BRASELTON, GEORGIA
SANITARY SEWER EXTENSION SUBMITTAL

1.   Name of Local Government: Town of Braselton

       Local Government Official: Mayor Pat Graham

       P. O. Box 306
       Mailing Address

       Braselton, Georgia, 30517
       City, State, Zip Code

2.   Project Name or Identification: _____

3.   Designing Engineer(s): _____

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

       _____
       Mailing Address

4.   Name of Developer

       _____
       Name

       _____
       Mailing Address

       _____
       City, County, State, Zip Code

5.   Proposed Service Area (this project).

       Immediate _____ acres   Ultimate _____ acres

6.   Type of Developments: (check as applicable)

       Immediate _____ Residential _____ Commercial _____ Other _____ (explain)

7.   Number of Lots to be served (residential only):

       Population: _____   Density/acre: _____

8.   Population (employees + customers) to be served (commercial – industrial only):

Population: _____   Total Square Feet: _____

9.   If receiving industrial wastewater, describe industrial waste characteristics.

_____

_____

_____

_____

Quantity _____ GPD. Describe pretreatment received (if any)

_____

(Use extra sheet if needed)

10.   Average Design Flow (this project) _____ GPD Peak _____ GPM
Provide a downstream analysis of flows into the existing sanitary sewer system. Provide sufficient data to analyze the existing facility's ability to handle the hydraulic flow to the treatment works.

11.   Design BOD (this project) (INDUSTRIAL APPLICATIONS ONLY)

Average _____ lbs/day

12.   List nominal pipe diameter(s) and length

_____

_____

_____

_____

13.   No., size and type of pump stations (if any)

_____

_____

Provide design calculations for pump station and force main by separate attachment.

14.   Name of the Georgia P.E. that project inspector will report to: _____

Georgia P.E. # _____

15.   Provide a certified statement by the Developer that the proposed sewers will not be constructed on or serving structures constructed on property that is used or was previously used as a solid waste landfill.

To the best of my knowledge, I certify that the above information is true and correct.

SIGNATURE OF RESPONSIBLE PERSON

Name (Print) _____

Title or Position _____

Date _____

Additional Comments: