REQUEST FOR ZONING MAP CHANGE
APPLICATION NO. _____

AGENT/DEVELOPER INFORMATION
(If not owner)

Name: _____

Address: _____

City: _____

State: _____Zip: _____

Contact Person: _____

Phone: _____

Email: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____

State: _____Zip: _____

Phone: _____

Email: _____

APPLICANT IS THE:

_____ Owner's Agent _____ Property Owner _____ Developer

Acreage: _____

Address of Property: _____

Proposed Zoning: _____

Proposed Development: _____

Spalding
Community Development

OTHER REQUIRED INFORMATION

Checklist

_____ Attach 1 copy of plat prepared by a registered land surveyor and drawn to scale showing lot lines and location of existing structures and location of proposed structures.

_____ Please attach a statement describing the proposed development.

_____ Please attach a deed, certified by the Clerk of Court, of the property proposed for rezoning.

_____ Please attach a copy of metes and bound description of the property for rezoning.

_____ Please attach 1 copy (24 x 36) and 1 copy (11 x 17) of the conceptual site plan, if applicable (see Page 7).

_____ If proposed property is within the S-2 Sensitive Land-Watershed Protection District, please submit a plat or drawing to scale showing the exact location of any surface water that is located on or within 250 feet of the subject property.

_____ Is the property recorded as one (1) or multiple parcel(s)?

OFFICE USE ONLY

Present Zoning District(s): _____

Land District(s): _____ Land Lot(s): _____

Commissioner District: _____

Overly District (If applicable): _____

Date Received:_____ Amount of Fee: _____

Received By: _____ Receipt Number: _____

Spalding
Community Development

REZONING APPLICANT'S RESPONSE

Pursuant to Section 414 of the Zoning Ordinances, The Board of Commissioners find that the following standards are relevant in balancing the interest in promoting the public health, safety, morality or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use an attachment as necessary:

(A) (C) What is the length of time the property has been vacant? _____

(B) Whether the property is suitable for the proposed use? _____

(C) Whether a proposed rezoning (or special use permit) will permit a use that is suitable in view of the use and zoning of adjacent and nearby property? _____

(D) What is the threat to the public health, safety, and welfare, if any, if the property is rezoned?

(E) Whether and to what extent is the subject property value diminished under the present zoning?

(F) What is the balance between the hardship on the property owner and the benefit to the public in not rezoning? _____

Use Additional Pages, If Necessary

Spalding
Community Development

PROPERTY OWNER'S CERTIFICATION OF OWNERSHIP AND ZONING COMPLIANCE

Certification is hereby made that the undersigned own(s) at least fifty-one (51) percent of the subject property.

The undersigned certifies that the subject property is presently in compliance with the current Zoning Ordinance for Spalding County, Georgia. The undersigned is aware that an application for a Rezoning, Variance, or Special Exception will not be received unless the subject property is in compliance with the Zoning Ordinance.

The undersigned certifies that the agent, if different from the owner, is authorized to file this application.

_____	_____
Print Name of Owner(s)	Print Name of Agent, If Not Same as Owner
_____	_____
Signature of Owner(s) Date or Signature of Authorized Officer or Agent (if applicable)	Signature of Agent
_____	_____
Signature of Notary Public	Date

- - -Notary Seal- - -

Spalding Community Development

CONFLICT OF INTEREST CERTIFICATION FOR REZONING

A. APPLICANT'S DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you, within the two years immediately preceding the filing of the rezoning application, made campaign contributions aggregating $250.00 or more to a member of the Spalding County Board of Commissioners, a member of the Planning Commission, or any other government official who will consider the application?

_____(Yes/No)

If the answer is Yes, please complete the following section:

Name and Official Position Of Government Official	Contributions (List all which aggregate to $250.00 or more)	Date Contribution Was Made (within last two years)
(1) _____	(1) _____	(1) _____
	_____	_____
(2) _____	(2) _____	(2) _____
	_____	_____

Attach additional sheets if necessary to disclose or describe all contributions.

B. DISCLOSURE OF CAMPAIGN CONTRIBUTIONS OF APPLICANT'S ATTORNEY OR REPRESENTATIVE

Have you, within the two years immediately preceding the filing of the rezoning application, made campaign contributions aggregating $250.00 or more to a member of the Spalding County Board of Commissioners, a member of the Planning Commission, or any other government official who will consider the application?

_____(Yes/No)

If the answer is Yes, please complete the following section:

Name and Official Position Of Government Official	Contributions (List all which aggregate to $250.00 or more)	Date Contribution Was Made (within last two years)
(1) _____	(1) _____	(1) _____
	_____	_____
(2) _____	(2) _____	(2) _____
	_____	_____

Attach additional sheets if necessary to disclose or describe all contributions.

