

WATER & SEWER EXTENSION SUBMITTAL (Only use this form for submittals to Savannah Office)

Department of Natural Resources
Environmental Protection Division/Coastal District
6555 Abercorn Street, Suite 130
Savannah, GA 31405
(912) 353-3225

The Savannah Office handles Projects in the following Counties: *Bryan, Bulloch, Candler, Chatham, Effingham, Evans, Liberty, and Toombs.*

This Project Includes: Sewerage Water Supply

- | | |
|---|--|
| <input type="checkbox"/> Plans (two copies, P.E. stamped) | <input type="checkbox"/> Project Description, design data |
| <input type="checkbox"/> Specifications (two copies, P.E. stamped) | <input type="checkbox"/> Certified statements (see page 4) |
| <input type="checkbox"/> General map of proposed extensions, outlined proposed service area, system, and flood plain contours and elevations if applicable. | <input type="checkbox"/> Copy of SWCD Report of Technical Review |

Name of Local Government: _____

Local Government Official: _____

Mailing Address: _____

City, County, State, Zip Code: _____

Has Report of Technical Review been obtained? Yes No

If yes - attach copy. The Report of Technical Review is obtained from the Issuing Authority for Land Disturbing Permits.

Project Name or Identification: _____

Designing engineer(s): _____

GA P.E. #: _____ Expiration Date: _____

Mailing Address: _____

City, County, State, Zip Code: _____

Name of Developer (if not a local government): _____

Mailing Address: _____

City, County, State, Zip Code: _____

Sewerage

Wastewater Treatment Facility that will treat wastewater: _____

Wastewater Treatment Facility's NPDES or LAS Permit Number: _____

Proposed service area (this project): Immediate: _____ acres Ultimate: _____ acres

Type of developments: (check as applicable)

Industrial Residential Commercial Other (explain): _____

Population to be served: Number: _____ Density / Acre: _____

Per capita wastewater contribution: Average: _____ gpd Peak: _____ gpd

If receiving industrial wastewater, describe industrial waste characteristics.

Quantity: _____ gpd. Describe pretreatment received, if any. (Use extra sheets if needed).

Design Flows (this project): Average: _____ gpd Peak: _____ gpd

Design BOD (this project): Average: _____ lb/day

List nominal pipe diameter(s) and length

Number, size and type of sewage pump stations (if any): _____

Submit design calculations with this form.

Non-Potable Reuse Water (NPRW)

List nominal pipe diameter(s) and length:

Number, size and type of NPRW pump stations and booster pumps (if any):

Submit design calculations with this form.

Water Supply

Number of new Sources: _____ Total new Production Capacity: _____ gpm

Number of Service Connections: Proposed: _____ Existing: _____

Type(s) of new Treatment Plants: _____

Type(s) of new Storage Tanks: _____ Total Volume of new Storage Tanks: _____ gal

Maximum Elevation in Development: _____ ft

Size(s) and Length(s) of water Main in Project:

If the project is supplied by an existing water system, please include the following:

Name of Water System: _____ WSID Number: _____

Static Pressure (point of tie-in): _____ psig at: _____ feet elevation

Flow Available: _____ gpm at: _____ psig residual

Size of Water Main at Point of Tie-in to Project: _____

Source of Funding (GEFA, SRF, local, etc.): _____

Georgia P.E. that project inspector will report to:

Name: _____ Georgia P.E. #: _____

Certification Statements Required for Sewerage:

Provide a certified statement by the authority responsible for treatment of wastewater from the project stating a) it has reviewed this project, b) it has adequate transport and treatment capacity to treat wastewater from this project, c) is willing to accept the project wastewater for treatment, d) all provisions of erosion and sediment control program will be enforced and e) none of the sewers, services or any other utilities associated with this project are constructed on or serving structures constructed or proposed to be constructed on solid waste landfills.

Certification Statements Required for Water Supply:

Provide a certified statement from the owner of a new, privately-owned public water system outlining the reasons why the proposed project cannot connect to an existing local governmentally owned water supply system. A written letter from the nearest governmentally owned City or County owned water system, denying owner's request for water service must be attached.

Provide a certified statement by the applicable local government, certifying that the proposed water system development project and the appurtenances pertaining to the water system, are not located on or in close proximity to an abandoned landfill or any other site used for waste disposal.

Provide evidence of availability of water. Requests for subdivisions, when connecting to existing distribution systems, must include documentation that the project has been coordinated with the supplying water system. A twenty-four hour pressure test chart and flow information which was taken at the point nearest to the tie-in of the existing system must be submitted.

General Certification Statement Required for All Projects:

Provide a certified statement from the applicable local government that the project is consistent with the approved "Service Delivery Strategy"

Name of the local government who will own and maintain the proposed sewers and/or water mains if it is different from the authority responsible for treatment of wastewater from this project.

Name: _____

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE LOCAL GOVERNMENT OFFICIAL OR PRIVATE OWNER (Must be the signature of the local government official if local government is providing water and/or sewer service.)

Signature: _____

Name (Print): _____

Title or Position: _____

Date: _____

Additional Comments: