



## APPLICATION FOR SEPTIC SYSTEM REPAIR IN THE LAKE KEOWEE WATERSHEDS

### *I. Applicant Information*

Applicant Name:

E-mail Address

Phone Number

Property Address (Address, City, State, Zip)

Do you own this property?

If no, Owner Name:

Owner Telephone:

Yes

No

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### *II. Septic System Information*

What year was your existing septic system installed?

Do you provide maintenance to your septic system?

Yes

No

When was the last time your system was pumped out?

Have you had any septic problems in the **past**?

Yes

No

If yes, what year?

What type of septic problems did you have in the **past**? (Check all that apply)

Septic back-up in the house

Wet/mushy ground

Foul odors

Standing water in the yard

Other

What type of septic problems do you **currently** have? (Check all that apply)

Septic back-up in the house

Wet/mushy ground

Foul odors

Standing water in the yard

Other

How many bedrooms does your house **currently** have?      How many people are **currently** residing at the home?

Has the number of bedrooms in your house increased since the last **permitted** septic system was installed?

Yes                      No                      Unsure

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### *III. Income Eligibility*

Applicant's Yearly Adjusted Gross Income (*must provide a copy of most recent federal tax return, disability statement, or social security documentation*)

Other Income: Please list all other yearly adjusted gross income coming into the household (if applicable).

Name	SSN	AGI Amount
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Name	SSN	AGI Amount
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Name	SSN	AGI Amount
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Required Forms Checklist (*please attach along with this completed form*)

Most Recent Federal Tax Return	Social Security Documentation (if applicable)
Proof of Residency (i.e. electricity or water bill)	Disability Statement (if applicable)
Other	

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It is the responsibility of all homeowners to repair an improperly functioning septic system. This program is being offered to help qualifying homeowners pay for these repairs. Note that if your septic tank does not function properly and you choose to opt-out of this program, it remains the responsibility of the homeowner to repair the septic system, because an improperly functioning septic system is a public health nuisance. By signing this document, you are authorizing the release of your information to LKSWPT in connection with an application to obtain cost-share assistance for the Septic Tank Repair and Replacement Program. You also agree that the release of this information does not guarantee that assistance will be provided, but that without the information, assistance may not be available.

Signature:

Today's Date