

**DESOTO COUNTY REGIONAL UTILITY AUTHORITY**  
**PERMIT APPLICATION**  
**(Multiple/Municipal/Commercial/Industrial)**

The \_\_\_\_\_  
(Insert Name of Body Making Application, i.e., Individual, Corporation, Municipality, etc.)

whose address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Name and Number) (City) (State) (Zip Code)

Contact Person - \_\_\_\_\_

Phone Number - \_\_\_\_\_

E-mail - \_\_\_\_\_

herewith submits for the consideration of the plans, specifications, and other necessary data prepared by:

Engineer or Firm - \_\_\_\_\_

Mailing Address - \_\_\_\_\_

City, State, Zip - \_\_\_\_\_

E-mail address - \_\_\_\_\_

Phone Number - \_\_\_\_\_

who is hereby authorized to represent the application in the engineering features of this project for the construction of \_\_\_\_\_  
(Clearly Describe: New System, Modification, Extension)

in or near the City of \_\_\_\_\_ to serve \_\_\_\_\_  
(City) (Subdivision, Plant, School, Other)

with \_\_\_\_\_ proposed lots located at \_\_\_\_\_  
(#) (Approx. Location i.e. Physical Address, Section-Township-Range, Lat/Long)

and herewith make application for the approval of this project.

Expected begin date of construction - \_\_\_\_\_

Expected finish date of construction - \_\_\_\_\_

Upon construction, these facilities will be owned and maintained by: \_\_\_\_\_

\_\_\_\_\_  
(Name of Utility Company, Owner, Developer, Municipality, etc.)

whose address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Name and Number) (City) (State) (Zip Code)

Is on-site wastewater treatment proposed to be used?

- Yes (Proceed with questions below)
- No (Skip to General – Section I)

Method of treatment shall be:

- Collection System
- Septic Tank with Leach Field
- Individual Aerobic Treatment Unit
- Individual Pump Station
- Other: \_\_\_\_\_

Has approval from the MS Department of Health been obtained for the on-site wastewater treatment?

- Yes (A copy of the approval document from the Health Department must be attached to finalize application and receive permit)
- No (Application cannot be finalized until the Health Department approval document is received)

Is a dry collection system proposed to be installed for future use?

- Yes (Proceed to General – Section I)
- No (Skip to Attachments – Section III)

**I. GENERAL**

- A. Ultimate population to be served by proposed system - \_\_\_\_\_
- B. Per capita discharge: \_\_\_\_\_ gpcd ; Infiltration: \_\_\_\_\_ gpcd (Estimate if unknown)
- C. Area water supply: \_\_\_\_\_  
(Name and Address of Water Utility)

**II. GENERAL PROJECT DESIGN CRITERIA (Complete all applicable fields)**

- A. Project Loading (at completion of construction)
  - 1. Population served \_\_\_\_\_ Persons/Employees
  - 2. Commercial/Industrial Flow (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd  
Domestic Flow (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd  
Infiltration/Inflow (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd  
Total Flow (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd
  - 3. Commercial/Industrial BOD<sub>5</sub> (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd  
Domestic BOD<sub>5</sub> (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd  
Total BOD<sub>5</sub> (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd; \_\_\_\_\_/\_\_\_\_\_ mg/L
  - 4. Total Suspended Solids (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd;  
\_\_\_\_\_/\_\_\_\_\_ mg/L
  - 5. NH<sub>3</sub>-N (Average/Peak) \_\_\_\_\_/\_\_\_\_\_ gpd; \_\_\_\_\_/\_\_\_\_\_ mg/L

B. Principal Industrial Wastes to be Treated (Attach a separate sheet if necessary):

Industry Name	Product	Flow (gpd)	Waste Characteristics
_____	_____	_____	_____
_____	_____	_____	_____

C. NPDES Permit Requirements for New Facility or Upgrade

Has an NPDES Permit application been sent to MDEQ?  Yes  No  N/A

Has MDEQ issued the NPDES permit?  Yes (Fill in information below)  No  N/A

Flow \_\_\_\_\_ MGD

BOD<sub>5</sub> \_\_\_\_\_ mg/L

\_\_\_\_\_ lb/day

Suspended Solids \_\_\_\_\_ mg/L

\_\_\_\_\_ lb/day

pH \_\_\_\_\_ units

Ammonia Nitrogen \_\_\_\_\_ mg/L

\_\_\_\_\_ lb/day

Fecal Coliform \_\_\_\_\_ per 100 mL

DO \_\_\_\_\_ mg/L

Residual Chlorine \_\_\_\_\_ mg/L

Other \_\_\_\_\_

D. Sewage Pumping Stations

Location/Number	Units Served	Pump Capacity (gpm)	Influent Flow (gpm)	
			Average	Peak

III. **EXISTING SYSTEMS CONNECTION**

A. Existing Collection System

Facilities collecting sewage from the proposed project is owned by \_\_\_\_\_

\_\_\_\_\_  
(Utility Company, Municipality, etc.)

