



## Septic System Pump-Out Reimbursement Application

## **Instructions:**

- 1. No application fee is required.
- 2. Select whether the property is located outside or inside the Chesapeake Bay Critical Area Boundary (within 1,000 ft. of tidal waters). Please call if you need assistance in determining this.
- 3. Attach a copy of the invoice from the pumping company and proof of payment.
- 4. Return the completed form and receipt copy to: Charles County Department of Planning and Growth Management, Planning Division, P.O. Box 2150, La Plata, MD 20646.
- 5. The max reimbursement per pump-out is \$187.50, and may not be received more than once every 3 years.
- 6. For questions related to this application, please call the Planning Division at: 301-645-0540.
- 7. The County will not pay for additional costs associated with equipment, parts, upgrades, etc.

Name of Property Owner(s) (please print):\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Subject Property (if different from Mailing Address):

Phone Number: \_\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Account Number from Tax Bill (for application tracking purposes only):

Your Charles County Connection...

Planning • Capital Services • Codes, Permits & Inspection Services • Resource & Infrastructure Management

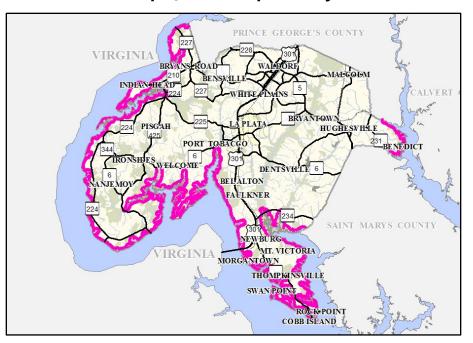
P.O. Box 2150 • 200 Baltimore Street • La Plata, MD 20646 • 301-645-0627 • 301-870-3935 Fax: 301-638-0807 • E-Mail: PGMadmin@CharlesCountyMD.gov Maryland Relay Service: 711 • Relay Service TDD: 1-800-735-2258 • Equal Opportunity County *Visit us online at* www.CharlesCountyMD.gov



Septic Pump Out Reimbursement Application Page 2

## 1.) For residential properties only:

- a.) \_\_\_\_50% reimbursement of pump-out bill for septics not in the Chesapeake Bay Critical Area
- b.) \_\_\_\_\_75% reimbursement of pump-out bill for septics within the Chesapeake Bay Critical Area
  - <u>\*\*\*\*\* The Chesapeake Bay Critical Area is defined as located within 1000 feet of tidal</u> <u>waters. Below is a map of the Chesapeake Bay Critical Area shaded.</u> <u>\*\*\*\*\*</u>



**Verification Statement:** The information submitted is true and accurate to the best of my knowledge. I furthermore grant to Charles County the right of entry and inspection of the property to verify septic pump-out, if necessary.

ture of Property Owner: _				Date:
For Office Use Only:	Approved:	Denied:	Date:	
Explanation:				
Department of Planning a	and Growth Mana	ngement		