[ ]  Reissuance [ ]  New [ ]  Change of Information

**I.** **Applicant is** [ ]  City of Pooler (Complete only Sections II, III and VII below)

 [ ]  Designated User (Complete all Sections)

**II. Applicant (i.e., business, company, municipality, etc. requesting coverage) Information**

|  |  |  |
| --- | --- | --- |
| **1.** | Organization Name: |  |
| **2.** | Mailing address/P.O. Box: |  |
| **3.** | City: |  | **4.** | State: |  | **5.** | Zip: |  | **6.** | County: |  |
| **7.** | Contact person: |  |
| **8.**  | Title: |  |
| **9.** | Phone Number: |  |
| **10.** | Email: |  |

**III. Reuse facility (for City of Pooler) or Discharge Site Information (for Designated User)**

|  |  |  |
| --- | --- | --- |
| **1.** | **Physical location:**  |  |
| **a.** | Facility name: |  |
| **b.** | Street address: |  |
| **c.** | City: |  | **d.** | State: |  | **e.** | Zip: |  | **f.** | County: |  |
| **2.** | **On-site facility contact:** |[ ]  Same as in Section II above |
| **a.** | Contact person: |  |
| **b.** | Title: |  |
| **c.** | Organization: |  |
| **d.** | Phone number: |  |
| **e.** | Email: |  |
| **f.** | Mailing address/P.O. Box: |  |
| **g.** | City: |  | **h.** | State: |  | **i.** | Zip: |  | **j.** | County: |  |

**IV. Designated User’s Intermittent Discharge/Holding Pond Information**

|  |  |  |
| --- | --- | --- |
| **1.** | **Holding pond name:** |  |
| **a.** | Control elevation: |  | feet (MSL) |
| **b.** | Bleed-down device level (Level B): |  | feet (MSL) |
| **c.** | Reclaimed water level: |  | feet (MSL) |
| **d.** | Drainage area: |  | sq feet |

Attach a map showing the location of the facility.

For **new** Intermittently Discharging Holding Ponds: Attach certification that the Holding Pond has been designed in accordance with the Guidelines for Water Reclamation and Urban Water Reuse for Ponds with Intermittent Discharges.

**V. Receiving Water(s) Information**

|  |  |  |
| --- | --- | --- |
| **1.** | Number of separate discharge points: |  |
| **2.** | Name of receiving water: |  |
| **3.** | Design 24-hr, one year storm event: |  |

List the latitude and longitude to 6 decimal points for all discharge points:

(Other forms of location determination may be acceptable. Please contact EPD with any questions.)

|  |  |
| --- | --- |
| LATITUDE(ex. 34.999999) | LONGITUDE(ex. -83.999999) |
|  |  |
|  |  |
|  |  |
|  |  |

Attach a map showing the location of the intermittent discharge(s).

**VI. Reuse Provider Information**

|  |  |  |
| --- | --- | --- |
| **1.** | Name of facility providing reclaimed water: |  |

For **new** Intermittently Discharging Holding Ponds: Attach a copy of the User Agreement with the Reuse Provider for the use of reclaimed water.

**VII. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Date:

Signature: Title: