

# Application for Individual Sanitary Sewer Service

for Customers of the Broad River Regional Sewer System only

(Complete Sections I. – IX. and attach a copy of property plat)

I. Property Owner Name \_\_\_\_\_

II. Telephone No. \_\_\_\_\_

III. Address of property where service is desired  
\_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

IV. Richland County TMS No. \_\_\_\_\_

V. Address for correspondence if different from above  
\_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

VI. Type of Facility \_\_\_\_\_

(Example; single family residence, office building, etc.)

New construction       Remodeling       Existing structure       Other

VII. Water Supply:     Public     Private     Well  
If Public or Private provide name of provider; \_\_\_\_\_

VIII  Copy of property plat attached to application

IX I hereby make application to connect the above-described address (section III.) to Richland County Utilities sanitary sewer system and agree to abide by all requirements and conditions of Richland County and SCDHEC and shall be responsible for all cost, permits, engineering and construction required for this connection. I agree to the admission of properly authorized personnel at all reasonable hours for the purpose of inspection or other duties deemed appropriate by Richland County.

Owner's Name (print) \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Completion of this application and or payment of tap fees does not guarantee sanitary sewer service.

---

---

*For Richland County Utilities Use Only*

Type of service     STEP     LETTS     Gravity     Grinder

Total design flow \_\_\_\_\_ (gpd)    No. of taps \_\_\_\_\_    Tap fee \$ \_\_\_\_\_

SCDHEC Permit No. \_\_\_\_\_ Subdivision \_\_\_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_