



Return Application To:

Kershaw County Engineering-Stormwater
Russ VanPatten, County Engineer
515 Walnut Street
Camden, SC 29020
(803) 425-7230

OFFICE USE ONLY (04/17)

Table with 2 columns: Date Received, Initials. Includes a Parcel # field below.

APPLICATION FOR SEPTIC SYSTEM EVALUATION IN TWENTY-FIVE MILE CREEK

Applicant Name: Telephone:

Property Address:

Do you own this property? Yes No If no, Owner Name: Owner Telephone:

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? 3. When was the last time your system was pumped-out? 4. Have you had any septic problems in the past? 5. What type of septic problems did you have in the past? 6. Are you currently having any septic problems? 7. If so, what kinds of septic problems are you currently having? 8. How many bedrooms does your house currently have? 9. Has the number of bedrooms in your house increased since the last permitted septic system was installed?

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 Twenty-Five Mile Creek Septic Tank Repair and Replacement Program, and is true and complete to the best of the applicant's knowledge and belief.

Applicant Signature Date

Co-Applicant Signature Date

All applicants must sign. If you are 18 or under, a parent or guardian must sign. Kershaw 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, because an improperly functioning septic system is a public health nuisance.



Twenty-five Mile Creek Watershed Septic Tank Repair and Replacement Program

Consent to Release Information

I hereby authorize the release of my information from Kershaw County records to Richland County. This authorization is made in connection with an application for obtain 319 funds for the Septic Tank Repair and Replacement. Your prompt reply forwarding the requested information is appreciated.

Address: _____

Applicant
Print Name: _____

Signature: _____

Date: _____

Co-Applicant
Print Name: _____

Signature: _____

Date: _____

I understand that the release of this information does not guarantee that assistance will be provided, but that without the information, assistance may not be available.



Twenty-Five Mile Creek Watershed Septic Tank Repair and Replacement Program Financial Disclosure

Note, if you are not interested in being considered for additional funding (above 60%), you do not need to complete this page of the application.

Kershaw County and Richland County have received 319 grants to help pay for repairs of failing septic systems in the Twenty-five Mile Creek Watershed. The grant will pay 60% of the cost to repair a qualifying failing septic system. Additional funding may be available for lower income households to pay more than 60% of the cost to repair a qualifying failing septic system. The information collected in this application will only be used to determine whether you qualify for additional funding. The information will not be disclosed outside the two County agencies without your consent except for verification of information and as required and permitted by law. If you do not provide all requested information, your application may be delayed or disapproved for additional funding. **PLEASE PRINT ALL INFORMATION.**

ALL INFORMATION IS STRICTLY CONFIDENTIAL. To be completed by the individual and returned to Kershaw County.

Applicant Information

Head of Household

Applicant Name:	Address:
Employer:	City/State/Zip:
Home Phone:	Work Phone:
Date of Birth:	Occupation:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

Co-Applicant Information (If Applicable)

Name:	Address:
Employer:	City/State/Zip:
Home Phone:	Work Phone:
Date of Birth:	Occupation:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

Note, if you are not interested in being considered for additional funding (above 60%), you do not need to complete this page of the application.

Other Household Members

Provide the names, ages, relationship and employer (if applicable) of all members of your household (related or not).

Full Name	Age	Relationship to Head of Household (spouse, child, etc.)	Employer

Sources of Income

List monthly income for all persons in the household who work or receive other income. List gross income (income before deductions).

Full Name (of household member)	Source of Income (ex. salary, social security, retirement, disability compensation, alimony, child support, other)	Gross Amount (\$) (income before deductions)	Per Week, Month, or Year?

Check if you did not file a tax return.
 Explain: _____ . Initial _____

COUNTY USE ONLY:			
Total Income: \$	Income Limit: \$	Percentage:	%
Date Verified:		Verified By:	



Twenty-Five Mile Creek Watershed Septic Tank Repair and Replacement Program Verification of Employment

Note, if you are not interested in being considered for additional funding (above 60%), you do not need to complete this page of the application.

AUTHORIZATION: In order to determine whether the household qualifies for additional funding for septic repair/replacement, the County must verify Employment Income of all members of the household applying for participation Septic Tank Repair and Replacement Program. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant) Date: _____

To Be Completed By the Employer Only

Company: _____

Employee: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Type of Employment: Full-time Part-time Temporary Seasonal

Rate of Pay: \$_____ per _____ (hour, week, or month)

Total earnings for past 12 months: \$_____ Effective date of last increase: _____

Overtime pay rate: \$_____/Hour

Expected average number of hours overtime worked per week during next 12 months: _____

Total overtime earnings for past 12 months: \$_____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$_____ per _____

(Signature of Authorized Representative) Title: _____

Date: _____ Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



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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 pages 1 and 2 completed and signed.
- 2. Proof of ownership of the property (i.e. deed).
- 3. Current year property tax paid receipt.
- 4. Proof of residency (i.e. electricity or water bill).
- 5. Three (3) written quotes from SCDHEC licensed septic contractors (see attached list of licensed septic contractors).

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

- 6. Application pages 3, 4 and 5 (Financial Forms) completed and signed.
- 7. 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.)
- 8. Verification of other income (Child support/alimony, SSI statements, disability, etc.).
- 9. Copy of the most recent federal tax returns for household members 18 and older. If you do not file a return, complete a Request for Transcript of Tax Return.
- 10. Copy of identification for household members 18 and older (i.e., driver's license or South Carolina ID).