

SENECA LIGHT & WATER / OCONEE JOINT REGIONAL SEWER AUTHORITY  
SEWER SERVICE ACCESSIBILITY / EQUIVALENCY FORM

This form is used by the Seneca Light & Water and the Oconee Joint Regional Sewer Authority to verify the accessibility of water and/or sewer services to property or developments which are proposed to connect 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) \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
 Date \_\_\_\_\_ Tax Map # \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Is Property Use Changing \_\_\_\_\_  
 Proposed use of Property \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
 If commercial, explain \_\_\_\_\_  
 Existing Sewer Tap \_\_\_\_\_ Previous Use of Tap \_\_\_\_\_  
 Describe Previous Business \_\_\_\_\_  
 Does the building still stand? \_\_\_\_\_  
 # of Employees \_\_\_\_\_ # of Seats \_\_\_\_\_ # of Beds \_\_\_\_\_  
 # of Rooms \_\_\_\_\_ # Other \_\_\_\_\_  
 Building Size (square feet) \_\_\_\_\_  
 Process Waste (industry)? \_\_\_\_\_ Floor Drains? \_\_\_\_\_ Attach Plumbing Plan? \_\_\_\_\_

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 \_\_\_\_\_

OFFICE USE ONLY

Verified by \_\_\_\_\_ (SL&W) Date \_\_\_\_\_

OJRSA Official \_\_\_\_\_ Date \_\_\_\_\_

Special Conditions or Notes: \_\_\_\_\_

OJRSA  
STAMP