



**City of Atlanta - Department of Watershed Management  
Sewer Capacity Certification Program**

**Request for Information**

**Applicant:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Name of Development (if applicable):** \_\_\_\_\_

**Zoning Classification:** \_\_\_\_\_

**Land Lot:** \_\_\_\_\_ **Dist.:** \_\_\_\_\_ **Parcel Code Number (PCN):** \_\_\_\_\_

**Sewer Basin:** \_\_\_\_\_ **Major Trunk:** \_\_\_\_\_

**Sub-basin** \_\_\_\_\_

**This Sub-basin is:** [  ] Combined [  ] Separate

**Existing Use and Flow** \_\_\_\_\_

**Proposed Use and Flow (gpd):** \_\_\_\_\_

**Proposed Demolition (Number&Type of Units):** \_\_\_\_\_

**Proposed Construction (Number&Type of Units):** \_\_\_\_\_

**Projected Completion Date:** \_\_\_\_\_

**Net Change in Sewage Flow:** \_\_\_\_\_

**Downstream Manhole:** \_\_\_\_\_

**For flows less than 2,500 gallons per day:**

For flows less than 2,500 gallons per day your capacity certification application will be accepted and processed. (Acceptance and processing of a capacity certification application is no guarantee of adequate capacity.)

\_\_\_\_\_  
**Applicant signature**                      **Phone Number**                      **Date**

\_\_\_\_\_  
**Received by**                                              **Date**

**For flows of 2,500 gallons per day or greater, complete the remainder of this form.**

I have measured the flow depth at the manhole(s) as directed by the PMT to the City's sewer per the Guidelines for Applying for Sewer Capacity Certification (Guidelines).

Yes, see attached record     No

I have obtained the existing pipe sizes, pipe materials, and slopes of the outgoing pipe at the point of connection down to the nearest major sewer trunk.

Yes, see attached record     No

I have converted the flow depth measured at the proposed point of connection to the flow rate in gallons per day, per the City's *Guidelines* and added the proposed new flow, peaked by a factor of 4.

Yes, see attached record     No

**For connection in a Separate Sanitary Sewer Basin:**

I have determined that there is adequate capacity in the downstream sewer from the point of connection to the City's sewer to the nearest major sewer trunk or have identified a project to replace the sewer with one of adequate capacity (no surcharge with peak flows of 4 times average flow at a 50-year build-out of the service area.

Yes, see attached record     No

**For connection in a Combined Sewer Basin:**

I have performed a hydrology study which will result in limiting peak stormwater flow and peak sanitary sewage flow per the *Guidelines*.

Yes, see attached record     No

I request a determination of the status of adequate capacity in the major trunk downstream of my proposed connection point. I understand that any questions above checked as "No" require my answering in the affirmative before a capacity certification application can be processed.

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Applicant signature	Phone Number	Date
Received by		Date