

**Grant Application  
Virginia Department of Health  
Septic and Well Assistance Program  
A Grant Provided By  
American Rescue Plan Act**

**Agency Use Only**

HDIN:  
Grant Project #:  
Income Eligibility Confirmed by:  
Name:  
Date:  
  
Grant: Approved      Denied  
Name:  
Date:

In order to be eligible for grant funding, you must i) have a household income of 200% or less of the federal poverty guidelines, ii) propose a project from the eligible list below, and iii) the proposed septic or private well system improvements must comply with current regulatory standards.

**Eligible Projects:** The program will assist property owners to repair failing septic systems, replace straight pipes, and replace privies. Replacement can include connection to public sewer. The program will also assist property owners in replacing inadequate private wells and properly abandoning unused wells. Inadequate private wells will be considered any of the following: 1) replacement of a dry well; 2) replacement of a well that is documented to have an exceedance of a maximum contaminant level or other health standards; 3) replacement of bored wells; and 4) replacement of wells installed prior to any regulatory requirements. Replacement can include connection to public water. Eligible projects exceeding \$40,000 will require additional review prior to a final determination of eligibility. The grant period runs from January 1, 2022 to December 31, 2024.

Name:	Email (if available):
Telephone Number:	Cell Phone Number:
Property Address (include city, state, zip):	
Mailing Address (if different from above):	
Agent's Name (if applicable):	Agent's Phone (if applicable):
<b>Demographic information</b>	
Age of applicant (optional): <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71+ <input type="checkbox"/> Prefer not to answer	
Race/Ethnicity (optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	
How many people are living in your household?	
What services are you seeking? <input type="checkbox"/> Septic <input type="checkbox"/> Well <input type="checkbox"/> Septic and Well	
Do you have a permitted design for your proposed project? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you will first need to apply for and receive a permit for your proposed project from your local health department. If you need assistance with cost of private sector evaluation and design services, please see our Design Assistance Form.	

**Owner's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_