

APPLICATION AND PERMIT
TO CONNECT AND USE SEWER FACILITIES

168

This Permit will expire on _____
Day Mo Year

NAME: _____

STREET ADDRESS: _____
CITY STATE ZIP

TAX MAP NO. _____ OWNER(S): _____

OCCUPANT: _____

() RESIDENTIAL: () SINGLE FAMILY () MULTI-FAMILY
NO. OF UNITS: _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR

() COMMERCIAL: (NO. OF EMPLOYEES) _____

() INDUSTRIAL: (NO. OF EMPLOYEES) _____

NATURE OF BUSINESS

NOTE: Industrial discharges (including process wastewater) require that a WCRSA Industrial Discharge Application also be completed and approved.

I attest and affirm the above is true and correct and that I have the legal capacity and authority to apply.

_____ By: _____
NAME OF APPLICANT TITLE

NOTE: Attach any drawing or any other information you believe will aid your request. In some instances, additional information may be required of you. If denied, a letter will be issued setting forth the reason for denial.

***** SUBDISTRICT OR MUNICIPALITY APPROVAL *****

The Subdistrict or Municipality having jurisdiction over sewer collection facilities has examined this request, affirmed the availability of collection service capacity and has approved this request, subject to any terms and conditions attached and all applicable laws, rules and regulations. This permit is not transferable or assignable. Where lines or facilities are to be deeded and accepted by it, the undersigned agrees to accept, maintain and operate such only after construction has been completed, requirements for engineering standards or regulations have been met, and such have been inspected and approved by the appropriate district engineer, City or County Codes Department, and by the South Carolina Department of Health and Environmental Control.

CITY OF FOUNTAIN INN

Date: _____
NAME OF SUBDISTRICT OR MUNICIPALITY

By: _____
TITLE

***** WCRSA APPROVAL *****

(For applications over 1000 GPD flow or for a unit connection direct to a WCRSA line)

The WCRSA having jurisdiction over sewer treatment facilities has examined this request, affirmed the availability of trunk and treatment service capacity and approved this request, subject to any terms and conditions attached, and all applicable laws, rules and regulations. This permit is not transferable or assignable. Where lines or facilities are to be deeded and accepted by it, the undersigned agrees to accept, maintain and operate such only after construction has been completed, requirements for engineering standards or regulations have been met, and such have been inspected and approved by the appropriate district engineer, City or County Codes Department, and by the South Carolina Department of Health and Environmental Control.

WTP NAME _____ NPDES SCOO _____

WESTERN CAROLINA REGIONAL SEWER AUTHORITY

Date: _____ By: _____
TITLE

White-WCRSA Copy

Canary-District Copy

Pink-Customer Copy

Blue-County Codes