

Georgia Department of Natural Resources

Environmental Protection Division
205 Butler Street, S.E., Suite 1362 East Tower, Atlanta, Georgia 30334-4100
Drinking Water Program
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DRINKING WATER PROJECT SUBMITTAL FORM

Water System Name: _____ WSID Number: _____

General Project Information

Project Name: _____

Project Description: _____

Project Location: _____ County: _____

Type of Development: _____

Maximum Elevation in Development: _____ (feet)

Number of Service Connections Proposed: _____

Size(s) of Water Main in Project: _____ (inches)

Length of Water Main to be Installed: _____ (feet) Water Main Material: _____

Wastewater for this Project will be handled by: Septic Tank: or Sewer System: (check one)

Is this project an addition to an existing water system? Y N If YES, please indicate: _____

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

b) Elevation at the point of tie-in: _____ feet

c) Flow Available: _____ (gpm) at _____ (psi) residual, at the point of tie-in.

d) Size of Water Main at Point of Tie-in to Project: _____ (inches)

e) **Include 24-hour pressure test results for projects connecting to existing systems.**

General Existing Water Supply Information

Number of Sources: _____ Total Production Capacity: _____ (gpm)

Number of Existing Service Connections: _____

Finished Water Storage Type(s): _____ Total Storage Volume: _____ (gallons)

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.

Name

Signature

Title

Date