

**Town of Braselton-Office of the Town Manager
Sewer Capacity Certification Program**

Application for Sewer Capacity Certification and Allocation

Date of Application: _____
Project Street Address: _____
Is the location of this development inside the Town Limits? _____
Zoning Classification: _____ Building Permit Number (if applicable) _____
Land Lot: _____ Dist: _____ Parcel Code Number(PCN): _____
In what County or Counties is this project located _____
Existing Use and Flow: (Daily average and Peak) _____

Proposed Use and Flow (Daily average and Peak): _____

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

Proposed Demolition (Number and Type of Units): _____

Proposed Construction (Number and Type of Units): _____

Projected Completion Date (by what date and to what degree can the applicant commit to use on a on continuous basis the capacity requested) _____

To what extent can the applicant accept portions of the requested capacity in phases over time?

To what extent is the applicant willing to accept re-use water from the Town if available?

NOTE: All applicants must comply with all the terms and provisions of the Town of Braselton's Code of Ordinances including but not limited to Chapter 20, Water and Sewer Ordinance, which includes Section 20-115 entitled **Wastewater Allocation & Capacity Certification Procedures**. (attached) 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 contract may be required for non-domestic use.

Fee Due: \$500 Fee Paid _____ (date)

As a condition of authorizing the addition of sewage flow into the Town's Sewer System, Town Manager for the Town of Braselton must:

- Certify the availability of adequate capacity to convey, transmit, and treat increased sewage flow or,
- Require the completion of offsetting sewer improvements to the Town's Sewer System or,
- Assure that they applicant has received all required approvals for alternative sewer disposal techniques where adequate capacity is not available.

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 the Town of Braselton, 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 Town of Braselton's Code of Ordinances including but not limited to **Section 20-115 entitled Wastewater Allocation & Capacity Certification Procedures and Chapter 20, Water and Sewer Ordinance** (as amended from time to time).

Applicant: _____

Address: _____

Phone #: _____ Email _____ Fax#: _____

I certify that I am the Owner and Developer 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 no building permit shall be issued until all necessary fees are paid in full 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.

Date

Applicant Signature

Attach additional pages as required.

FOR TOWN OF BRASELTON USE ONLY:

This application for capacity certification is hereby:

- APPROVED IN THE AMOUNT OF _____ to be added to The Waiting List
- DISAPPROVED
- CONDITIONALLY APPROVED IN THE AMOUNT OF _____ – Pending

Attach additional comments as needed.

Braselton Town Manager

Date

Town of Braselton – Utilities Department
Sewer Capacity Certification Program
Capacity Evaluation

Address/Location _____
Building Permit Application No: (if applicable) _____
Date of Certification: _____
Net Change in Sewage Flow: _____
Downstream Manhole: _____
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:

- Spot check of flow depths at the following manholes on the indicated trunks and outfalls which flow monitoring data is not available indicate that capacity is available (attach field check records)

- Other basis of determining that capacity is available in specific sewers as follows:

- Other data and information relevant to certification of capacity not covered above:

Our analysis as of this date indicates the following:

CAPACITY IS AVAILABLE in the amount of _____, to be added to The Waiting List.

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 Director

ENGINEER'S CERTIFICATION:

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

CAPACITY IS AVAILABLE in the amount of _____, to be added to The Waiting List.

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 Management Inc.

Date