



Return Application To:

Grants Administration Department
 Community Development Division
 Lonnie Hamilton, III Public Services Building
 4045 Bridge View Drive, Suite B226
 North Charleston, South Carolina 29405-7464
 (843) 202-6960
 (843) 202-6974 fax

OFFICE USE ONLY (07/07)

Date Received	Intake #
TMS# :	

APPLICATION FOR EXISTING WELL UPGRADE and/or EXISTING SEPTIC SYSTEM UPGRADE

Applicant Name: _____

Property Address: _____

City/State/Zip Code: _____

Is the property Heir's Property? Yes No Telephone: _____

What Service is Needed? Well Upgrade Septic System Upgrade Both

Please answer the following questions if your request is for a well.	Comments
1. What year was your well installed?	
2. What is the color of your water? <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Lightly Discolored <input type="checkbox"/> Heavily Discolored	
3. Is your water drinkable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does your water have an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If you do not utilize your water, please explain how you receive water in the comment section provided?	

Please answer the following questions if your request is for a septic system.	Comments
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. Have you ever experienced a septic backup? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Composition Information

Household Member Age Range(s)	Number of Persons	Any Disabled Person
Elderly (62 years or older):	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adults (19 - 61 years):	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minors (18 years or younger):	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Household Income (all members)	Sources	Total Amount
Salary:	_____	_____
Social Security/Retirement:	_____	_____
Disability Compensation:	_____	_____
Alimony/Child Support:	_____	_____
Other:	_____	_____

COMBINED ANNUAL HOUSEHOLD INCOME: \$ _____

Applicant Signature: _____

Date: _____