



**BROAD CREEK PUBLIC SERVICE DISTRICT
P O BOX 5878 HILTON HEAD ISLAND, SC 29938 843-785-7582**

OWNER/CONTRACTOR APPLICATION FOR WATER & SEWER SERVICE

As Owner/Contractor, I hereby make application for water and sewer service to the property listed on this contract. I agree to comply with the following rules & regulations.

1. Water & Sewer service will be requested 3 weeks prior to need for water service.
2. Broad Creek PSD controls an easement on each lot. This easement is available for other utility service. The connection will be located within the easement. Changes to this location must be requested at the time the application is made. **THE DRIVEWAY LOCATION MUST BE FLAGGED BEFORE THE METER WILL BE INSTALLED.**
3. When it is time to connect the sewer lateral, call the District at 843-785-7582 to request the location of the sewer lateral. Sewer pipe used from the building to the service connection must be Schedule 40 or meet all requirements of ASTM D-3034. PVD-ASTM-D2729 sewer pipe will not be accepted. When the sewer connection is completed call the district at the above number to arrange inspection. A 24-hour notice is required. **DO NOT BACKFULL UNTIL THE DISTRICT HAS INSPECTED THE TAP**
4. Any damages to the District's sewer system, water system, water meter or laterals during the construction period will be repaired by the District and the cost of the repairs will be paid by the applicant upon receipt of an invoice from the District.
5. It is the responsibility of the applicant to keep the water meter accessible for reading. The applicant shall remove any covering by soil, building materials, etc.
6. Water used during the construction period will be billed to the applicant at the established rates. Bills will be sent within the month following the service period. Payment must be made by the 'Due Date' indicated on the bill.

A \$500.00 REFUNDABLE DEPOSIT MUST ACCOMPANY RESIDENTIAL APPLICATIONS. Upon completion of construction, the District must be NOTIFIED IN WRITING with the owner's name and billing address, date of turnover, and a copy of the C/O which is required before the deposit refund can be made. If there is no balance due upon receipt of this notification the District will refund the deposit by mail within 10 working days. **BY LAW DELINQUENT ACCOUNTS CONSTITUTE A LIEN UPON THE PROPERTY SERVICED. BROAD CREEK HAS THE RIGHT TO FORECLOSE ON PROPERTY SERVED FOR FAILURE TO PAY DELINQUENT ACCOUNTS IN FULL.**

I have read, understand and agree to comply with the rules and regulation as set forth in this application.

Signature: _____ Date: _____



**BROAD CREEK PUBLIC SERVICE DISTRICT (PSD)
APPLICATION FOR SERVICE**

DATE: _____

OWNER'S NAME: _____

CONTRACTOR (if applicable): _____

SERVICE TYPE

COMMERCIAL **RESIDENTIAL**

WATER, SEWER

IRRIGATION

SERVICE LOCATION INFORMATION

Street Address: _____

Lot #: _____

Parcel #: **R-**_____

Driveway Location Marked: Yes No

Commercial Only - Engineered stamped plans approved by BCPSD: Yes No

BILLING ADDRESS / CONTACT INFORMATION

Primary Contact: _____

PO Box/Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

APPLICABLE FEES (See Fee Schedule on page 3)

Meter Size: _____

Sewer Line Size: _____

Water Capacity Fee: _____

Water Connection Fee: _____

Sewer Capacity Fee: _____

Sewer Connection Fee: _____

Total Capacity Fees: _____

Total Connection Fees: _____

Residential Construction Deposit (\$500): _____

TOTAL FEES DUE: _____



FEE SCHEDULE

**WATER AND SEWER CAPACITY AND CONNECTION FEES BY METER SIZE
Residential and Commercial**

Meter Size *	Water Capacity Fee	Sewer Capacity Fee	Water Connection Fee **	Sewer Connection Fee **
5/8"	\$930	\$2,250	\$1,550	Line Size: 4" or less - \$200 6' or more - 800
1"	\$2,325	\$5,625	\$2,400	
2"	\$7,440	\$18,000	\$4,500	
3"	\$13,950	\$33,750	\$6,800	
4"	\$23,250	\$56,250	\$7,350	
6"	\$46,500	\$112,500	\$9,750	
8"	\$74,400	\$180,000	\$13,500	

* Minimum charge - meter sizes larger than 2" evaluated based on projected usage

** Means "or cost, whichever is greater

SUBMITTAL INSTRUCTIONS:

Mail Form and Check to:

Broad Creek PSD

PO Box 5878

Hilton Head Island, SC 29938

OR

Come by our office at 3 Marina Side Drive, Hilton Head Island, SC 29928

If paying by credit card, debit card, or e-check, please complete, save, and email your form to manderson@bcpsd.com. You may also fax your form to 843-785-8196. Allow two days for processing and **call our office at 843-785-7582** to receive your account number and pin number. You may then visit our website at www.bcpsd.com to pay online. Please note that there is a 2.95% convenience fee for credit and debit cards. There is no convenience fee for e-checks.

Office use

PAYMENT INFORMATION

Date: _____

Check No.#: _____

Amount Paid: _____