SC DEPARTMENT *of*
ENVIRONMENTAL SERVICES

Alternative Sewer Management Plan Certification Form

I certify that as an approved entity under the Department's Delegated Review Program and applicant for the Department's Alternative Sewer Management Plan,_____ , shall comply with the following:
(public entity)

1. Regulation 61-67 pertaining to all design requirements.

2. The public entity shall be responsible for the operation, maintenance, and replacement of all system components beginning with the solids interceptor tanks and pumping systems.

3. The individual units shall tie onto a force main that was permitted by the Department. If the force main was designed and permitted as a low-pressure sewer system, (i.e., designed for individual solids interceptor tanks or individual pumping systems), then the individual connection must also utilize a solids interceptor tank or grinder pumping system.

4. The public entity shall have the right of ingress/egress on each lot to be able to maintain the solids interceptor tanks and pumping systems.

5. The public entity shall establish that it has perpetual easements necessary to maintain the system and that both parties, their heirs, transfers and assigns agree to abide by these conditions.

6. For systems utilizing solids interceptor tanks, the public entity shall inspect the tanks as needed for proper operation and maintenance, but at least on a yearly basis, and must pump the solids from the tanks and haul them to an approved destination, as required.

7. Ultimate disposal of residuals from the solids interceptor tanks shall be addressed during the construction permitting process via the approval of a residuals management plan.

8. Design calculations shall be based on the velocity in the lines to be a minimum of one (1) foot/sec, for lines conveying effluent only (no solids) and a minimum of two (2) feet per second, for lines conveying raw sewage (solids present). Shut-off heads should not be reached at any time by any of the pumps in the system.

9. The public entity shall submit an annual report that lists all the individual pressure connections, the flow, and the permit number of the pressure line these connections are tying onto. A copy of each executed homeowners/service agreement, which was made during this time period, should be available upon request.

I certify that I understand and acknowledge that the Department shall conduct an overview of the program and that the Department may conduct a random evaluation of any project at its discretion.

I also certify that I understand and acknowledge that the Department has the authority to rescind this approval at its discretion.

Dated this_____day of_____,

_____ _____

Applicant/Public Entity's Authorized Representative
(Please Type Person's Name)

Title
(Mayor, City Manager, Commissioner, etc.)

_____

Signature