

City of Walhalla
PO Box 1099
Walhalla, SC 29691
(864) 638-4343

OJRSA
PO Box 399
Seneca, SC 29679
(864) 972-3900

SEWER SERVICE ACCESSIBILITY/EQUIVALENCY FORM

This form is used by the City of Walhalla and the Oconee Joint Regional Sewer Authority to verify the accessibility of water and/or sewer services to property or developments which are connected to facilities operated by those agencies.

Information provided by the applicant is used to verify compliance with applicable local Regulation, Codes, and Ordinances established by other governmental entities or service providers as a condition of such service.

Location of Property (911 address) _____
Date _____ Tax Map # _____
Property Owner _____ Phone _____
Applicant _____ Phone _____
Mailing Address _____
City, State, Zip _____
Is Property Use Changing? Yes No
Proposed Use of Property? Residential Commercial Industrial
Existing Building? Yes No
If Commercial, Explain: _____
Existing Sewer Tap? Yes No Previous Use of Tap? _____
Describe Previous Business: _____
of Employees _____ # of Seats _____ # of Beds _____ # of Rooms _____
of Stations _____ # of Patients (per day) _____
of Chairs (Dentists/Beauty Shop) _____ # of Other _____
Building Size (square feet)? _____
Process Waste (industry)? _____ Floor Drains? _____
Attach Plans (site, floor, and plumbing)? _____ Yes No
Grease Trap Details? Yes No

Is a water line with sufficient capacity to service this property available for connection? _____
Is a sewer line with sufficient capacity to service this property available for connection? _____
Is it the intent of your agency to serve this property with: Water _____ Sewer _____
Will the issuance of a capacity permit by the Sewer Authority in any way conflict with your permitting procedures for Building Codes, Zoning, or the Utilities Department? _____

I certify under penalty of law that this document and all attachments submitted are to the best of my knowledge and belief true, accurate, and complete.

Customer Signature _____

Verified by _____ (City) Date _____

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OFFICE USE ONLY

OJRSA Official _____ Date _____

Special Conditions or Notes: _____

OJRSA
STAMP