



Downstream Wastewater Modeling Analysis Request

Project Name: _____ Date: _____

Company/Person Requesting Evaluation: _____ Contact: _____

Oconee Tax Map Number(s): _____

Use Type (check all that apply): Subdivision Multi-Family (apartments, condos, duplexes, etc.) Commercial/Retail
Industrial Institutional (school, campground, prison, etc.) Other: _____

ATTACH FLOW CALCULATIONS JUSTIFYING THE ESTIMATED FLOW FOR PROJECT. Estimated Sewer Flow: _____ gpd
Use South Carolina Department of Environmental Services (SCDES) Unit Contributory Loadings in SC R.61-67 Appendix A.

To provide responses to the next item, you will need to contact the nearest city to where your project is located to determine if wastewater service near the site. **SEE MAP ON THE NEXT PAGE TO IDENTIFY THE LIKELY RETAIL SEWER PROVIDER.** The contact phone number for the utility is listed below or on the map. Identify who will be the provider below:

- Seneca Light & Water 864-885-2723
- Walhalla Utilities Department 864-638-4343
- Westminster Utilities Department 864-647-3200
- West Union Public Works Department 864-638-9978
- Oconee Joint Regional Sewer Authority 864-972-3900

It will be necessary for you to commit to paying for the fee prior to this service being performed. The current cost for each basic hydraulic modeling assessment is \$1,000.00. By my signature below, I commit to paying the fees associated with this request. I understand that the results will not be provided until full payment has been received by OJRSA. The report will be provided in PDF format to the email address provided below.

I also understand that this request does not constitute a permit to connect to OJRSA or any satellite sewer system (sanitary sewer agency), nor is it to be used to obtain building or construction permits from any regulatory agency. In cases where capacity appears available to serve a project, such capacity can neither be guaranteed nor reserved by the findings as stated in the assessment. Capacity is allocated on a first come, first serve basis during the subsequent OJRSA Capacity Approval Process. Preliminary approval for this project shall comply with requirements stated in the *OJRSA Development Policy* Section 2.4 (SEWER AVAILABILITY, CAPACITY APPROVAL, AND REQUEST FOR SERVICE) whichever is less. All other OJRSA regulations and policies shall apply.

I commit to paying for the assessment: Yes No (If "No" is selected, assessment will not be performed until payment is received)

Company/Person to Submit Invoice to: _____ Phone: _____

Name to Submit Invoice to: _____ Preferred Invoice Method: Email US Mail

Email: _____ Mailing Address: _____

Signature: _____

Once form is completed, submit by email to engineering@ojrsa.org.

TO BE COMPLETED BY OJRSA

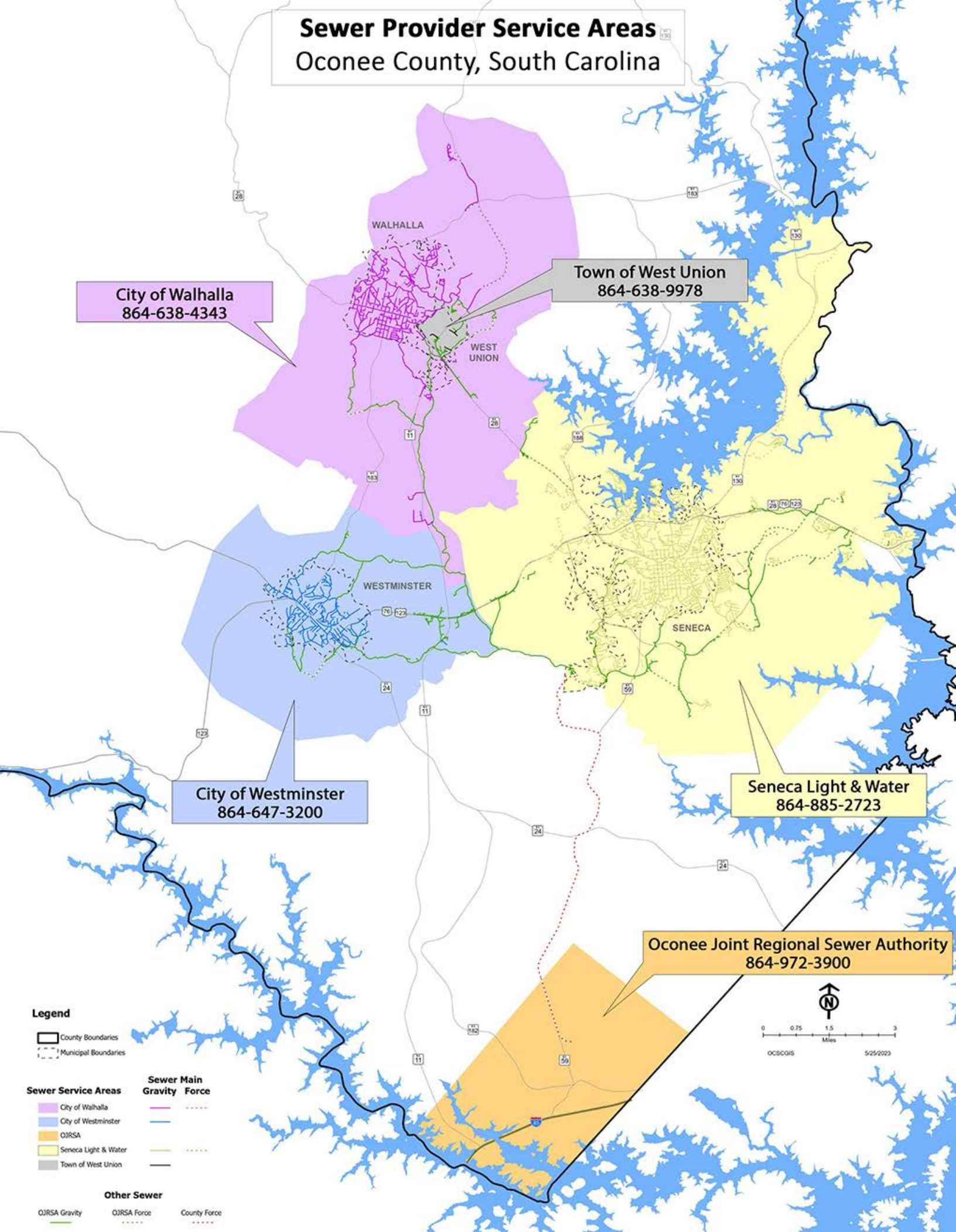
Connection Type to Existing Sewer: Gravity Force Main Connection Point Owner: City/Town OJRSA

Project Will Connect to Sewer (nearest street address, GPS coordinates, etc.):

Comments

Sewer Provider Service Areas

Oconee County, South Carolina



City of Walhalla
864-638-4343

Town of West Union
864-638-9978

City of Westminster
864-647-3200

Seneca Light & Water
864-885-2723

Oconee Joint Regional Sewer Authority
864-972-3900

Legend
 County Boundaries
 Municipal Boundaries

Sewer Service Areas
 City of Walhalla
 City of Westminster
 OJRSA
 Seneca Light & Water
 Town of West Union

Sewer Main Gravity Force
 Gravity
 Force

Other Sewer
 OJRSA Gravity
 OJRSA Force
 County Force

