

# Watershed Packet

This packet includes forms that are directly related to your building permit, but are serviced by Watershed Development. Some or all of these forms may be required depending on your scope of work. Please read all the instructions on each form as some have different submittal procedures.

## INCLUDED FORMS:

- **Water Meter/ Irrigation Meter**: This fillable form can be done electronically to make easier for online submission. All new construction must have a water meter. If uncertain about whether a lot previously had a water meter on it, please contact Watershed. For use as an Irrigation Meter, this is a second meter installed on a property for irrigation purposes and does not sewer charges.
- **Sewer Capacity Evaluation**: All new construction of Single Family Detached Dwellings that intend to use sewer instead of septic are *required* to complete a Sewer Capacity Evaluation. You will not be issued a building permit until the SCR is signed off by Watershed. *This form needs to be submitted to the email address located at the bottom of the form.*
- **Sewer Tap Application**: This application is required for all lots that intend to use sewer and do not have an existing tap. If uncertain about whether a lot previously had a sewer tap, please contact Watershed.

Additional information regarding conversion from Septic to Sewer can be found on our forms site:  
<https://www.dekalbcountyga.gov/planning-and-sustainability/forms>

To contact Watershed, please refer to their contact list for the best area to contact:  
<https://www.dekalbcountyga.gov/watershed-management/department-watershed-management>



FOR COUNTY USE ONLY:

AP#: \_\_\_\_\_

NO: \_\_\_\_\_

**DEKALB COUNTY  
APPLICATION FOR WATER METER INSTALLATION**

POST OFFICE BOX 1088 DECATUR, GEORGIA 30031  
TELEPHONE: (770) 414-2382

DATE: \_\_\_\_\_

\_\_\_\_\_  
ZONE / BOOK / PAGE

SERVICE ADDRESS: \_\_\_\_\_ STREET CONDITION: \_\_\_\_\_

LOT# \_\_\_\_\_ DIST \_\_\_\_\_ LL \_\_\_\_\_ BLK \_\_\_\_\_ PAR \_\_\_\_\_

NAME OF SUBDIVISION: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEAREST INTERSECTING STREETS: \_\_\_\_\_

METER USE: \_\_\_\_\_ PROPERTY ON: \_\_\_\_\_ METER SIZE: \_\_\_\_\_ # OF UNITS, OFFICES, STORIES,  
APTS. SERVED BY METER \_\_\_\_\_

**PURCHASER INFORMATION:**

NAME: \_\_\_\_\_

OWNER: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BILLING INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

**Provide written location of meter stub:** \_\_\_\_\_

**Note: Upon receipt of your RED meter card, attach it to a stake in your yard for clear identification of meter placement.)**

*Please be advised that all Irrigation Water Meters (Residential & Commercial) are required to have a Backflow Preventer installed and tested within 60 days of installation. All Backflow Preventers must be inspected annually for proper working order. For more information visit our website at <https://www.dekalbcountyga.gov/watershed-management/backflow-prevention-information>*

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# SEWER CAPACITY EVALUATION REQUEST

Department of Watershed Management

**Project Information:**

DeKalb County AP #:

Project Address:

*(City, State, Zip Code)*

Project Name:

Type of Development:

Intended Tie-In Manhole ID:

Land Lot and Parcel ID:

Total Peak Flow Requesting:

Sewershed:

*(Proposed Peak Flow minus existing peak flow) GPD*

**Developer/Owner Information:**

Company's Name:

Address:

Contact Name:

City, State, Zip Code:

Phone Number:

Email Address:

**Engineer Information:**

Company's Name:

Address:

Contact Name:

City, State, Zip Code:

Phone Number:

Email Address:

Please include the following items in your submittal package:

Proposed Peak Daily Flow Calculation based on attached guidelines *(See Appendix B)*

Existing Developments

New Conditions

Separate detailed calculation sheet signed by the owner or owner's representative for each project

All requested flows greater than 500 GPD ADF must be sealed by a Professional Engineer

Geographical Information System (GIS) map clearly showing the proposed site(s) surrounding areas, and utilities

Proposed utility plan, if available

Name:

Date:

Signed:

Seal:

(By Professional Engineer)

*Capacity Evaluation Request will not be accepted until the form is completed and all supplemental information is attached. Submit documents to [sewercapacity@dekalbcountyga.gov](mailto:sewercapacity@dekalbcountyga.gov).*

