

SANITARY SEWER EXTENSION SUBMITTAL FORM

Part III- Project Information

- a. Name and address of the Developer. If not a local government please include a certified statement (as indicated in Section IV of this form).

Name

Mailing Address

City, County, State, Zip Code

- b. Proposed service area for this project.

Immediate _____ acres Ultimate _____ acres

- c. Type of developments: (check as applicable)

Industrial _____ Residential _____ Commercial _____

Other _____ (explain) _____

- d. Population to be served

Population _____ Density/acre _____

- e. Per capita wastewater contribution

Average _____ GPD Peak _____ GPD

- f. If receiving industrial wastewater, describe industrial waste characteristics.

Quantity _____ GPD. Describe pretreatment received (if any)

(use extra sheet if needed)

- g. Average Design Flow (this project) _____ GPD Peak _____ GPD
or max. pipe capacity _____

- h. Design BOD (this project)

Average _____ lbs/day

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- i. List nominal pipe diameter(s) and length

- j. List number, size and type of pump stations (if any)

Please submit design calculations with this form. Include system head calculations; pump curves, system curves, and buoyancies calculations, etc.

Part IV- Certification

- a. Provide the name of the Georgia P.E. that the project inspector will report to:

_____ Georgia P.E. # _____

- b. Provide the name of the local government who will own and maintain the proposed sewers if it is different from the authority responsible for treatment of wastewater from this project.

- c. As the authority responsible for the treatment of wastewater from this project, I certify that: a) this project has been reviewed, b) the existing system has adequate transport and treatment capacity to treat wastewater generated from this project, c) we are willing to accept the project wastewater for treatment; d) that the sewers are not constructed on or serving structures constructed or proposed to be constructed on solid waste landfills; and e) we are willing to accept ownership and maintain the proposed sewers.

To the best of my knowledge, I certify that the above information is true and correct.

Signature _____

Responsible Local Official

Name (Print) _____

Title or Position _____

Date _____

Please provide any additional comments on a separate sheet of paper.

Submit completed form to: **DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION
WASTEWATER REGULATORY PROGRAM
2 MARTIN LUTHER KING, JR. DRIVE, SUITE 1152 EAST
ATLANTA, GEORGIA 30334**