

Todays Date:_____

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

Applicant Form

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 16688
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.:	FY2021
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"/>	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.
<input checked="" type="checkbox"/>	Residential Septic: The DEQ NPS Program has a baseline of 50% cost-share funding, and can be increased up to 90% 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%).

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.)

DEQ Contract Form #NPS-BMP:

Part I Contract Acknowledgment - DEQ NPS Cost-share Programs BMP Contract

Read and initial on the lines provided, and submit with your application packet.

 You agree to maintain (i.e., not remove, damage, or destroy) the septic system from the time you receive payment through the lifespan of the practice. The main concern is keeping vehicles and equipment off of the drainfield and not planting trees on/near the drainfield. If you don't know where your drainfield is located, contact the health department to obtain a drawing of your system. For projects completed in 2019, the lifespan begins January 1, 2020 and continues for 5 years for pump outs and 10 years for repairs and alternative systems.

 If damage or destruction of the system occurs, you will be responsible for repairing the system or repaying on a prorated basis the cost-share (financial assistance) funds received.

 You agree to give Peter Francisco Soil and Water Conservation District access to your property for site visits periodically over the lifespan of the practice to ensure that the system is still working properly and no damage has occurred. The District will contact you well in advance if we have a spot check scheduled for your practice and will not enter your property without notice.

 If property ownership changes before the lifespan of the practice ends, you and the new homeowner will complete a form that transfers responsibility of the practice to the new homeowner. If this form is not submitted, you will remain responsible for the system for the remainder of the lifespan of the practice.

 Cost-share funds are considered income. Funds received by participants in the amount of \$600 or greater in a calendar year will be reported to the Internal Revenue Service (IRS) as income, per the Department of Environmental Quality (DEQ) guidelines. For repairs, the applicant may authorize the District to make its payment directly to the contractor, who must submit a W-9 form to the District.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <u>one</u> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here **Signature of
U.S. person ►**

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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: _____

Pumpout Process and Checklist

Keep For Your Records

1. Submit part I of the contract (application page), W-9 form, applicant form, and Part I Acknowledgement. Submit household income verification if you are applying for more than 50% assistance ☐
Submit for approval by Friday before our Board meeting (3rd Wednesday of each month)
 2. **Do not begin work until you receive an approval letter from Peter Francisco SWCD**
 3. After receiving the approval letter, contact the contractor to schedule pumpout ☐
List of contractors enclosed for your convenience
 4. Once pumpout is complete, submit copy of invoice and inspection form (completed by contractor) to Peter Francisco SWCD ☐
 5. Sign part III of the contract (PFSWCD will contact you for signature) ☐
 6. Check will be issued by Peter Francisco SWCD
-

Repair/Replacement Process and Checklist

1. Submit part I of the contract (application page), W-9 form, applicant form, and Part I Acknowledgement. Submit household income verification if you are applying for more than 50% assistance ☐
Submit for approval by Friday before our Board meeting (3rd Wednesday of each month)
2. Obtain repair permit from local health department ☐
Contact information listed below. Health department will provide copy of repair permit to PFSWCD.
3. Submit at least 2 cost estimates to Peter Francisco SWCD ☐
Submit for approval by Friday before our Board meeting (3rd Wednesday of each month)
4. **Do not begin work until you receive an approval letter from Peter Francisco SWCD**
5. After receiving the approval letter, contact the contractor to schedule work ☐
6. Once work is complete, contact health department for final inspection and operation permit ☐
7. Submit copy of invoice to Peter Francisco SWCD ☐
Health department will provide copy of operation permit to PFSWCD
8. Sign part III of the contract (PFSWCD will contact you for signature) ☐
9. Check will be issued by Peter Francisco SWCD ☐
You may pick up the check, or Peter Francisco SWCD will mail it.

