

Q&A Summary from the FY2021 NPS BMP Manual Briefing – May 28, 2020

Question 1: How will we enter level 1 or level 2 [in regards to RB-3M] in the DCR Tracking System?

Answer 1: Roland will provide a demo of that later in the presentation (see slide 11).

Question 2: Will 3R's get carried over [in the DCR Tracking System]?

Answer 2: Any signups currently in the system will continue to show as an RB-3R. As of July 1, all future practices will show as RB-3M, with the need to specify as Level 1 or Level 2.

Question 3: So are you saying that for an RB-1 approved on July 1st, we must now have pumpers fill out this 3 page form [the VDH Condition Assessment Form]?

Answer 3: No. DEQ encourages using the form for RB-1s, but it is not required for that specific septic practices. For all other septic practices, it is required. See C.1.i and ii in the RB-1 specification for more details.

Question 4: Will we be required to submit the new form along with other contract documents in quarterly reports?

Answer 4: The Condition Assessment Form does not need to be included with the project's quarterly reports; however, it should be kept on file with the BMP contract, along with any other practice paperwork. While not required, it may be helpful to provide the form with a variance request to document system conditions that would require exceeding the practice cap.

Question 5: So if someone does an inspection and find that nothing is required to be replaced or fixed, do they get reimbursed for the inspection?

Answer 5: Yes, homeowners can be reimbursed if the only activity is an inspection. This is certainly part of an RB-1. In an RB-3M, there is a more detailed inspection (i.e., that may involve unearthing system components); if that inspection concludes that no further action is required, then this inspection is also covered by cost-share. In this case, the RB-3M would be a Level 1. This "inspection only" scenario would likely preclude the homeowner from being eligible for another RB-3M for 5 years (the lifespan of the Level 1 RB-3M), unless they and the grantee follow the "Process to Address Change in Need After BMP is Complete and in Lifespan" policy (see sub-section VI.h of the Residential Septic Program Guidelines, which starts on page 31 of the BMP Manual).

Question 6: So it seems that for now we should always fund our projects jointly?

Answer 6: No, we are not suggesting that you always fund practices jointly. DEQ has not established any processes for us to allow the EAN and Variance procedures. Over the next year, DEQ will observe DCR's processes and explore allowing this for 100% 319-funded practices. It was decided to allow these for jointly funded practices because DEQ did not want to prevent any of DCR's new program elements from being implemented for any VACS funding. Joint funding is not required, but does have some advantages but also potential disadvantages.

Question 7: If a project exceeds \$100,000 dollars does it require a variance or is that only in the situation of when the VACS funding is greater than \$100,000

Answer 7: A variance from DCR is only required if you wish to exceed DCR's participant funding cap of \$100,000. A practice cost that exceeds more than \$100,000 does not require a variance from DCR. The example on slide 11 helps illustrate what happens when a practice costs more than \$100,000 and the participant wants to receive more than \$100,000 in combined funding from DCR and DEQ and/or wants to exceed DCR's participant funding cap. A participant cap refers to all of the cost-share funding an

applicant “participant” receives in a year from DCR for all practices and from all SWCDs (some participants have operations in multiple SWCD areas).

Question 8: We are typing and printing Contract Part 1-3 using DEQ template. Why cannot we use DCR tracking program contracts?

Answer 8: The language is different in the DCR and DEQ contracts, and they collect different information, especially in Part 3. However, we would like to update the Tracking system to be able to differentiate between them and provide the appropriate contract. We are developing technical specifications to work with DCR on making this system enhancement (as well as others).

Question 9: This has been recorded? How will we access it?

Answer 9: Yes. We hope to post it to the DEQ website. We’re looking at how to do that, as well as any limitations (i.e., accessibility issues). If that is not feasible, we may use Dropbox or a similar approach. We will keep the attendees informed.

Question 10: Could a clear pros vs cons list be made up for jointly funding vs singular 319 funding a project be made available?

Answer 10: This does seem to be a topic of interest. We considered adding more examples to the presentation, but decided the topic deserved more time than what we could cover within this presentation. We can work on this, but would also like to hear from the grantees, as they have first-hand experience in this.

Question 11: Are there discussions between DCR & DEQ to share data, so that districts do not have to send in quarterly copies of contracts for septic practices? What about DCR providing a Logi report or Districts providing a Logi report to document those contracts?

Answer 11: DEQ staff are currently unable to access the Tracking System, due to data privacy issues (e.g., Social Security numbers being visible). However, Section 319(h) grants need some form of proof of payment, leading to the need to submit these contracts to DEQ. Another Tracking system enhancement under discussion is to provide DEQ staff with a user profile that has restricted access, enabling DEQ to verify septic contracts and payments. We are also open to other forms of documentation, such as a new Logi report. There is certainly a need to make this more efficient for both grantees and DEQ staff. DCR/DEQ are currently developing a list of potential LOGI reports that could be provided during quarterly reporting that provides information needed to document practice existence.