



Septic Request Form

Form Revision Date: 01/29/2026

Project Information

Project Name: _____ Date: _____

Engineer (Company): _____ Phone: _____

Engineer (Contact): _____ Signature: _____

Engineer Address: _____ Email: _____

Developer (Company): _____ Phone: _____

Developer (Contact): _____ Email: _____

Developer Address: _____

Tax Map Numbers for Project: _____

Estimated Total Sewer Flow: _____ gal/day. Attach Flow Calculations
 (Average daily flow as calculated using SCDES Unit Contributory Loadings)

<u>Primary Satellite Sewer Agency Preliminary Septic Request Review</u>	
Agency Name: _____	
Is public sewer available?	Yes No
Is public sewer feasible?	Yes No
Is septic approved?	Yes No
Comments: _____	
Collection Agency Signature: _____ Date: _____	
<u>ReWa Preliminary Septic Request Approval</u>	
ReWa Project No: _____	
<input type="checkbox"/> ReWa has verified all affected agencies have completed review form.	
Is public sewer available?	Yes No
Is public sewer feasible?	Yes No
Is septic approved?	Yes No
Comments: _____	
ReWa Representative: _____ Date: _____	

NOTE: APPROVAL OR DENIAL IS VALID FOR 24 MONTHS FROM THE EXECUTED DATE OF THIS DOCUMENT.