



## Application for Extension of Wastewater 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, & 8   | <input type="checkbox"/> Project Specific Specifications                          |
| <input type="checkbox"/> Concept Plan of proposed sewer extensions, pumping stations, service area, flood plain | <input type="checkbox"/> Letter of Water & Sewer Availability                     |
| <input type="checkbox"/> Project Description and Design Data Report   | <input type="checkbox"/> Certified Statement of Waste Disposal Sites              |
| <input type="checkbox"/> Preliminary Design Calculations  | <input type="checkbox"/> Copy of Soil and Water Conservation District (SWCD) ROTR |
| <input type="checkbox"/> Sanitary Sewer Extension Plans   | <input type="checkbox"/> Wetland Delineation                                      |

### 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 Sewer Extension:		GA P.E. License No. / Expiration:	

### Section 3: Project Description & Narrative:

Briefly describe the project and how wastewater infrastructure will be needed: \_\_\_\_\_

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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             |

### **Section 3: Project Description & Narrative (cont):**

Other (explain): \_\_\_\_\_  
\_\_\_\_\_

### **Section 4: Wastewater Treatment Needs:**

#### **a. Treatment Plants:**

Name of WWTP / Pumping Station(s) to which extensions are tributary: \_\_\_\_\_

\_\_\_\_\_ Permitted Flow: \_\_\_\_\_ (MGD)

NPDES Permit No.: \_\_\_\_\_ Expiration. Date: \_\_\_\_\_

#### **b. Calculation of Wastewater Flows**

Proposed Service Area (Acres): Immediate: \_\_\_\_\_ Ultimate: \_\_\_\_\_

Population / Units to be Served: Units: \_\_\_\_\_ Units per Acre \_\_\_\_\_

Equivalent Residential Connection @ 260 GPD:

Average Daily Flow: \_\_\_\_\_ (GPD) Peak Flow @ 2.5: \_\_\_\_\_ (GPD)

Design BOD<sub>5</sub> Loading (mg/l): Average: \_\_\_\_\_ TSS Loading (mg/l): \_\_\_\_\_

Fats, Oils and Grease Production: \_\_\_\_\_ lbs./day

Automatic Screening Equipment Recommended for Institutional Facilities:  Yes  No

Industrial wastewater proposed to be discharged?  Yes  No Flow (GPD): \_\_\_\_\_

**Note: If industrial wastewater is to be discharged, then a complete description of the industrial process(es) and a complete industrial waste characterization is to be provided in the design data report attached to this form.**

#### **Section 4: Description of Wastewater Infrastructure to be Constructed**

Sewer Lines & Force Mains: List existing and new pipe lengths, diameters, material, and minimum / maximum slopes:

Item	Length (feet)	Diameter (inches)	Type (select one)		Material (DIP, PVC, HDPE)	Slope (%)	Manholes (each)	Main Sewer Connections (each)	Service Connections (each)
			Gravity	FM					
1			<input type="checkbox"/>	<input type="checkbox"/>					
2			<input type="checkbox"/>	<input type="checkbox"/>					
3			<input type="checkbox"/>	<input type="checkbox"/>					
4			<input type="checkbox"/>	<input type="checkbox"/>					
5			<input type="checkbox"/>	<input type="checkbox"/>					
6			<input type="checkbox"/>	<input type="checkbox"/>					

Pumping Stations: List number, size, and type of all existing and new sanitary pump stations (if any) in sequence:

Item	Number Pumps (each)	Flow (gpm)	TDH (feet)	Wet Well Diameter (feet)	Wet Well Depth (feet)
1					
2					
3					
4					
5					
6					

#### **Section 5: Certification Statements**

- Satisfactory Report of Technical Review (ROTR) from the SWCD has been obtained and included: Yes  or No
- Certification of Treatment Capacity from OCUD has been obtained and included: Yes  or No
- Certification of Solid Waste Landfill Locations has been obtained and included: Yes  or No

#### **Section 6: 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 7: Project Funding**

Source of Project Funding: \_\_\_\_\_

## **Section 8: 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 sanitary sewer collection and transport 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: \_\_\_\_\_