Drinking Water Permitting Unit

Phone: (404) 656-2750

Fax: (404) 651-9590

Drinking Water Project Submittal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Water System Name: |  | WSID: |  |

This project is:

[ ]  A new water system to be served by: [ ]  Wells [ ]  Surface water [ ]  Purchased water

[ ]  An extension to an existing system

General Project Information:

|  |  |
| --- | --- |
| Project Name: |  |
| Project Description: |  |
| Project Location: |  | County: |  |

Type of project:

|  |  |  |
| --- | --- | --- |
| [ ]  Water Line Extension (i.e. Subdivisions, Industrial Parks, etc) | [ ] Transmission Main Extension | [ ]  New Source |
| [ ]  Treatment | [ ]  Storage | [ ] Pumps |
| Other: |  |

Complete, as applicable, for proposed project:

|  |  |  |  |
| --- | --- | --- | --- |
| New Service Connections: |  | Water Line Material: |  |
| Size(s) of Water Lines |  | Length(s) of Water Line: |  |
| Wastewater Disposal by: | [ ]  Sewer | [ ]  Septic Tank |

For water line extensions to existing systems provide the following information for the proposed point of tie-in:

|  |  |  |  |
| --- | --- | --- | --- |
| Static pressure\* (psi) |  | Elevation (ft) |  |
| Flow available (gpm) |  | Residual pressure (psi): |  |
| Size of existing main (in) |  | \*Attach 24-hour pressure test to this form |

**PLEASE NOTE:** ALL APPLICABLE APPROVALS AND/OR PERMITS RELATING TO THE CONSTRUCTION OF THE PROJECT MUST BE OBTAINED PRIOR TO THE START OF ANY CONSTRUCTION, AS REQUIRED.

**To the best of my knowledge, the above named project conforms with all applicable state and local government requirements for the approval of public drinking water supply construction projects.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Name:** |  | **Title:** |  |

For governmentally owned water systems (Cities, Counties, and Authorities):

To the best of my knowledge, the water system is in compliance with the Service Delivery Strategy (House Bill 489, 1997) for all counties in which its boundaries lie.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s or Authorized Agent’s Signature: |  | Date: |  |