



APPLICATION FOR ORDER OF APPROVAL

**WASTEWATER TREATMENT FACILITY (WWTF) AND/OR
SEWER SYSTEM EXPANSION/MODIFICATION**

If additional space is required to properly answer any questions, please attach additional sheets and refer to the attachments in the appropriate space provided:

GENERAL PROJECT INFORMATION

- 1. Date of Application: _____
- 2. Project/System Name: _____
- 3. Project/System Location: _____
- 4. Project Type (Check all that apply): WWTF _____ Sewer Extension _____ Pump Station _____
Industrial _____ Commercial _____ Residential _____
- 5. Applicant name: _____
- 6. Applicant address: _____

- 7. Applicant phone #: _____
- 8. Owner name: (if different from # 5) _____
- 9. Owner address: _____

- 10. Owner phone #: _____
- 11. Design Engineer: _____
- 12. Design Engineer address: _____

- 13. Design Engineer phone #: _____

REGULATORY/ADMINISTRATIVE

1. PRETREATMENT:

- a. Is a municipal discharge permit under Pretreatment Program regulations required? YES _____ NO _____
- b. Will a substantial modification of the Pretreatment Program be required? YES _____ NO _____

2a. WASTEWATER COLLECTION SYSTEM

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THE FOLLOWING SIGNATURE IS REQUIRED

As the designated municipal (or other entity) official, I have reviewed the proposed project and have determined that all downstream lines, pump stations, and treatment facilities owned by this municipality (or other entity) can presently handle and treat the flows generated by the proposed project.

SIGNATURE AND TITLE: _____

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE NOT CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THEN THE FOLLOWING ADDITIONAL SIGNATURE IS REQUIRED

As the designated official for _____,
I have also reviewed the proposed project and have determined that the downstream lines, pump stations, and treatment facilities which will ultimately receive the flows generated by the proposed project have adequate capacity to convey and treat the proposed flows.

SIGNATURE AND TITLE: _____

2b. WASTEWATER TREATMENT SYSTEM

NOTE: IF THE PROPOSED PROJECT INCLUDES A NEW WASTEWATER TREATMENT FACILITY OR MODIFICATIONS/UPGRADES TO AN EXISTING WASTEWATER TREATMENT FACILITY, THEN THE FOLLOWING SIGNATURE IS REQUIRED

As the designated official for _____,
I certify that this project is proceeding in full cooperation with this municipality (or other entity).

SIGNATURE AND TITLE: _____

3. FUNDING:

- a. Will the municipality file an application for State or Federal funding assistance? YES _____ NO _____
- b. If yes, please indicate which funding programs: _____

PROJECT DATA

1. Number of residences or units to be served, if applicable: _____

2. Other establishments to be served (e.g. industrial, commercial, governmental):

a. _____

Name	Type	Design Flow (gpd)
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b. _____

Name	Type	Design Flow (gpd)
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c. _____

Name	Type	Design Flow (gpd)
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FLOW DATA

- DEM's policy on estimating flows shall be used to calculate the average daily flows (ADF's) listed below. An estimate of allowable infiltration per said policy shall be added to the ADF's. Peaking factors used to calculate the design flows for sizing the conveyance facilities shall be obtained from the above referenced policy.
- If the project has more than one discharge point, the total ADF estimated as explained above shall be presented in the supporting computations to show the flow for each discharge point.
- The supporting computations shall indicate that wastewater conveyance facilities are sized based on estimated flows from the ultimate tributary population/facilities (i.e. build-out conditions; phased projects).

Type	Avg. Daily Flow (gpd) [Specific to this project]	Avg. Daily Flow (gpd) [Ultimate (i.e. buildout)]
Residential:	_____	_____
Industrial:	_____	_____
Governmental:	_____	_____
Commercial:	_____	_____
Septage:	_____	_____
Infiltration:	_____	_____
TOTALS:	_____	_____

3. Receiving wastewater treatment facility name: _____

a. Avg. daily flow: _____ b. Design flow: _____

4. General description of sewers and pump stations within the existing sewer system that will transport the flow from the proposed sewer extension to the receiving wastewater treatment facility. If the modification is to the wastewater treatment facility, describe the nature of the modification and its impact on the treatment process:

5. Location, length, size, and capacity of sewers or force mains to be connected to the existing system, if applicable:

a. _____
Name of Street Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

b. _____
Name of Street Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

c. _____
Name of Street Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

6. Location, type, and capacity of pump stations to be connected to the existing system, if applicable:

a. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

b. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

c. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

7. Existing pump stations to be improved/upgraded, if applicable:

a. _____
Station Location Description of Improvement

b. _____
Station Location Description of Improvement

c. _____
Station Location Description of Improvement

8. Any additional appropriate information: _____

FOR OWR USE ONLY

APPLICATION RECEIPT DATE: _____

FILE NUMBER: _____

REVIEW START DATE: _____

REVIEWER: _____

REVIEW COMPLETION DATE: _____

ACTION(S) TAKEN: _____
