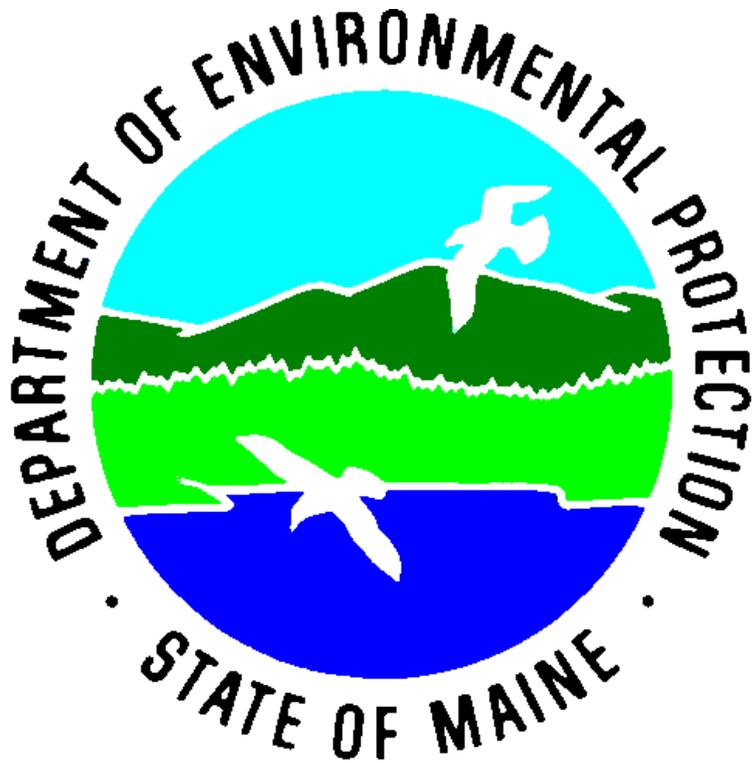


# SMALL COMMUNITY GRANT PROGRAM

## APPLICATION



2013



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 STATE HOUSE STATION 17 AUGUSTA, MAINE 04333

SMALL COMMUNITY GRANT PROGRAM

**APPLICATION FOR  
 GRANT FUNDING**

**APPLICANT INFORMATION**

**MUNICIPALITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**ADDRESS:**  
 \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**PROJECT DESCRIPTION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED PROJECT LIST (Attach documentation)\***

Property Owner(s) Name(s)	Street Address	Tax Map & Lot	Priority	Waterbody Affected

**GRANT FUNDS REQUESTED**

**State Grant Funds requested:** \_\_\_\_\_ **\$** \_\_\_\_\_  
 (Basis for the requested amount must be provided)

**SIGNATURE OF MUNICIPAL OFFICIAL**

**TYPED OR PRINTED NAME AND TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

SIGNATURE \_\_\_\_\_

# **INSTRUCTIONS FOR COMPLETING THE GRANT APPLICATION**

Only one application form should be completed, covering one or more individual systems. A separate description of each individual problem should be included in the project justification. Applications will be evaluated based on the priority rating, number of problems documented, the amount requested, and available funding. The amount awarded may differ from the requested amount.

## **1. APPLICANT INFORMATION**

Please provide all the information requested, including the Town's phone number and email address if available. This information is needed in order to offer a grant to the Town.

## **2. PROJECT DESCRIPTION**

This section should contain a detailed description of the proposed project. It should include the number of individual septic systems to be constructed or itemization of the components of the project. A discussion of the environmental issues and associated impact should also be provided here. It is not necessary to hire a licensed site evaluator to complete the project description however designs and cost estimates prepared by a site evaluator or engineer should be included if they are available.

## **3. PROPOSED PROJECT LIST**

The following documentation must be attached for each proposed project.

1. Discharge Survey Field Report – all information must be complete and form must have an original town official signature
2. Copy of Tax Assessors Card for each potential project
3. Copy of Tax map showing lot(s) involved and adjacent and nearby lots and roads at readable scale
4. Copies of Federal Tax Return (most current) for all property owners or entities (i.e. Form 1040). Do not include IRS attachments unless specifically requested by the Department. Black out Social security and Bank account numbers.
5. Aerial photo (or sketch) showing layout of the building, driveway, and other pertinent features. Indicate the approximate location of the existing septic system and failed area.
6. Color photos showing the following: a) close up of the discharge / malfunctioning area from different angles, b) general photos of different sides of the building, including driveway, and any other nearby structures such as sheds, garages, and large trees, and, c) general photos around the building and area of existing leachfield showing slope of the land and proximity to water bodies, if possible. Photos taken when the ground is completely covered with snow is not acceptable documentation of a malfunction.

