On-Site Sewage Disposal Practices Cost-Share Payment Authorization Form" (TSP form) and submit this to the Grantee in order for this to occur. I understand I must submit documentation of my yearly adjusted gross income in order to receive maximum cost-share eligibility (beyond 50%).</p>

Applicant Signature: _____ Date _____

(Signed original to be retained by the Grantee; a copy provided to the participant and a redacted copy provided to DEQ. A completed contract contains Parts I, II, and III and copies of associated documentation. DEQ has provided funding to the Grantee. DEQ is not a party to this contract between the Grantee and the participant.)

Only fill out this sheet if applying for more than 50% assistance. Income documents for all household members ages 18 and older must be submitted to be considered for additional assistance.

**Peter Francisco Soil & Water Conservation District
319(h) Residential Septic Program
Application/Income Eligibility Worksheet**

Applicant's Name: _____

Spouse's Name (if applicable): _____

Marital Status: _____ Married _____ Single

Number of People in Household age 18 or older: _____

Yearly Income for **Household**: _____

***Please list total combined income for all household members ages 18 and older.**

I have submitted the following verification documents (check all that apply):

If you have filed a tax return, you must submit it to the District as income verification.

- Most recent tax return W-2 Social Security statement Pay stubs
- Retirement statement Disability statement Other: _____

Notes or Comments: _____

Signature: I, _____, certify that I have completed this application truthfully and to the best of my knowledge and wish to be considered for assistance for a residential BMP from the Peter Francisco SWCD. I agree to allow appropriate staff to verify the yearly gross household income I have provided above for the purposes of cost-share assistance greater than 50%.

Office Use Only

Income sources and amounts: _____

Amount of cost-share applicant is eligible to receive: _____

Verified by staff: _____

Peter Francisco SWCD – Ph: 434-983-7923

NONPOINT SOURCE COST-SHARE PROGRAM SEPTIC SYSTEM INSPECTION FORM

This form is to be completed at the time of the pump out (RB-1) and/or full inspection and non-permitted repair (RB-3R) by the contractor performing your septic pump out & inspection. **This form must be completed in order for payment to be issued.**

Name of Homeowner:
Address of System Inspection:
Size of Tank:
Notes of Effluent Removed (If applicable):
Condition of Septic Tank (circle one) Good Fair Poor
If poor, please explain:
Condition of Tank Lid & Baffles (circle one) Good Fair Poor
If poor, please explain:
Condition of Distribution Box and Lines (If applicable for repairs. <u>Not applicable for pump outs.</u>) Good Fair Poor
If poor, please explain:
System Recommendation(s):
Repair Needs (If applicable):

Pumper/Contractor Name

Business Name

Pumper/Contractor Signature

Date

*This form is to be submitted with the invoice. Payment for a pump out or associated inspection will not be made without a completed inspection form.