



P.O. Box 63009, 7225 Stall Road
North Charleston, SC 29419
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www.ncsd.sc.gov

Permit # _____

RESIDENTIAL BUILDING SEWER CONNECTION APPLICATION

North Charleston Sewer District provides sanitary sewer service within Charleston County from Mt. Pleasant Street in the City of Charleston bordered by the Ashley and Cooper Rivers to the Berkeley and Dorchester county lines. To determine sanitary sewer availability and capacity, the following information on the property must be provided.

Please Print

The undersigned, _____ being the owner or owner's agent (please specify by circling) of the property located at (street address) _____,

Lot _____, Block _____, TMS # _____

Subdivision _____ does hereby request a permit to install and connect a building sewer to serve the said location.

FILL IN THE APPROPRIATE INFORMATION:

Residential Units

Single Family Detached:	Apartment:
Dwelling Units _____	No. of Units _____
Condominium:	Townhouse:
No. of Units _____	No. of Units _____
Mobile Home	Other: (Specify) _____
No. of Units _____	_____

Water Source: Well City Number of Meters: _____

Name and address of person(s) performing the proposed plumbing work:

Name _____

Address _____

Telephone _____

Please review specifications and conditions on the reverse side, sign and return to the above address Attn. Accounting Department.

SPECIFICATIONS FOR SERVICE LATERALS

1. Each residential dwelling unit shall be served by a minimum of 4-inch diameter line.
2. A maximum of 4-inch services may be tied into a 6-inch diameter line.
3. Wye connections serving more than one (1) unit must be made by utilizing a 6x4 double wye.
4. Clean-outs must be located at property line, at residence connection location, and at any turn of 45° or more and every 50 feet.
5. Clean-outs must be constructed to ground level.
6. All lines on private property must be constructed of Schedule 40 PVC pipe or Ductile Iron pipe.
7. Service lines longer than 150 feet must be served by a minimum 6-inch line.
8. Should the service lateral not be serviceable, the replacement, extension or repair will be done at the applicant's expense. Replacement or extension of service laterals often require a SCDOT Encroachment Permit and work cannot begin until all such required permits are approved.

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT,

THE UNDERSIGNED AGREES:

1. To accept and abide by all provisions of The North Charleston Sewer Districts Rate and Use Resolution, and of all resolutions or regulations that may be adopted in the future.
2. To maintain the building sewer at no expense to the North Charleston Sewer District
3. To notify the North Charleston Sewer District 24 hours in advance when requesting inspection of the connection of the building to the public sewer, but before any portion of the work is covered.
4. I understand that a sewer connection fee must be paid for each dwelling unit, and each unit must have a separate sewer service account.
5. That the connection fee for property covered by this application is \$ _____
Connection fees are subject to change without notice.
6. Name and telephone number of person(s) performing plumbing work: (Please Print)

Date: _____

Signed: _____

Print Name _____

Mailing Address: _____

Phone Number: _____

TO BE COMPLETED BY ACCOUNTING DEPARTMENT

PERMIT ISSUED NO.: _____

DATE OF ISSUE: _____

PERMIT ISSUED BY: _____