B. Certification from Existing Collection System Entity

The official(s) responsible for the wastewater collection facilities denoted in Section III.A above, that will serve the project, do hereby certify that we agree to transport the wastewater flows generated from the proposed project. We also hereby certify that we have determined that our collection system(s) have the capacity available to transport the wastewater flows generated from the proposed project.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Date: \_\_\_\_\_

C. Existing Treatment System

1. Facilities treating sewage from the proposed project are owned by \_\_\_\_\_

\_\_\_\_\_  
(Utility Company, Municipality, etc.)

2. Type of treatment facility - \_\_\_\_\_  
(Activated Sludge, Trickling Filter, etc.)

3. Current capacity of treatment facility - \_\_\_\_\_ MGD

4. Current influent flow to treatment facility - \_\_\_\_\_ MGD

D. Certification from Existing Treatment System Entity

The official(s) responsible for the wastewater treatment facilities denoted in Section III.C above, that will serve the project, do hereby certify that we agree to treat the wastewater flows generated from the proposed project. We also hereby certify that we have determined that our treatment system(s) have the capacity available to treat the wastewater flows generated from the proposed project.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IV. ATTACHMENTS - Please provide the following:**

1. Non-refundable Application Review Deposit, if applicable

**The following documents are preferred to be received by email in PDF format:**

2. Preliminary plat of subdivision/development to include Lot and Utility layout as a minimum to include easements, both existing and dedicated.
3. Vicinity Map. Scaled to fit 8 ½ x 11 sheet with project location clearly shown, identifying adjacent roads/streets relative to the project area.
4. Design plans. The following information shall be included on the first plan sheet or within the plan set:
  - a. The proposed name of the development, the name and address of the owner and developer, the name, address, seal and signature of the engineer.
  - b. A description that includes township, range, quarter section and tax lot numbers of the areas impacted by the development
  - c. Index of plan sheets
  - d. For multi-phase projects, an overall map showing the limits of each phase.
  - e. Detailed plans of the proposed development including roads, lots, utilities, drainage ways, grading, adjacent development and property owners. The plans should be referenced to Section, Township, and Range.

**Provide the following if a collection system (wet or dry) is proposed:**

5. Clear, readable plan and profile views of all proposed sanitary sewer lines. These plan and profile views shall include the following information, as a minimum:
  - a. Plan and profile views displayed with plan view over the profile view on a sheet illustrating pipe type and size.
  - b. Public and private lines and facilities clearly marked on both the plan and profile view.
  - c. Existing sanitary manholes labeled as to who owns said manholes and connecting pipeline system.
  - d. The distance from the nearest existing manhole where a new manhole structure is constructed over an existing line, or where a main line connection is made to a trunk line. A scaleable drawing will be sufficient for this item.
  - e. Existing and proposed utilities shown on plan view and utility crossings shown on the profile.
  - f. A plan view scale no smaller than 1"=50', and a profile view scale no smaller than 1"=50' horizontal and 1"=10' vertical. Architectural scales shall not be used.
  - g. North Arrow.

- h. Type of backfill.
  - i. All easements including the distance from the mainline to the easement line. A scaleable drawing will be sufficient for this item.
  - j. Drainage hazard areas and FEMA designated 100 year floodplains and floodways, if applicable.
  - k. The stationing of each new main line section beginning at 0+00 or other even station (e.g., 1+00, 10+00, etc.) at the downstream terminus. In phase developments, previous stationing may be continued.
6. The calculations for sizing of the sanitary system along with any maps of watershed boundaries with contours, population projection data and/or development build out projections along with all assumptions or other information used to determine flow amounts all to be submitted as a separate document.

**Provide the following if individual on-site wastewater treatment units are proposed:**

- 7. Approval letter for individual on-site wastewater treatment units from the MS Department of Health for all lots specified in this application.

The undersigned hereby states:

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision and in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those directly responsible for gather information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations” (40 C.F.R. 403.6(a)(2)(ii)).

In the event I discover that any information submitted was inaccurate and/or incomplete, I will immediately supplement this Application with the revised accurate and/or complete information. Further, I agree to indemnify and hold harmless the DeSoto County Regional Utility Authority for any damages and/or claims related to any inaccurate and/or incomplete information that I provide.

Application submitted by:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name and Title of Above)

\_\_\_\_\_  
(Date)

**RETURN APPLICATION TO:**

Email (Preferred method): [judymarshall@digitdesoto.com](mailto:judymarshall@digitdesoto.com)

Mailing address: DeSoto County Regional Utility Authority  
Attn: Permits  
365 Losher Street, Suite, 310  
Hernando, MS 38632

**Other Contact Information:**

Mr. Bill Austin, Executive Director  
Telephone: 662-298-2296  
E-mail: [billaustin@digitdesoto.com](mailto:billaustin@digitdesoto.com)

**TO BE COMPLETED BY DCRUA**

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Name of Retail Agent - \_\_\_\_\_

Approved Contract/Document from Retail Agent accepting user as customer received on:  
DATE - \_\_\_\_\_

Application complete on: Date - \_\_\_\_\_ By - \_\_\_\_\_

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