**CITY OF BALDWIN, GEORGIA**
**SANITARY SEWER EXTENSION SUBMITTAL FORM**

1. Name of Local Government: __City of Baldwin__

   Local Government Official: _____

   P. O. Box 247
   Mailing Address

   Baldwin, GA  30511
   City, State, Zip Code

2. Project Name or Identification: _____

3. Design Engineer(s): _____

   GA P.E. #: _____     Expiration Date: _____

   _____
   Mailing Address

4. Name of Developer:

   _____
   Name

   _____
   Mailing Address

   _____
   City, County, State, Zip Code

5. Proposed Service Area (this project):

   Immediate _____ acres     Ultimate _____ acres

6. Type of Developments:  (check as applicable)

   Immediate _____ Residential _____ Commercial _____ Other _____ (explain)

7. Number of Lots to be served (residential only):

   Population: _____     Density/acre: _____

8.  Population (employees + customers) to be served (commercial – industrial only):

    Population: _____          Total Square Feet: _____

9.  If receiving industrial wastewater, describe industrial waste characteristics:

    _____

    _____

    _____

    _____

    Quantity _____ GPD.  Describe pretreatment received (if any):

    _____

    (Use extra sheet if needed)

10. Average Design Flow (this project) _____ GPD   Peak _____ GPM
    Provide a downstream analysis of flows into the existing sanitary sewer system.  Provide sufficient data to
    analyze the existing facility's ability to handle the hydraulic flow to the treatment works.

11. Design BOD (this project) (INDUSTRIAL and COMMERCIAL APPLICATIONS ONLY):

    Average _____ lbs/day

12. List nominal pipe diameter(s) and length:

    _____

    _____

    _____

    _____

13. Number, size, and type of pump stations (if any):

    _____

    _____

    Provide design calculations for pump station and force main by separate attachment.

14.     Name of the Georgia P.E. that project inspector will report to: _____

Georgia P.E. # _____

15.     Provide a certified statement by the Developer that the proposed sewers will not be constructed on or serving structures constructed on property that is used or was previously used as a solid waste landfill.

To the best of my knowledge, I certify that the above information is true and correct.

SIGNATURE OF RESPONSIBLE PERSON

_____

Name (Print) _____

Title or Position _____

Date _____

Additional Comments: