

Service Lateral Preliminary Capacity Request Form Form Revision Date:4/13/2016

Project Information

Project Name:	Date:
Engineer (Company):	Phone:
Engineer (Contact): Signature	::
Engineer Address:	Email:
Developer (Company):	Phone:
Developer (Contact):	Email:
Developer Address:	
Tax Map Numbers for Project:	
Proposed Water Resource Recovery Facility:	
Estimated Total Sewer Flow: gal/day. Attach Flow Calculations. (Average daily flow as calculated using SCDHEC Unit Contributory Loadings) Connection Type Gravity _ Force Main	
Ownership, Operation & Maintenance of Collection System will be assigned to:	
Will there be a new Pump Station associated with this development?	0
Primary Satellite Sewer Agency Preliminary Approval Agency Name: Does capacity appear to be available to serve this project?	
Collection Agency Signature:	Date:
Secondary (Transport) Sewer Agency Preliminary Approval Agency Name:	
Does capacity appear to be available to serve this project?	
Collection Agency Signature:	Date:
ReWa Preliminary Approval	
ReWa has verified all affected agencies have completed review form. ReWa Project No:	
Does ReWa capacity appear to be available to serve this project? Yes No	Approved Connection Point?
ReWa Direct Connect form attached, if connection is to a ReWa MH.	ReWa Pretreatment form attached?
Comments:	
ReWa Representative:	Date:
Note: Approval is valid for 24 months from the executed date of this document. This form serves as a permit to connect from ReWa, and may be used to obtain building permits from Greenville County. Capacity is allocated for this project by ReWa.	