



**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

*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(s) of septic problems have you had 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(s) 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** (additional cost-share above 60%, based on income; only fill out if you'd like to apply for additional cost share.)

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 AGI Amount

Name AGI Amount

Name AGI Amount

Required Forms Checklist, if Applying for Additional Funding (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 concern. 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. All information is kept confidential.

Signature:

Today's Date

Once completed, please email this form along with any required attachments to **Scottie Ferguson (sferguson@lkswpt.org)**. If you need assistance completing this form or have any questions, please call (864) 605-1895.