

# SOUTH ISLAND PUBLIC SERVICE DISTRICT

POST OFFICE BOX 5148 • 2 GENESTA STREET • HILTON HEAD ISLAND, SC 29938

## Development Project Initial Submission Check List

Date: \_\_\_\_\_

### Project

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Legal Address: \_\_\_\_\_

### I Contact Information

*Owner* Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*All fees will be billed to owner unless otherwise specified*

*Engineer* Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*Contractor* Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Point of contact for project: \_\_\_\_\_ Phone # \_\_\_\_\_

Architectural Plans Submitted  Yes  No

Engineering Plans Submitted  Yes  No  Not Applicable

Hydraulic Loading \_\_\_\_\_

*If mixed or existing hydraulic loading, please list each category.*

*Is this project an expansion of an existing business, a change of use of an existing structure, or a demolition of structure(s)? Yes No*

*If yes, please furnish documentation to determine if any applicable credits can be utilized for this project.*

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### II. Capacity Fees:

Meters Requested

Domestic: Number \_\_\_\_\_ Size \_\_\_\_\_

Irrigation: Number \_\_\_\_\_ Size \_\_\_\_\_

Firelines: \_\_\_\_\_ Number Req: \_\_\_\_\_ Size: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Description of Intended use of the project (Retail Sales, warehouses, medical offices,  
office uses, etc)

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#### a) Light Commercial

Number of Employees (exclude restaurant employees): \_\_\_\_\_

#### b) Restaurant

Number of Seats (including outdoor): \_\_\_\_\_ Number of Bar Seats: \_\_\_\_\_

Grease Trap Application Received: \_\_\_\_\_ Approved: \_\_\_\_\_

#### c) Condominiums

# of one bedroom units: \_\_\_\_\_ # of two bedroom units: \_\_\_\_\_

# of three bedroom units \_\_\_\_\_ # of four bedroom units: \_\_\_\_\_

Notes \_\_\_\_\_

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# SOUTH ISLAND PUBLIC SERVICE DISTRICT

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## Development Project Progress Checklist

II. Plan Review: \_\_\_\_\_

Date Plans Reviewed: \_\_\_\_\_

Date Modified Plans Received: \_\_\_\_\_

Grease Trap Application Received: \_\_\_\_\_ Approved: \_\_\_\_\_

Copy of Letter from DHEC Construction Permit Issued: \_\_\_\_\_

Letter for Town Construction Permit Issued: \_\_\_\_\_

### III. Project Close-out

Copy of SCDHEC Construction permit received \_\_\_\_\_

Copy of Bacteriological Analysis report: \_\_\_\_\_

Fire Hydrant Flows \_\_\_\_\_ Pressure Tests: \_\_\_\_\_

Backflow Tested: \_\_\_\_\_ Fireline Inspected: \_\_\_\_\_

Blanket Easement: \_\_\_\_\_ Will Serve Letter Issued: \_\_\_\_\_

SCDHEC Operating Permit: \_\_\_\_\_ As Builts Received: \_\_\_\_\_

Grease Trap inspected: \_\_\_\_\_ # of seats confirmed after opening: \_\_\_\_\_

Note \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date sent to Cindy for Impact Fee Invoicing: \_\_\_\_\_

Sent to Michael for final approval: \_\_\_\_\_

# SOUTH ISLAND PUBLIC SERVICE DISTRICT

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## Application to Install Grease Interceptor

Establishment Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant / Restaurant Owner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Size of establishment (square footage): \_\_\_\_\_

Number of Seats (including bar & outside seating): \_\_\_\_\_ Number of Meals/Day: \_\_\_\_\_

Former use (if not new): \_\_\_\_\_

### SIZE / NUMBER OF KITCHEN UNITS TO BE SERVED BY INTERCEPTOR

<u>Size / Number</u>	<u>Type of Unit</u>	<u>Size / Number</u>	<u>Type of Unit</u>
_____/____	Single compartment scullery sink	_____/____	Hand Sink
_____/____	Double compartment scullery sink	_____/____	Oven (ex. Wok oven)
_____/____	Triple compartment scullery sink	_____/____	Exhaust hood
_____/____	Pre- rinse sink	_____/____	Other (list on back)

**Any sink, etc., discharging into the sanitary sewer that is used for cleaning and or food preparation must be connected to a grease interceptor.**

**NOTE: Dishwashers and garbage disposals shall not be tied into grease interceptor.**

Grease interceptors must be of the exterior, in ground type with a minimum capacity of 1,000 gallons. An approved interior automatic grease removal unit may be installed only where exterior units are unfeasible.

Please state any reasons why an exterior in-ground unit would be unfeasible to install:

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Other comments:

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I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Submit application with plans and specification (including plumbing diagram) to:**

Kyle Steedley  
South Island PSD  
P.O. Box 5148  
Hilton Head Island, SC 29938

Telephone: (843) 785-6224

SOUTH ISLAND PUBLIC SERVICE DISTRICT

POST OFFICE BOX 5148 \* 2 GENESTA STREET \* HILTON HEAD ISLAND, SC 29928

*Hydrant Flow Test Request Form*

Date Requested: \_\_\_\_\_

<b>Property Service Address</b>	
<b>Hydrant #</b>	
<b>Email Address</b>	
<b>Contact Name</b>	
<b>Mailing Address</b>	
<b>Phone Number</b>	
<b>Hydrant Flow Test Fee \$97.75</b>	<b>Form of payment:</b>
	<b>(please note there is a 3% transaction fee for all card payments)</b>

Contact Lynn Noack at [lynn@sipsd.com](mailto:lynn@sipsd.com) – (843) 785-6224