



Septic System Pump-Out/Septic Riser Installation Reimbursement Application

Please complete this application to receive a partial reimbursement for your septic system pump-out service or septic riser application. Applications will be reviewed by staff, and if approved, a reimbursement check will be mailed to you within 8 weeks of receipt of this application. Property owners are eligible for reimbursement once every three years.

Mail completed applications and a copy of your service invoice and proof of payment to:

Department of Planning and Growth Management- Planning Division
200 Baltimore Street
La Plata, MD 20646

Name of Property Owner(s): _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

Address of Subject Property _____
(Street) (City) (State) (Zip Code)

Is this property in the Chesapeake Bay Critical Area? (located within 1000 feet of tidal waters) Yes No

Property Account Number from Tax Bill: _____

Septic Pump Out Reimbursement (maximum reimbursement \$187.50)

- 50% reimbursement of pump-out bill for septics not in the Chesapeake Bay Critical Area
- 75% reimbursement of pump-out bill for septics within the Chesapeake Bay Critical Area

Septic Riser Installation Reimbursement (maximum reimbursement \$100)

- I have installed septic risers on my septic system within the last six (6) months and have attached documentation of purchase/installation.

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 and/or septic riser installation, if necessary.

Signature of Property Owner: _____ Date: _____

For Office Use Only: Approved Denied Date _____

Explanation: _____