



**NO APPLICATION TO BCDCOG REQUIRED FOR SUBDIVISIONS UNDER 5 LOTS;
CONTACT DHEC AT (843) 202-7020 FOR SUBDIVISION OF PROPERTY UNDER 5 LOTS**

DATE:

TO: Berkeley-Charleston-Dorchester Council of Governments

SUBJECT: 208 Plan Certification for Septic Systems

APPLICANT SECTION

1. Project Name: _____ TMS #: _____

2. County: _____

3. Developer's Name: _____ Phone #: _____

4. Developer's Mailing Address: _____

5. Location of Proposed Project: _____

6. Type of Development: _____ Total # of Lots: _____ Total Acreage: _____
(i.e. Residential, Commercial, Agricultural)

(A detailed location map of the proposed development must be attached to this form. If the project is located on James Island, a plat is required and the review may take longer than 5 business days).

REVIEWER SECTION

7. Service Area: _____ Public Sewer Provider: _____

8. Approximate distance to nearest sewer line: _____

9. This project (is)/(is not) in conformance with the 208 Water Quality Management Plan.

10. Comments:

Signature of Certifying Officer

Date

Return with any attached comments to:

NAME: _____

ADDRESS: _____

CITY: _____