



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: _____

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 BOD₅ 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: _____