The following additional information, if available, should be attached to further justify proposed projects:

1. A USGS map of the property and surrounding area
2. Information prepared by a site evaluator or an engineer such as memos, planning reports, or designs for a replacement system
3. Reports or memos describing the problem/malfunction as prepared by septic haulers, or any other involved persons with pertinent expertise (such as an electrician, pump mechanic, Town LPI or CEO).
4. Reports or memos describing the problems as prepared by the DEP or any other state agency such as the Department of Marine Resources (DMR) or Department of Health and Human Services (DHHS).

#### 4. GRANT FUNDS REQUESTED

The amount requested is an estimate and should be based on the project description. Although not necessary, if Contractor's estimates are available, please provide these.

#### 5. SIGNATURE OF MUNICIPAL OFFICIAL

The name, title and signature must be included on the application and on the Discharge Survey Field Report.

# DISCHARGE SURVEY FIELD REPORT

Town \_\_\_\_\_ Tax Map & Lot # \_\_\_\_\_

Water body or (Public Drinking source) affected: \_\_\_\_\_

Priority Category

- \_\_\_\_\_ 1. Public Drinking Water      \_\_\_\_\_ 2. Shellfishing Protection  
\_\_\_\_\_ 3. Water Quality Protection      \_\_\_\_\_ 4. Public Nuisance

## PROPERTY OWNER(S) INFORMATION

Name(s): \_\_\_\_\_

Physical Address for project: \_\_\_\_\_

Year-round Mailing Address (if different) \_\_\_\_\_

Name of Owner(s) Being Interviewed: \_\_\_\_\_

If this project were selected for funding, is the Owner willing to sign the Owner's Agreement before beginning the project and the Program Easement before beginning construction? \_\_\_\_\_

If this project were selected for funding, but qualified for less than 100%, does the Owner have the ability to pay their share? \_\_\_\_\_

## PROPERTY INFORMATION

Does a building presently exist that is connected to the malfunctioning septic system? \_\_\_\_\_

Type of building (Single family, multifamily, business, etc.) \_\_\_\_\_

Is the building mixed use? If so, describe \_\_\_\_\_

Is the building presently vacant? If so, for how long? \_\_\_\_\_

Describe any additional building(s) contributing wastewater flow \_\_\_\_\_

Describe any rental situations and/or apartments \_\_\_\_\_

Is the building "owner-occupied"? \_\_\_\_\_

Is the building occupied year-round or seasonally? \_\_\_\_\_

If the building is year round, was it recently converted from seasonal? \_\_\_\_\_

Has the building recently undergone any significant upgrades or additions? If so, describe \_\_\_\_\_

Total Number of Occupants or Employees (per building) \_\_\_\_\_

Total Number of Bedrooms, (per building) \_\_\_\_\_

## DRINKING WATER SUPPLY INFORMATION

Type of Water Supply \_\_\_\_\_ Is it pressurized? \_\_\_\_\_

Are there modern plumbing fixtures? \_\_\_\_\_

**WASTE DISPOSAL INFORMATION**

Type of System Existing: \_\_\_\_\_  
\_\_\_\_\_

Year installed \_\_\_\_\_

Wastewater flow rate (if known) \_\_\_\_\_

Is the system entirely located on the Owner's lot? \_\_\_\_\_

Type & Volume of septic tank \_\_\_\_\_

Is there a separate grey water discharge or disposal area? If so, describe \_\_\_\_\_  
\_\_\_\_\_

Is ALL wastewater (black and grey) from the structure(s) connected to the disposal system?  
\_\_\_\_\_

Frequency of septic tank pumping \_\_\_\_\_

Describe the malfunction and other known recent problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SYSTEM INSPECTION**

The following was observed (by Town official signing this form) during a visual inspection of the system on \_\_\_\_\_ (fill in date) :

No apparent problem

Ground soggy in area of system

Surfacing wastewater remaining on property

Surfacing wastewater leaving property

Untreated wastewater entering drainageway or waterbody

Odors and or vegetation indicators

Other \_\_\_\_\_

The distance between the malfunctioning area and adjacent water body (or public drinking water source) is estimated to be: \_\_\_\_\_

The path of travel of the leaking wastewater to the water body (or public drinking water source) is described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_

This form was completed by:

Signature of LPI/Town Official :

\_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Official  
\_\_\_\_\_