

**SOUTH ISLAND PUBLIC SERVICE DISTRICT
OWNER APPLICATION FOR SEWER SERVICE**

As owner, I hereby make application for sewer service to the property listed below. I agree to comply with the following rules and regulations:

1. Sewer service will be requested at least three (3) weeks prior to the need for service.
2. When it is time to connect to the sewer lateral, call the District's Inspection Department at 843-785-6224 and request location of the sewer lateral. Sewer pipe used from the building to the service connection at the street shall be 4", minimum SDR 35, conforming to ASTM-D-3034. A clean out must be installed at the service connection. PVC-ASTM-D2729 sewer pipe will not be accepted. When the sewer connection is completed, call the above number to arrange inspection. A 24-hour notice will be needed. **A \$75 fee will be added to the account for the sewer tap inspection. DO NOT BACKFILL UNTIL THE TAP HAS BEEN INSPECTED BY THE DISTRICT.** If the District is not notified requesting an inspection and the sewer pipe is buried, it will be necessary for the contractor to uncover the pipe for this inspection. **For each failed inspection, a \$75 revisit fee will be added to the account.**
3. Any damages to the District's sewer system, water system, water meter or laterals during the construction period will be repaired by the District and the cost of the repairs will be paid by the applicant upon receipt of an invoice from the South Island Public Service District.
4. It is the responsibility of the applicant to keep the water meter accessible for reading. Any covering by soil, building material, debris, etc., shall be removed by the applicant.

I have read and understand and agree to comply with the rules and regulations as set forth in this application. This application constitutes a contract between the applicant and the District. Failure of the applicant to comply with these rules and regulations will result in termination of service to the applicant.

Owner: _____ Contractor: _____

Address & Phone #: _____ Address & Phone #: _____

Property Service Address: _____

Signature of Applicant: _____ Date: _____

Date Tap Completed: _____

Attached is the amount of \$ _____ in payment for the sewer tap fee.