

Cherokee County Water and Sewerage Authority

110 Railroad Street
Canton, Georgia 30114
Phone: (770) 479-1813 Fax: (770) 479-6554

NOTICE

Cherokee County Water and Sewerage Authority require an inspection of the water and sewer connection to homes and businesses prior to the transfer of any water meter customer. For new residence or commercial property, it will be the responsibility of the Developer/Builder to have the inspection requested and approved prior to closing. Commercial properties will be required to have the inspection completed 30 days after CCWSA approval of As-Built Record Drawings, or will be subject to water service disconnection at the end of the 30 day time period.

The inspection is a “**finish grade and install inspection**” (**No open ditches**) per CCWSA Specifications. Sewer clean outs and meters shall be installed to final grade and meet requirements per Water Service Detail (W707) and Sewer Service Detail (S713), and Standard Jumbo Cast Iron Meter Box (W-706) for commercial projects. Details and specifications can be found on the CCWSA website (www.ccwsa.com) under the “For Developers” tab at the bottom of the page.

The preferred method for inspection request is to fax the attached “**Inspection Request for Water and Sewer Connections**” to (770) 479-6554, or contact Inspector Brian Breeden at (770) 479-1813 Ext. 208, Cell (770) 401-3458 with the required information listed below. **CCWSA will process requests within four business days of notification. Re-inspections will be processed within 24 hours of receipt of request, and will require a new request to be sent with each re-inspection. Please make sure the water and sewer connections are adjusted to final grade and free of debris prior to inspection request, to avoid any delays.**

Inspection Request for Water and Sewer Connections

Fax Number: (770) 479-6554

- Business Name (If Commercial): _____
- Subdivision Name: _____ Lot #: _____
- Street Address: _____
- City: _____ Zip: _____
- Contact Name: _____
- Contact Number: _____
- Closing Date: _____ Date Submitted: _____

Basic Directions: *From nearest State Route or County Road Intersection*