Peter Francisco Soil and Water Conservation District
Sherry Ragland – Phone: (434) 983-7923

16842 W. James Anderson Hwy.
Buckingham, VA 23921

Buckingham County Health Department
Paul Louis – (434) 969-4244

80 Administration Ln.
Buckingham, VA 23921

CONTRACTOR LIST

Keep For Your Records

Septic Tank Pump Outs

- Arthur's Septic Service- Scottsville, (434) 286-4597
- KSO Septic Services (Owen's)- Scottsville, (434) 293-5738
- Taylor's Septic Service & Portable Toilets, Inc.- Buckingham, (434) 983-6303 or (434) 352-8350

Septic System Repairs

- Crosby Plumbing & Water Treatment - Farmville, (434) 391-3310
- Earl Dunn Construction LLC - Dillwyn, (434) 315-1560 or (434) 983-2036
- Giles Trucking Company and Septic Systems - Rice, (434) 392-3526 or (434) 390-8725
- Knights Dirt Diggers, LLC - Spout Spring, (434) 665-4098
- O.O. Stiff Septic Services - Prospect, (434) 574-6237
- Paul Small LLC – (800) 614-6030, **licensed to install alternative septic systems**
- Taylor's Septic Service Inc.- Buckingham, (434) 983-6303 or (434) 352-8350, **licensed to install alternative septic systems**

Soil Evaluators/System Designers

- Chuck Allison- Goode, (540) 587-7125
- Mike Condrey- Rustburg, (434) 515-3603
- M&M Soil Consultants, Kenneth McClenny- Pamplin, (434) 248-6925 or (434) 610-2696
- Robert Johansen- Cumberland, (434) 547-3241
- Roger Nelson- Wingina, (434) 221-9000
- Southern Soil Consultants, Brian Neal- Blackstone, (434) 774-8382 or (434) 696-6949
- Angela Whitehead- Williamsburg, (804) 892-6678
- Stephen Vargo- Scottsville, (434) 956-5159

**Contractors are listed in alphabetical order.*

**Also, please check your phone book for any additional contractors.*

**It is up to you to ensure that the contractor has the appropriate licensure to perform the work.*

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

What are the requirements?

- ❑ Residence must be located in the Slate River or Rock Island Creek watersheds located in Buckingham County. **Contact our office to determine if you live in an eligible watershed.**
- ❑ Applicant must be the homeowner. If you are a tenant having septic problems, your landlord must make the application for financial assistance.
- ❑ Existing residential properties only. Funding cannot be used for new construction, remodeling, expansion, or addition. Commercial properties, businesses, and houses of worship are not eligible.
- ❑ **NO WORK can be done on your septic system until your application is approved by the District. The District will not authorize funds to be used for septic pump-outs or repairs that have begun before Board approval.** Wait for an approval letter before proceeding. All work, with the exception of pump-outs, must be permitted and inspected by the health department.
 - If a problem is found during the pump-out, you may apply for additional financial assistance.

How do I apply?

- ❑ Contact the District for an application packet. You can scan and email the completed forms to Sherry Ragland at sherry.ragland@vaswcd.org, or you can mail them to our office: **Peter Francisco SWCD, 16842 W. James Anderson Hwy. Buckingham, VA 23921.**
- ❑ Applications are presented for approval at monthly Board meetings (3rd Wednesday of each month). **Submit applications no later than the Friday before the Board meeting.**
- ❑ Project must be completed by the date stated in your approval letter. **Generally, projects must be completed within 120 days (4 months) of approval.** Contact the office if you would like to request a project extension.

Who do I contact if I have questions or want an application?

Peter Francisco Soil and Water Conservation District
Sherry Ragland, District Manager
(434) 983-7923
Email: sherry.ragland@vaswcd.org

