REQUEST FOR 208 CONFORMANCE REVIEW CERTIFICATION

1. **Date:** _____
2. **Requestor:** _____
3. **Project Name:** _____
4. **County:** _____
5. **Location (site address and lat/long):** _____
6. **Map (Attach USGS topo or satellite imagery specifically marking project site):**
7. **Type of Action for Review:** Construction Permit / PER / NPDES Permit / ND Permit
8. **Type of Project (circle one):** Residential / Commercial / Industrial /Agricultural
9. **Type of Waste (circle one):** Domestic / Commercial / Industrial / Agricultural
10. **Volume (GPD):** _____ GPD
11. **Disposal Method (circle one):** Surface Discharge / Aeration / Septic / Other
    (specify other: _____)
12. **Location of Treatment (circle one):** On-Site / Treatment Facility
    (specify facility: _____)
13. **ND/NPDES Number (if applicable):** _____
14. **Consulting Engineer (if applicable):**

Consulting Engineer Contact:
Name:
Address:
Phone:
Email:

15. **Publicly Owned Treatment Works Contact (if applicable):**

Publicly Owned Treatment Works Contact:
Name:
Address:
Phone:
Email:

Please email completed application, including map and photocopy of check to:

Jeff Parkey, jparkey@slcog.org

Please mail check to:

Attn: 208 Conformance Review, Santee-Lynches Council of Governments, 3219 Broad Street, Sumter, SC 29150

---------- **for Santee-Lynches Office Use** ----------

Determination: This project (*IS / IS NOT*) in conformance with the Santee-Lynches 208 Water Quality Management plan.

Comments:

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Signature of Certifying Officer and Title **Date**