

Downstream Wastewater Modeling Analysis Request

Project Name:			Date	::		
Company/Person Requesting		Contact:				
Oconee Tax Map Number(s):						
Use Type (check all that apply):	Subdivision Industrial	• • •	ments, condos, duplexes, etc.) ampground, prison, etc.)	Comm Other:	ercial/Re	tail
ATTACH FLOW CALCULATION Use SCDHEC Unit Contributory Loadings			ated Sewer Flow:	g	allons per	day (gpd)
To provide responses to the	-					
determine if wastewater ser						
<u>PROVIDER</u> . The contact pho below:	ne number for	the utility is listed be	low or on the map. iden	tity who wii	i be the p	provider
Seneca Light & Wate Walhalla Utilities De Westminster Utilities West Union Public W Oconee Joint Region	partment 864- s Department 8 Orks Departm	638-4343 864-647-3200 ent 864-638-9978				
It will be necessary for you to each basic hydraulic modelin with this request. I understar report will be provided in PD	g assessment in the res	is <u>\$937.50</u> . By my sign ults will not be provid	ature below, I commit to ed until full payment has	paying the f	fees asso	ciated
I also understand that this re (sanitary sewer agency), nor cases where capacity appear findings as stated in the asse Capacity Approval Process. Pthe engineer or other timefra APPROVAL, AND REQUEST FOR SE	is it to be used a vailable to soment. Capac reliminary appames stated in RVICE, whichev	I to obtain building or serve a project, such control is allocated on a find proval for this project of the OJRSA Development is less. All other OJI	construction permits from a pacity can neither be guest come, first serve basis shall not exceed six (6) moent Policy Section regardings and polices.	m any regula aranteed no during the s onths from t ng Sewer Av ies shall app	atory age or reserve subseque the date s AILABILITY, oly.	ncy. In ed by the ent OJRSA signed by , CAPACITY
I commit to paying for the ass	sessment: Y	'es No (If "No" is se	ected, assessment will not be p	erformed unti	l payment i	s received)
Company/Person to Submit I	nvoice to:		Phon	e:		
Name to Submit Invoice to:			Preferred Invoice M	ethod:	Email	US Mail
Email:		Mailing Address:				
.						
Signature:						
Once form is completed, sub	•	o <u>info@ojrsa.org</u> .				
TO BE COMPLETED BY OJRSA						
Connection Type to Existing S Project Will Connect to Sewer		•	Connection Point Own	ier: City/	/Town	OJRSA
Comments						

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