Financial Assistance	Yearly Household Income		Oct-20	
80%	Less than \$22,200			
75%	\$22,200 - \$33,300			
65%	\$33,301-\$44,400			
60%	\$44,401 - \$55,500			
55%	\$55,501 - \$66,600			
50%	Greater than \$66,600			
Practice Code	Practice Name	Max Eligible Cost	Max Financial Assistance	
RB-1	Pump-Out	\$350	\$175.00	50%
			\$193.00	55%
			\$210.00	60%
			\$228.00	65%
			\$263.00	75%
			\$280.00	80%
RB-3	Conventional Repair	\$5,000	\$2,500.00	50%
			\$2,750.00	55%
			\$3,000.00	60%
			\$3,250.00	65%
			\$3,750.00	75%
			\$4,000.00	80%
RB-3M Level 1	Conventional Full Inspection & Maintenance (not needing permit)	\$2,000	\$1,000.00	50%
Any of the following: Replacing filters and/or pumps, removing roots from a septic tank and/or distribution box, flushing conveyance and header lines, and/or re-leveling a distribution box.	Lifespan of 5 years		\$1,100.00	55%
			\$1,200.00	60%
			\$1,300.00	65%
			\$1,500.00	75%
			\$1,600.00	80%
RB-3M Level 2	Conventional Full Inspection & Maintenance (not needing permit)	\$4,000	\$2,000.00	50%
Any items <u>above PLUS</u> at least one of the following: replacing sewer, header and/or conveyance lines and/or replacing a distribution box.	Lifespan of 10 years		\$2,200.00	55%
			\$2,400.00	60%
			\$2,600.00	65%
			\$3,000.00	75%
			\$3,200.00	80%
RB-4	Conventional Installation OR Replacement	\$8,000	\$4,000.00	50%
			\$4,400.00	55%
			\$4,800.00	60%
			\$5,200.00	65%
			\$6,000.00	75%
			\$6,400.00	80%
RB-4P	Conventional Installation OR Replacement w/ Pump	\$12,000	\$6,000.00	50%
			\$6,600.00	55%
			\$7,200.00	60%
			\$7,800.00	65%
			\$9,000.00	75%
			\$9,600.00	80%
RB-5	Alternative System	\$24,000	\$12,000.00	50%
			\$13,200.00	55%
			\$14,400.00	60%
			\$15,600.00	65%
			\$18,000.00	75%
			\$19,200.00	80%
These figures are based on the 2019 median household income for Buckingham, \$55,500, calculated by the Dept of Housing & Urban Development. Eligibility is determined by the household income you receive. Income includes all sources, whether or not they are taxable for federal income tax purposes. To calculate your annual household income, add all income sources such as: social security benefits, wages, salaries and tips, retirement benefits, pension and annuity receipts, unemployment compensation, disability payments, interest and dividend receipts, business income, rental income, and capital gains. Submit the previous year's federal tax return, pay stub with year-to-date figures, or a letter from Social Security, retirement, pension, etc. stating the amount of income received each month/year.				

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.**

07/2020

Homeowner Septic System Checklist

Septic System Description

Contact your local authority if you don't have this information.

Date system installed _____

Installer _____

Phone _____

Tank size _____ gallons

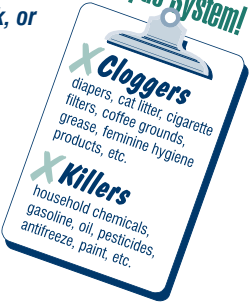
Capacity _____ bedrooms

Type ☐ conventional
☐ alternative (type) _____

Things to keep in mind:

- ✓ Regularly inspect your system and pump your tank as necessary.
- ✓ Use water efficiently.
- ✓ Don't dispose of household hazardous wastes in sinks and toilets.
- ✓ Plant only grass over and near your septic system. Roots from nearby trees or shrubs might clog and damage the drainfield.
- ✓ Don't drive or park vehicles on any part of your septic system. Doing so can compact the soil in your drainfield or damage the pipes, tank, or other septic system components.

Not in My Septic System!



For more information about septic systems, contact:



U.S. Environmental Protection Agency
www.epa.gov/owm/septic



Septic System Maintenance Record

Next Service	Scheduled Activity	Pumping Co./ Phone	Activities Completed	Comments
Jan. 2003	inspection	Joe Pumper 555-1234	inspection	sludge layer okay—may need pumping next year

Place on electrical box (fuse box) or other convenient location.

Top 10 Ways to Be a Good Septic Owner

- ✓ Have your system inspected every three years by a qualified professional or according to your state/ local health department's recommendations
- ✓ Have your septic tank pumped, when necessary, generally every three to five years
- ✓ Avoid pouring harsh products (e.g., oils, grease, chemicals, paint, medications) down the drain
- ✓ Discard non-degradable products in the trash (e.g., floss, disposable wipes, cat litter) instead of flushing them
- ✓ Keep cars and heavy vehicles parked away from the drainfield and tank
- ✓ Follow the system manufacturer's directions when using septic tank cleaners and additives
- ✓ Repair leaks and use water efficient fixtures to avoid overloading the system
- ✓ Maintain plants and vegetation near the system to ensure roots do not block drains
- ✓ Use soaps and detergents that are low-suds, biodegradable, and low- or phosphate-free
- ✓ Prevent system freezing during cold weather by inspecting and insulating vulnerable system parts (e.g., the inspection pipe and soil treatment area)

