

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 for an easier online submission. All new construction must have a water meter. If you are 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 include 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.



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:

(Proposed Peak Flow minus existing peak flow) GPD

Sewershed:

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.

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.

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: _____