Barrow COUNTY GEORGIA

WATER RESOURCES

59 Lee Street Winder, Georgia 30680 Phone: (770) 307-3014

WASTEWATER CAPACITY AVAILABILITY LETTER REQUEST:

Date of Application: _____

Name of Development:_____

Project Street Address:_____

Is the location of this development inside the Barrow County Limits? _____

Land Lot: _____ Dist: _____ GMD: _____ Parcel Number: _____

Please attach worksheet including calculations on how this data was derived.

If Commercial or Industrial, Proposed Use and Flow (Daily average and Peak):_____

If Residential, number of units for which capacity is requested:_____

Do you have an amenity center that will need capacity? _____

Projected Completion Date: _____

NOTE: All applicants must comply with all terms and provisions of the Barrow County UDC Code of Ordinances including but not limited to Chapter 90, Utilities, which includes Section 90-125 entitled Sewer Capacity Allocation.

If application is for non-domestic wastewater, applicant must attach additional DETAILED information as to the characteristics of the wastewater, including but not limited to BOD5, TSS, COD, pH, fats, oils, and grease as well as any federally or state identified priority pollutants, included but not limited to nitrogen and phosphorus. A separate individual form may be required for non-domestic use.

Application Fee: $500 **Date Fee Paid _____** **Check # _____**

(Pay at Water Resources Office – 59 Lee Street, Winder, GA. 30680)

As a condition of authorizing the addition of sewage flow into the Barrow County Sewer System, Utility Manager must:

-Certify the availability of adequate capacity to provide required treatment increased sewage flow or,

-Require the completion of offsetting sewer improvements to the Barrow County Sewer System and/or,

- Should adequate capacity require the completion of offsetting sewer improvements, approval of applications for building permits and/or Certificates of Occupancy shall not be given until the offsetting sewer improvements are completed.

If the project scope and/or the calculation of sewage flows referenced herein is revised, the Applicant must amend this Application and any pending permit application for the proposed project in a timely manner.

Applicant Agreement:
The filing of this form by the Applicant, in the capacity of legal representative of the Owner and Developer of the parcel or property, places no obligation on Barrow County, its officers, employees, agents and assigns, to issue a building permit, conditional or otherwise. Any misrepresentations in this application, failure to provide new, revised or updated information regarding the estimated sewage flow, or subsequent violation of the conditions of the capacity certification process, will result in revocation of the building permit and other remedies available in equity and law for the improper filing of legal documents. I (the applicant) further acknowledge and agree to comply with all the terms and provisions of the Barrow County UDC Code of Ordinances including but not limited to Article IV Section 90-111 through Section 90-125 entitled Sewer Use in Chapter 90 Utilities Ordinance (as amended from time to time).

Applicant (Print Name):_____

Address: _____

Phone #:_____ Email _____

Owner:
I certify that I am the Owner of the parcel or property that is the subject of this application, attest to the accuracy of the information presented herein, and understand and accept the conditions expressed under Applicant Agreement. I acknowledge that **CAPACITY FEES ARE DUE AND WILL BE PAID IN FULL ONCE DEVELOPMENT PLANS ARE APPROVED AND BEFORE AN LDP IS ISSUED. No permits will be issued until all necessary fees are paid and all other requirements are met.**

I further acknowledge that payment of the capacity certification fee is for the purpose of evaluation only and does not guarantee or imply a finding of adequate sewer capacity and is non-refundable. I understand that if the actual capacity required by my development exceeds the amount I receive, I am required to buy the additional, necessary, capacity at twice the cost of the standard rate.

_____ _____ _____

Date Owner Signature Print Name

Attach additional pages as required.

FOR BARROW COUNTY USE ONLY:

This application for capacity certification is hereby:

[ ] APPROVED IN THE AMOUNT OF _____for immediate use

[ ] DISAPPROVED

[ ] CONDITIONALLY APPROVED IN THE AMOUNT OF _____– Pending

_____

_____

_____

Attach additional comments as needed.

_____ _____

Barrow County Water Resources Director **Date**

Barrow County – Water Resources

Sewer Capacity Certification Program

Capacity Evaluation

Address/Location_____

Date of Certification:_____

Net Change in Sewage Flow:_____

Receiving Plant: _____

Basis of Certification:

• Capacity is available in the WPCP: YES_____ NO_____

• Capacity is available in the _____Pump Stations YES_____ NO _____

• Are any capacity related overflows known along the sewers between the point of new connection and the above WPCP: _____ YES _____ NO

• Proposed connection is in a capacity-limited area: _____ YES _____ NO

(if yes, attach documentation).

• Capacity is available in the following trunk sewers from the new connection to the WPCP

based on observations, survey data or flow data:

_____

_____

• Capacity is limited in the following trunk sewers for which observations, survey or flow data is available:

_____

_____

Water Resources analysis as of this date indicates the following:

[ ] CAPACITY IS AVAILABLE in the amount of _____.

[ ] CAPACITY IN THE AMOUNT OF _____IS NOT AVAILABLE

Until_____ when the following projects are expected to be completed:

_____

_____

[ ] CAPACITY IS NOT AVAILABLE and a planned project or projects have not been identified and/or scheduled in the foreseeable future.

Analysis prepared by:_____ Date: _____

Analysis reviewed by: _____ Date:_____

Utilities Manager

ENGINEER'S CERTIFICATION (If required due to amount of capacity requested):

Our Independent analysis of the above capacity data indicates the following:

[ ] CAPACITY IS AVAILABLE in the amount of _____.

[ ] CAPACITY IN THE AMOUNT OF _____IS NOT AVAILABLE

Until_____ when the following projects are expected to be completed:_____

_____

_____

[ ] CAPACITY IS NOT AVAILABLE and a planned project or projects have not been identified and/or scheduled in the foreseeable future.

_____ _____

Engineering Signature Date