



**Return Application To:**

Lexington County Community Development  
Gary Price, Environmental Coordinator  
212 South Lake Dr. , Suite 401  
Lexington, SC 29072  
(803) 785-8121

**OFFICE USE ONLY (11/19)**

Date Received	Initials
Parcel # :	

**APPLICATION FOR SEPTIC SYSTEM EVALUATION IN CONGAREE CREEK**

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you own this property? ☐ Yes ☐ No If No, you are not eligible as the grant applicant

Please answer the following questions about your septic system.	
1.	What year was your existing septic system installed?
2.	Do you provide maintenance to your septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	When was the last time your system was pumped-out?
4.	Have you had any septic problems in the <b>past</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when (year)? _____
5.	What type of septic problems did you have in the <b>past</b> ? (check all applicable) <input type="checkbox"/> Septic back-up in house <input type="checkbox"/> Wet/mushy ground <input type="checkbox"/> Standing water in yard <input type="checkbox"/> Other: _____
6.	Are you <b>currently</b> having any septic problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If so, what kinds of septic problems are you <b>currently</b> having? (check all applicable) <input type="checkbox"/> Septic back-up in house <input type="checkbox"/> Wet/mushy ground <input type="checkbox"/> Standing water in yard <input type="checkbox"/> Other: _____
8.	How many bedrooms does your house <b>currently</b> have?
9.	Has the number of bedrooms in your house increased since the last <b>permitted</b> septic system was installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If #9 is yes, when was a bedroom(s) added to your house (month/year)? <input type="checkbox"/> N/A

Signature
I (we) the undersigned, certify that all information in the application, and all information furnished in support of this application is given for the purpose of obtaining assistance through the 319 Water Quality Grant Congaree Creek Septic Tank Repair and Replacement Program, and is true and complete to the best of the applicant's knowledge and belief. I further understand that information obtained will be used only for the purpose of determining eligibility. The applicant additionally certifies that the applicant is the OWNER of the property to be repaired.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

All applicants must sign. If you are 18 or under, a parent or guardian must sign.

*Lexington County does not discriminate on the basis of age, color, race, religion, sex, national origin, familial status or disability in the admission, access to, or treatment or employment in its federally assisted programs or activities.*

**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 system 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. A failing septic system is an illicit discharge and a violation of Lexington County Stormwater Ordinance 16-04 and a public health nuisance.**



## **Congaree Creek Septic Tank Repair and Replacement Program**

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### **Application Checklist**

**Before submitting your application for Septic Tank Repair and Replacement assistance, please use and submit the following checklist:**

- ☐ 1. Application Form completed and signed.
- ☐ 2. Current year property tax paid receipt.
- ☐ 3. Proof of residency (i.e. electricity or water bill).
- ☐ 4. Three (3) written quotes from SCDHEC licensed septic contractors.

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**If you would like to be considered for additional funding (above 60%), also include the following in your application:**

- ☐ 5. Copy of pay stub, social security or retirement check, etc. for the past 2 months. (Self-employed persons must provide bank statements for the past 6 months.)
- ☐ 6. Verification of other income (Child support/alimony, SSI statements, disability, etc.).
- ☐ 7. Copy of the most recent federal tax returns for household members 18 and older. If you do not file a return, then provide at least 6 months of past bank statements in addition to the bank statement provided in #5.
- ☐ 8. Copy of identification for household members 18 and older (i.e., driver's license or South Carolina ID).