

OCONEE COUNTY WATER RESOURCES

SEWER REQUEST FORM

NEW BUSINESS to EXISTING LOCATION

NAME OF BUSINESS REQUESTING SEWER SERVICE _____

CONTACT NAME _____ PHONE NUMBER _____ EMAIL _____

NATURE OF BUSINESS _____

ADDRESS OF BUSINESS _____

DEVELOPMENT NAME _____

OWNER/PROPERTY MANAGEMENT NAME _____

ADDRESS _____

CONTACT NAME _____

CONTACT PHONE NUMBER _____ EMAIL ADDRESS _____

Please answer any of the following that apply to you, please be specific.

Do you have your own individual water meter for your business YES or NO

Sq. Footage of your business _____ Number of employees _____

Physician office Number of exam rooms _____

Dental office Number of exam chairs _____

Restaurants Number of seats _____ Circle all that apply: Less than 24 hours 24 hours

Drive In Carry Out/Food Stand Single Service

Beauty Salon Number of Chairs _____ Number of Employees _____

Barber Shop Number of Chairs _____ Number of Employees _____

Retail Store Number of restrooms _____ Number of Commodes/Urinals _____

School Number of students _____ Cafeteria YES/NO Gym YES/NO

Please include any other information you may feel will assist us in determining your sewer usage.

_____.