



# Public Main Extension 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 Connection Point -  Satellite Sewer MH  ReWa MH

Attach map identifying proposed connection point to existing collection/trunk sewer.

Are Multiple Collection Agencies involved?  Yes  No If yes, both agencies will need to fill out the respective portions of the form below.

Ownership, Operation & Maintenance of Collection System will be assigned to: \_\_\_\_\_

Will there be a new Pump Station associated with this development?  Yes  No

### Primary Satellite Sewer Agency Preliminary Approval

Agency Name: \_\_\_\_\_

Does capacity appear to be available to serve this project?  Yes  No Approved Connection Point?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Collection Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Secondary (Transport) Sewer Agency Preliminary Approval

Agency Name: \_\_\_\_\_

Does capacity appear to be available to serve this project?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

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?  Yes  No

Is project authorized to move to the Step 2 permitting process?  Yes  No ReWa Pretreatment form attached?  Yes  N/A

Comments: \_\_\_\_\_

\_\_\_\_\_

ReWa Representative: \_\_\_\_\_ Date: \_\_\_\_\_

This form does not constitute a permit to connect from ReWa or any sanitary sewer agency, nor is it to be used to obtain building permits from any regulatory agency. In cases where capacity appears available to serve a project, such capacity can neither be guaranteed nor reserved by this preliminary approval. **Capacity is allocated on a first come first serve basis during the subsequent ReWa Capacity Approval Process (Step 2).** Upon meeting all requirements (plan review and approval, payment of all applicable fees, etc.), ReWa will issue a separate letter for use in obtaining a SCDHEC Permit to Construct. The engineer shall contact the individual Satellite Sewer Agencies involved to determine their policies, procedures, and requirements. Note: Approval is valid for 24 months from the executed date of this document.