

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?			No			
When was the last time your system	was pumped out?					
Have you had any septic problems in the past ?			No			
If yes, what year?						
What type(s) of septic problems have	you had in the past ? (0	Check all t	hat 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 yo	ou currently have? (Che	eck all tha	t apply)			
Septic back-up in the house	Wet/mushy ground		Foul odors			
Standing water in the yard	Other					

Has the number	er of hedrooms	in your house increased	since the last permitted septic system was installed?		
Yes	No	Unsure	since the last permitted sopile system was installed:		
	• • •	itional cost-share abo litional cost share.)	ve 60%, based on income; only fill out if		
		ross Income (must provid security documentation)	e a copy of most recent federal tax return,		
Other Income:	Please list all o	other yearly adjusted gros	s income coming into the household (if applicable).		
Name		AGI Amo	unt		
Name		AGI Amo	unt		
Name		AGI Amount			
Required Form	ns Checklist, if A	Applying for Additional Fu	nding (please attach along with this completed form)		
Most Rece	nt Federal Tax	Return	Social Security Documentation (if applicable)		
Proof of Re	esidency (i.e. el	ectricity or water bill)	Disability Statement (if applicable)		
homeowners pay remains the respo health concern. B to obtain cost-sha	for these repairs. consibility of the hor by signing this document assistance for the significant content of the significant content content of the significant content content of the significant content of the	Note that if your septic tank do neowner to repair the septic s ument, you are authorizing the he Septic Tank Repair and Re	nctioning septic system. This program is being offered to help qualifying es not function properly and you choose to opt-out of this program, it ystem, because an improperly functioning septic system is a public release of your information to LKSWPT in connection with an application placement Program. You also agree that the release of this information but the information, assistance may not be available. All information is		
Signature:			Today's Date		

How many bedrooms does your house **currently** have?

How many people are **currently** residing at the home?

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.