



**APPLICATION FOR REPLACEMENT SEPTIC SYSTEM
COST-SHARE FUNDS
DeKalb County SWCD Cost-Share Program**

The DeKalb County Soil and Water Conservation District (SWCD) will use this form for the DeKalb County SWCD Cost-Share Program. All application information will remain the property of the DeKalb County SWCD and will not be given out without the consent of the applicant. The DeKalb SWCD Board of Supervisors will have final approval of all applications for cost-share benefits. Funds will be issued up to 60 days of final inspection by the DeKalb County Health Department.

APPLICANT INFO:

APPLICANT NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY PHONE _____

SOCIAL SECURITY NUMBER _____

ADDRESS OF SITE (IF DIFFERENT FROM APPLICANT'S ADDRESS)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TOTAL NUMBER OF ACRES OF PROPERTY _____

DIRECTIONS FROM TWO INTERSECTING ROADS

EXPLAIN PROBLEM OF PRESENT SYSTEM

FOR HEALTH DEPARTMENT USE ONLY

TYPE OF SYSTEM REQUIRED: _____

SIGNATURE _____

SWCD OFFICE USE ONLY-- Received by _____

Date _____