



Lake Kanasatka Watershed Association

2025 Septic Inspection Assistance Program Application

Please complete this application and submit it to LKWA with the documentation described in the cover letter.

Name: _____ Date: _____

Local Property Address: _____

Phone: _____

Mailing Address: _____

Email Address: _____

Date of Inspection: _____ Invoice Amount: _____

Name of Company: _____

My septic system: Passed Failed Needs Repair

Describe repairs needed: _____

LKWA Member? Y/N _____

Signature: _____