



Septic Request Form

Form Revision Date: 5/1/2026

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. Include Flow Calculations (Attach if needed) _____
 (Average Daily flow as calculated using SCDES Unit Contributory Loading)

Primary Satellite Sewer Agency Preliminary Septic Request Review

Work Order No: _____

Agency Name: _____

Is public sewer available? Yes No

Is Sewer feasible? Yes No

Is septic approved? Yes No

Comments: _____

Collection Agency Signature: _____ Date: _____

Secondary Satellite Sewer Agency Preliminary Septic Request Review

Agency Name: _____

Is public sewer available? Yes No

Is Sewer feasible? Yes No

Is septic approved? Yes No

Comments: _____

Collection Agency Signature: _____ Date: _____

ReWa Preliminary Septic Request Approval

ReWa Project No: _____

ReWa has verified all affected agencies have completed review form.

Is public sewer available? Yes No

Is Sewer feasible? Yes No

Is septic approved? Yes No

Comments: _____

ReWa Representative: _____ Date: _____

