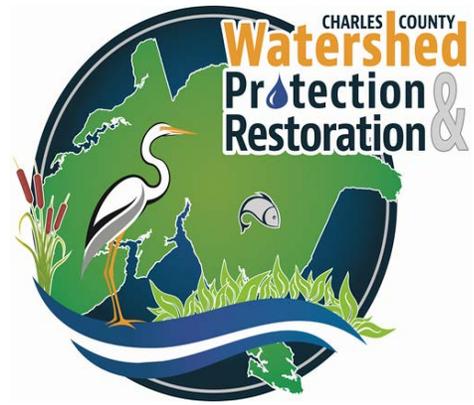




Charles County Government
**DEPARTMENT OF PLANNING &
 GROWTH MANAGEMENT**



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

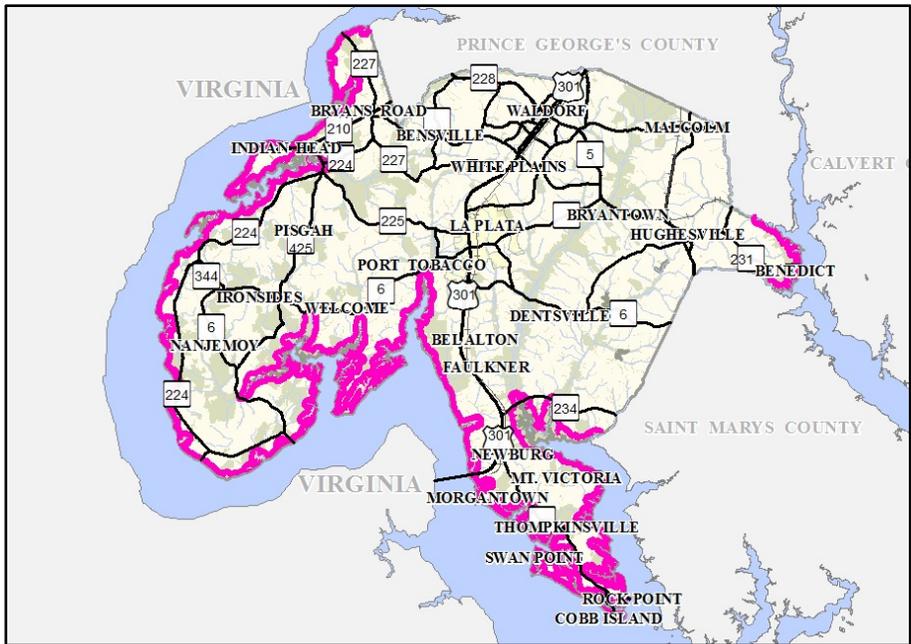
Visit us online at www.CharlesCountyMD.gov



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

******* The Chesapeake Bay Critical Area is defined as located within 1000 feet of tidal waters. Below is a map of the Chesapeake Bay Critical Area shaded. *******



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.*

Signature of Property Owner: _____ Date: _____

For Office Use Only: Approved: _____ Denied: _____ Date: _____

Explanation: _____

Department of Planning and Growth Management