

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 and Number) (City) (State) (Zip)

Contact Person _____ Phone Number _____

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

(Engineer or Firm)

(Mailing Address)

(City, State, Zip)

(Phone) (e-mail address)

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)

to serve _____
(Subdivision, Plant, School, Other)

located at _____
(Approximate Location (ie. section, township, range or latitude, longitude))

in or near the City of _____,
and herewith make application for the approval of this project.

Upon construction, these facilities will be owned and maintained by _____
(Name of Utility Company, Owner, Developer, Municipality, etc.)

whose address is _____,
(Street and Number) (City) (State) (Zip)

Expected begin date of construction _____. Expected finish date of construction _____.

The operator in charge will be _____
(Name)

Is On-Site Wastewater treatment proposed to be used () Yes () No

If Yes, continue to next item (Method of Treatment)
If No, skip to "GENERAL" section.

Method of Treatment shall be (check one):

- Septic Tank with Leach Field ()
- Individual Aerobic Treatment Unit ()
- Individual Pump Station ()
- Other: _____ ()

Notes: _____

Has Health Department Approval been obtained for On-Site Wastewater Treatment? () Yes () No

If Yes, A copy of Health Department approval document must be attached to finalize application.
If No, Application cannot be finalized until Health Department approval document is attached.

If On-Site Treatment is proposed to be used initially, is a Dry Collection System proposed to be installed for future use? () Yes () No

If Yes, proceed to "General" section
If No, skip to "Attachments" section

I. GENERAL

1. Ultimate population to be served by proposed system _____
2. Per capita discharge _____ gpcd: Infiltration _____ gpcd. (Estimate, if unknown)
3. Area water supply by _____

(Name and Address of Water Utility)

II. PROPOSED SEWER SYSTEM

GENERAL PROJECT DESIGN CRITERIA

A. Project Loading

	At Opening Day		In Design Year 20__	
1. Population Served	_____	Persons/ Employees	_____	Persons/ Employees
2. Commercial / Industrial Flow (Avg./peak)	_____	gpd	_____	gpd
Domestic Flow (Avg./peak)	_____	gpd	_____	gpd

Infiltration/Inflow _____ gpd _____ gpd
 (Avg./peak)

Total Flow _____ gpd _____ gpd
 (Avg./peak)

3. Commercial / _____ lb/day _____ lb/day
 Industrial BOD₅

Domestic BOD₅ _____ lb/day _____ lb/day

Total BOD₅ _____ lb/day _____ lb/day

_____ mg/l _____ mg/l

4. Total Suspended _____ lb/day _____ lb/day
 Solids

_____ mg/l _____ mg/l

5. NH₃-N _____ lb/day _____ lb/day

_____ mg/l _____ 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

Flow _____ MGD

BOD₅ _____ 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 _____

Has an NPDES permit application been received? () Yes () No () NA

Has the permit been issued? () Yes () No () NA

Approximate costs of investment in wastewater treatment facility? \$ _____

D. Sewage Pumping Stations:

Location or Number	Units Served	Pump Capacity (gpm)	Influent Flow (gpm)	
			Avg.	Peak

III. **EXISTING SYSTEMS CONNECTION**

A. Existing Collection System

1. 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 _____ gpd.
4. Current influent flow to treatment facility _____ gpd.

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 (include 2 separate copies of plans and support information)

Provide the following:

1. Non-refundable Application Review Deposit, if applicable
2. Land Use Authority Conditions of Approval.
3. Digital copy on compact disc of development to include Lot and Utility layout as a minimum to include easements, both existing and dedicated. The digital copy shall be in a commonly used format of drafting software such as Autocad, Microstation, etc. The digital layout shall be geo-referenced to the State Plane Coordinate System or be referenced to the Public Land system of section, township and range. The intent is to properly locate the development within the County's GIS System.
3. Folded plans of 24"x36" sheets. Individual plan sheets that exceed 20 pages may be rolled and stapled.

4. 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. Vicinity map sufficient in scope to locate the proposed development or service location.
 - c. A description that includes township, range, quarter section and tax lot numbers of the areas impacted by the development
 - d. Index of plan sheets.
 - e. For multi-phase projects, an overall map showing the limits of each phase.
 - f. Detailed plans of the proposed development including roads, lots, utilities, drainageways, grading, adjacent development and property owners. The plans should be referenced to Section, Township, and Range.

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

5. Clear, readable plan and profile views of all proposed sanitary sewer lines shall be provided. These plan and profiles 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 to the mainline to 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.

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 gathering 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)).

Application Submitted by:

Signature

Typed Name and Title of Above

Date

RETURN APPLICATION TO: **DeSoto County Regional Utility Authority**
Attn: Permits
365 Loshier Street, Suite 310
Hernando, MS 38632

Other Contact Information: **Mr. Bill Austin, Executive Director**
Telephone: 662-429-5590
Facsimile: 662-449-1422
Website: www.dig-itdesoto.org

TO BE COMPLETED BY DCRUA

Name of Retail Agent _____

whose address is _____, _____, _____, _____
(Street and Number) (City) (State) (Zip)

Approved Contract/Document from Retail Agent accepting User as customer received on:

DATE: _____

(Retail Agent Contract/Document must be attached to application for it to be considered complete)

Application complete on: Date: _____ By: _____