

Application for Septic Maintenance Cost-Share Assistance

Fill out, scan and send to <u>TCL.stewardshipcoalition@gmail.com</u> before September 30, 2025 Additional applications may be accepted if received by March 30, 2026

Applicant Information

First Name	L	.ast Name		
Mailing Address		Email		
City		State	Zip Code	
Phone #s	home	mobile	e	_lake residence
Property Information	<u>on</u>			
Property Type(circle):	Primary Residence	Seasonal Resid	dence Rental	
Physical Address of P	roperty			
Residential structures	on property (circle all t	hat apply): Home	Cabin Mobile h	ome Camper
Bunkhouse	RV with hook-ups	RV without hook-u	ps Other	
Year residence(s) was	s built	Total number of	bedrooms (all struc	tures)
Do you know the loca	tion of your septic tank'	? Yes No	Drainfield location	n? Yes No
Do you know the size	of your septic tank(s)?	Yes No	If yes,	gallons
Is your septic tank acc	cessible? Yes No	Unknown If r	not, why?	
When was the last tim	e your septic tank was	pumped? (circle b	pelow)	
Less than 3 ye	ears Between 3 – 7	years More tha	n 7 years Unk	nown
What is the approxima	ate age of your septic s	ystem? (circle belo	ow)	
Less than 5 yr	s 5–20 yrs	20– 30 yrs Mo	re than 30 yrs old	Unknown
Have you ever had a	sewage back-up at you	r residence? Ye	s No	
Do you have a garbaເ	ge disposal? Yes No	Do you	u have a hot tub?	Yes No
What is your drinking	water source? Well	Lake Oth	ner	
Do you have a water	ourification or water sof	tener system? Y	es No	
What lake(s) is closes	t to your property			
What is the distance f	rom your residence to t	he lake(s) measur	ed in feet?	
Who is your regular s	eptic pumping service?			
Signature:			Date:	