

**Cumberland County 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**



**PETER FRANCISCO
SOIL AND WATER CONSERVATION DISTRICT**
16842 WEST JAMES ANDERSON HWY * BUCKINGHAM, VA 23921
PHONE (434) 983-7923
SERVING BUCKINGHAM AND CUMBERLAND COUNTIES



Contract Number (For office use only)				Application Date:	
First Name:	Middle Initial:	Last Name:			
TMDL Implementation Plan/Project			VA Fiscal Yr.:	FY2026	
Cumberland County Only					
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 Peter Francisco Soil and Water Conservation District (PFSWCD) Non-Point Source (NPS) voluntary cost-share program(s) guarantees that being outside of the Slate River and Rock Island Watersheds that I will be funded a maximum financial assistance of:

Practice Code	Practice Name	Max Eligible Cost	Max Financial Assistance
RB-1	Septic Tank Pump-Out	\$550.00	\$550.00
RB-3	Conventional Repair	\$7,500.00	\$7,500.00
RB-4	Installation or Replacement	\$12,500.00	\$12,500.00
RB-5	Alternative System	\$31,500.00	\$31,500.00

I Certify the Following:

- I agree to maintain (i.e. not remove, damage, or destroy the septic system from the time I receive payment through the lifespan of the practice. I will keep vehicles and equipment off of the drain field and will not plant trees on/near the drain field. For projects completed in this current year, the lifespan begins January 1 of the year following payment.
- I agree to give PFSWCD access to my property for site visits periodically over the lifespan of the practice to ensure the system is still working properly and no damage has occurred. **The PFSWCD will contact me well in advance if a spot check is scheduled for my practice and the District will not enter my property without notice.**
- If property ownership changes before the lifespan of the practice ends, myself and the new homeowner transfer responsibility of the practice to the new homeowner.
- Cost-share funds are considered income. I am responsible for compliance with all tax requirements including requirements of the Internal Revenue Service. Funds received by participants in the amount of \$600.00 or greater in a calendar year will be reported to the Internal Revenue Service (IRS) as income.
- The voluntary participation in this program does not relieve or relinquish me and my property 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.
- The system that is being pumped was not installed or pumped within the last five years.

Pump-Out Process:

- Submit Contract, W-9, applicant form prior to Peter Francisco SWCD Board meeting (3rd Wednesday of each month)
- Do not begin work until you receive an approval letter from Peter Francisco SWCD
- After receiving the approval letter, contact the contractor to schedule a pump-out
- Once pump-out is complete, submit a copy of invoice and inspection form completed by contractor to PFSWCD
- Sign final contract Part III for Peter Francisco SWCD
- Check will be issued by Peter Francisco SWCD

<input checked="" type="checkbox"/>	<p>Residential Septic: The PFSWCD NPS Program has a baseline of 100% cost-share funding. 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 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 PFSWCD in order for this to occur. I understand that the maximum cost-share payment I am eligible to receive is \$550.00 based upon 100% of the total cost for the septic tank pump-out with a maximum eligible cost of \$550.00. I understand that the cost-share payment I receive will be based upon the lesser of the total cost of the project or the maximum eligible cost of \$550.00.</p>
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Applicant Signature:	Date:
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(Signed original to be retained by PFSWCD; a copy can be provided to the participant upon request. A completed contract contains Parts I, II, and III and copies of associated documentation.)

Peter Francisco SWCD
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.**