**Internal Use Only**

Date Capacity Request Reviewed and Accepted:

Received By:

Signed:

**Appendix - B (Revised 01/01/2020)**

Table 1: Sanitary Flow Contributions from Site Specific Sources

CONTRIBUTOR	UNIT	DESIGN AVG DAILY FLOW (GPD)
Barber Shop	Per Station	20
Carwash (Automatic)	Per Unit	166
Carwash (Self Service)	Per Bay	100
Church (NOT including food or day schools)	Per 1,000 sf	30
Coffee Shop/Deli/Fast Food	Per 1,000 sf	450
Coin Laundromats	Per Washing Machine	400
Commercial Laundromats	Per Washing Machine	640
Daycare	Per 1,000 sf	150
Dentist	Per dental chair	120
Full-Service Restaurant/Bar/Caterer	Per 1,000 sf	550
Gym/Dance Studio (w/o shower)	Per 1,000 sf	65
Gym/Dance Studio (w/showers)	Per person	20
Hair Salon	Per Shampoo Bowl/Chair	150
Hospitals	Per bed	200
Motel/Hotel	Per room	100
Nail Salon	Per pedicure chair	50
Nursing Home/Assisted Living	Per bed	125
Offices	Per 1,000 sf	110
Police/Fire Station	Per 1,000 sf	100
Residence (Single family/Apts/Condo, etc.)	Per residence	185
Retail/Shopping Center/Mercantile	Per 1,000 sf	100
School	Per student	16
School - w/gymnasium	Per student	20
Service Station/Convenience Store	Per 1,000 sf	100
Theater/Museum/Auditorium/Amusement	Per 1,000 sf	65
Warehouse/Industrial	Per 1,000 sf	25

**GPD = gallons per day**

**NOTE:** Design peak flow rates shall be calculated by multiplying the total design average daily flow rate determined per the table above by a peaking factor of **2.5**.

Fill out SCER application, show calculations, scan your application and submit via email: [sewercapacity@dekalbcountyga.gov](mailto:sewercapacity@dekalbcountyga.gov).

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Chief Executive Officer  
Lorraine Cochran-Johnson

Director  
Juliana A. Njoku

SEWER CONNECTION PERMIT APPLICATION

APPROVAL AND ISSUANCE OF THIS PERMIT AUTHORIZES ONLY THE APPLICANT'S RIGHT TO CONNECT TO THE DEKALB COUNTY SEWER SYSTEM AT THEIR OWN EXPENSE. A PLUMBING PERMIT SHALL BE REQUIRED BY A LICENSED SEWER/PLUMBING CONTRACTOR PRIOR TO INSTALLATION OF THE PRIVATE SEWER LINE CONNECTION. THERE IS NO GUARANTEE OF A STUB ON THE LINE.

CUSTOMER SECTION

Application Date: \_\_\_\_\_ Sewer Connection Number: \_\_\_\_\_

Address of Sewer Connection: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Map Reference Number: DIST: \_\_\_\_\_ LL: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

Sewer/Plumbing Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**DEPARTMENT USE ONLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Building      | <input type="checkbox"/> Conversion        | <input type="checkbox"/> Additional Charge |
| <input type="checkbox"/> Assembly          | <input type="checkbox"/> Medical Care      | <input type="checkbox"/> Manufacturing     |
| <input type="checkbox"/> Retail            | <input type="checkbox"/> Retire/Nurse Home | <input type="checkbox"/> Warehouse         |
| <input type="checkbox"/> Food/Beverage     | <input type="checkbox"/> Personal Service  | <input type="checkbox"/> SF Attached       |
| <input type="checkbox"/> Laundry/Dry Clean | <input type="checkbox"/> Comm. Recreation  | <input type="checkbox"/> SF Detached       |
| <input type="checkbox"/> Auto Care/Repair  | Other: _____                               | <input type="checkbox"/> Multi-Family      |
|  |  | _____ No. of Units                         |

Personal Service/Beauty Salon/Barber Shop: No. of Shampoo Bowls \_\_\_\_\_

Number of Stations \_\_\_\_\_

Is Connection Available: (please check one) Yes No

Floor Area: \_\_\_\_\_ GPO: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

NE Creek Ball Mill Creek Other

Sewer Connection Fee: \_\_\_\_\_