



Application for Extension of Water Facilities

Water Resources Department

1291 Greensboro Highway
P.O. Box 88
Watkinsville, GA 30677
(706) 769-3960

Section 1 – Transmittal of Planning & Permitting Documents

Submitted for review pursuant to applicable sections of the Water & Wastewater Standards, local ordinances and Georgia EPD Rules and Regulations, we provide the following:

Check all that apply

<input type="checkbox"/> Rezone request complete Sections 2, 3, & 9	<input type="checkbox"/> Project Specific Specifications
<input type="checkbox"/> Concept Plan of proposed phases for water extensions, fire lines, site metering	<input type="checkbox"/> Certified Statement of Waste Disposal Sites
<input type="checkbox"/> Project Description and Design Data Report	<input type="checkbox"/> Copy of Soil and Water Conservation District (SWCD) ROTR
<input type="checkbox"/> Preliminary Design Calculations	<input type="checkbox"/> Wetlands Delineation
<input type="checkbox"/> Water Extension Plans	

Section 2: General Information

Project Name:			
Developer / Owner:			
Owner Contact Name:			
Mailing Address:			
City:	State:	County:	Zip:
Email Address:		Phone:	

Engineer / Design Firm(s) of Record:			
Mailing Address:			
City:	State:	County:	Zip:
Email Address:		Phone:	
Design Professional of Record for Water Extension:		GA P.E. License No. / Expiration:	

Section 3: Project Description & Narrative

Briefly describe the project and how water infrastructure will be needed: _____

Type of Development (check all that apply):

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional / Educational
<input type="checkbox"/> Food Service	<input type="checkbox"/> Building	<input type="checkbox"/> Office Park	<input type="checkbox"/> Shopping Center

Other (explain): _____

Section 4: Project Design Data

Name of Water System to which extensions are connected: Watkinsville System

Wastewater to be treated by: (Check one): Septic Sanitary Sewer

Georgia EPD Water System I.D. No.: GA2190000 Permit ADF: _____ (MGD)

Peak Day: _____ (MGD) Current Demand ADF: _____ (MGD)

System Datum: _____ feet (MSL) Elevated Storage (Location): _____

Tank Volume: _____ MG

Proposed Service Area (Acres): Immediate: _____ Ultimate: _____

Population / Units to be Served: Units: _____ Units per Acre _____

Equivalent Residential Connection @ 220 GPD:

Average Daily Flow: _____ (GPD) Peak Flow @ 2.5: _____ (GPD)

Total Demand, ADF: _____ GPD Peak Demand: _____ GPD

Static Pressure (at each point of main connection): _____ psi at _____ feet (MSL)

Maximum Site Elevation: _____ feet (MSL)

Lowest Site Elevation: _____ feet (MSL) Max. Static Pressure: _____ (psi)

Available Flow:

Connection Point No. 1: _____ (gpm) at: _____ (psi)

Connection Point No. 2: _____ (gpm) at: _____ (psi)

Connection Point No. 3: _____ (gpm) at: _____ (psi)

Dedicated Fire Lines Needed? Yes No Firm Fire Flow Requested (gpm): _____

Fire Flow Requirements based on (check one): Oconee County W&WW Standards
 International Fire Code

Water System Network Analysis Required (check one) Yes No If yes, provide in Design Data Report

- **Note: Provide complete design calculations with Design Data Report for the Project**
- **Note: Provide twenty-four hour pressure test results in the Design Data Report for the Project**

Section 5: Description of Water Infrastructure to be Constructed

Water Lines and Facilities: List existing and new pipe lengths, diameters, material, and minimum / maximum working pressures:

Item	Length (feet)	Diameter (inches)	Material / Pressure Class / SDR	Max. / Min. Working Pressure (psi)	Fire Hydrants (each)	System Connections (each)	Valves (each)	Service Connections (each)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Section 6: Certification Statements (check all that apply)

Satisfactory Report of Technical Review (ROTR) from the SWCD has been obtained and included: Yes No

If not please explain: _____

Certification of Treatment Capacity from Department has been obtained and included: Yes No

Certification of Solid Waste Landfill Locations has been obtained and included: Yes No

Section 7: Inspections

Proposed Construction Dates: Start: _____ End: _____

GA P.E. responsible for inspection and compliance during construction of the project (if different from above):

Name: _____ GA PE Number / Expiration: _____

Mailing Address (if different from above): _____

Email Address: _____ Telephone: _____

Section 8: Project Funding

Source of Project Funding: _____

Section 9: Signatures and Certifications

To the best of my knowledge, I / we certify that the above information is true and correct and conforms to all applicable State and local requirements for the approval of public water distribution systems. I / We hereby agree to construct and inspect the above referenced project in compliance with the approved plans and specifications and all applicable Federal, State, and local rules, regulations, ordinances, and standards. I / We further agree to grant access to the project by County and or State personnel at any time.

Owner / Developer: _____

By: _____ Title: _____ Date: _____

Engineer of Record / Firm: _____

By: _____ GA P.E. Number: _____