

Lowndes County
Board of Commissioners
Engineering Department
325 W. Savannah Ave.
Valdosta, GA 31601

SANITARY SEWER EXTENSION SUBMITTAL

Submitted for review under the Delegation Agreement for Review and Approval of Sewer System Extensions granted to Lowndes County by EPD in September 1996 pursuant W. Q. Rules section 391-3-6-.02(3)(a) are this form and (as applicable).

- | | |
|---|---|
| <input type="checkbox"/> Plans (one copy) | <input type="checkbox"/> Project Description, design data |
| <input type="checkbox"/> Specifications (one copy) | <input type="checkbox"/> Certified statement as indicated in 8 |
| <input type="checkbox"/> General map of proposed ,
sewer extensions, outlined
proposed service area
connection to the existing
system, and flood plain
contours and elevations if
applicable. | <input type="checkbox"/> Certified statement as indicated in 9
<input type="checkbox"/> Copy of Land Disturbance Permit
(Item 1B) |

1A. Name of local government: Lowndes County Board of Commissioners
Local government official: County Engineer
Mailing Address: PO Box 1349 Valdosta, GA 31603;
325 W. Savannah Ave. Valdosta, GA 31601

1B. Has Land Disturbance Permit been obtained? _____yes _____no.
If yes - attach copy. The Land Disturbance Permit is obtained from the Issuing Authority. For further guidance, see Attachment No. 3.

1C. Project name or identification: _____

1D. Designing engineer(s): _____

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

Mailing Address

2A. Wastewater treatment plant to which extensions are tributary
Name: South Lowndes L.A.S. Permit flow: 2.0 MGD
Permit #: GA 02294

2B. List, by month, the average daily flow (MGD) and effluent concentrations (mg/l) for biochemical oxygen demand (BOD5) and suspended solids (SS) for the immediately preceding 12 months for the wastewater.
(SEE ATTACHED DISCHARGE MONITORING REPORTS)

3A. Name of developer (if not a local government, a certified statement as indicated in 8 is required with this submittal). See attached example.

Name

Mailing Address

City, County, State, Zip Code

3B. Proposed service area (this project).

Immediate _____ acres Ultimate _____ acres

3C. Type of developments: (check as applicable)

Industrial ___ Residential ___ Commercial ___ Other ___ (explain)

3D. Population to be served

Population _____ Density/acre _____

3E. Per capita wastewater contribution

Average _____ GPD Peak _____ GPD

3F. If receiving industrial wastewater, describe industrial waste characteristics.

Quantity _____ GPD.
Describe pretreatment received, if any _____
(use extra sheet if needed)

4A. Average Design Flow (this project) _____ GPD Peak _____ GPD

4B. Design BOD (this project): Average _____ lbs/day

4C. List nominal pipe diameter(s) and length

4D. No., size and type of pump stations (if any)

Submit design calculations with this form.

5A. Source of project funding _____

5B. Some Farmers Home Administration loan/grant projects will require adequacy of treatment (A.O.T.) certifications. Date of A.O.T. issued by EPD.

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

_____ Georgia P.E. # _____

7. Name of the local government who will own and maintain the proposed sewers if it is different from the authority responsible for treatment of wastewater from this project.

Name _____

8. Provide a certified statement by the authority responsible for treatment of wastewater from the project stating a) it has reviewed this project, b) it has adequate transport and treatment capacity to treat wastewater from this project, c) is willing to accept the project wastewater for treatment, d) all provisions of erosion and sediment control program will be enforced. (See Attachment 1)

9. Provide a certified statement by the local government who will own and maintain the proposed sewers that the sewers are not constructed on or serving structures constructed or proposed to be constructed on solid waste landfills. (See Attachment 2)

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

SIGNATURE OF RESPONSIBLE LOCAL GOVERNMENT OFFICIAL

Signature: _____ Name (Print): Michael B. Fletcher, P.E.

Title or Position: County Engineer Date: _____