The undersigned below, making application for rezoning, has complied with the Official Code of Georgia Section 36-67A-1, et. seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

_____ _____

Signature of Applicant Date Type or Print Name and Title

_____ _____

Signature of Applicant's Attorney Or Representative Date Type or Print Name and Title

Spalding
Community Development

SITE PLAN REQUIREMENTS FOR ZONING

Section 416: Site Plan Requirements for Rezoning. Any Applicant seeking rezoning of property to the following zoning districts of Spalding County, Georgia, C-1, C-1A, C-1B, C-1C, C-2, C-3, PDD, PRRRD, and O-I or seeking rezoning for any property subject to the requirements of the Spalding County Subdivision Ordinance, Zoning Ordinance of Spalding County, Appendix A for residential development within the following zoning districts of Spalding County, Georgia, AR-1, AR-2, R-1, R-2, R-2A, R-3, R-4, R-5 and R-6 shall submit a conceptual site plan depicting the proposed use of the property including: (#A-03-28, 10/06/03)

A. Vicinity map: _____

B. Correct scale: _____

C. The proposed land use and building outline as it would appear should the rezoning be approved _____

D. The present zoning classification of all adjacent property _____

E. The building outline and maximum proposed height of all buildings_____

F. The proposed location of all driveways and entry/exit points for vehicular traffic, using arrows to depict direction of movement _____

G. The location of all required off street parking and loading areas _____

H. Required yard setbacks appropriately dimensioned _____

I. The location and extent of required buffer areas, depicting extent of natural vegetation and type and location of additional vegetation, if required _____

J. Topography at twenty (20) foot contour intervals (USGS Quad Sheets may be used) _____

K. Location and elevation of the 100-year flood plain on the property which is the subject of the proposed zoning _____

L. Delineation and dimensions of the boundary of the proposed district _____

M. Date, north arrow and datum _____

N. Location and acreage of all major utility easements greater than twenty (20) feet in width _____

O. Approximate location (outline), height, and use of all other proposed drives, parking areas, buildings, structures and other improvements _____

P. For all property for which ingress and egress must be obtained by access from a road within the state highway system, a permit from the Georgia Department of Transportation for access to the state highway system _____

Spalding County Fee Schedule:

Appeal from Action of Administrative Officer:	$ 300.00
Variance:	$ 300.00
Special Exception:	$ 500.00

Multiple Parcel Rezoning: Multiple parcel rezoning of contiguous tracts will be allowed so long as all tracts are to be rezoned to the same zoning classification. All applicants owning property which is subject to the application are deemed to consent to rezoning of their property and to rezoning of any and all other tracts included within the Application. The following fees shall apply to multiple parcel rezoning applications: (#A-99-08 – 09/07/99; #A-00-11 - 07/17/00)

A. **Parcel 1** - $750.00

B. **Parcel 2-5** - $150.00 each, in addition to the fees stated in A; and

C. **Parcels 6**+ - $100.00 each, in addition to the fees stated in A and B.

P.O. Box 1087
Griffin, GA 30224

Dick Morrow
Chairman

Joseph Johnson, PE
General Manager

Water & Sewer Availability Letter Request Form

Availability letters are required for rezoning(s), conditional use/exception, variance, and modifications to Zoning Conditions of properties that are heard by the Spalding County Planning and Zoning Commission Board and/or the Spalding County Board of Commissioners.

The Spalding County Water and Sewerage Facilities Authority (SCWSFA) will verify that water and sewer service is, or will be, available to serve a particular development. The requested information in this packet is used for determining the existing water/sewerage system capacity, planning for future water and sewerage system needs, and for the protection of the water sources within Spalding County.

The SCWSFA charges an application fee for the preparation of a WATER/SEWER availability letter. A deposit and additional costs may be required for proposed larger developments, industrial projects, or unusual cases that require a feasibility/basin study.

Payment of the fee(s) is due at the time of the submittal of the application for a WATER/SEWER availability letter. Please note that this fee is non-refundable even if it is determined that water and/or sewer service is not available.

WATER/SEWER availability letters are valid for twelve (12) months.
NOTE: All applicants must comply with all the terms and provisions of the SCWSFA Standards and Specifications.

Application Fee Due: $275
(Paid at Spalding County Water and Sewerage Facilities Authority Office – 119 East Solomon Street, Griffin, GA 30223)
*Online payment currently not accepted. Payment must be completed in-person at SCWA Office or mailed check.

As a condition of authorizing the addition of water flow into the Spalding County Water and Sewerage Facilities Authority System, SCWSFA engineer must:

- Certify availability of adequate capacity to provide required treatment for increased water and/or sewage flow or,
- Require the completion of offsetting water and sewer improvements to the Spalding County Water and Sewerage Authority System and/or,
- Assure that the applicant has received all required approvals for alternative sewer disposal techniques where adequate capacity is not available.

Should adequate capacity require the completion of offsetting water and/or sewer improvements, approval of applications for building permits and/or Certificates of Occupancy shall not be given until the offsetting water and/or sewer improvements are completed.

If the project scope and/or calculation of water and/or sewage flows referenced herein are revised, the Applicant must amend this Application and any pending application for the proposed project in a timely manner.

Building permits will not be issued until all necessary fees are paid and all other requirements are met.

P.O. Box 1087
Griffin, GA 30224

Dick Morrow
Chairman

Joseph Johnson, PE
General Manager

WATER/SEWER AVAILABILITY LETTER CHECKLIST/SUMMARY

Please complete this form when requesting WATER/SEWER availability letters. Attach the checklist to the application and sign. *This does not apply to existing service verification letters or letters for conditional use/exception and some variances.*

ALL DOCUMENTS ARE REQUIRED IN ORDER TO CONSIDER AVAILABILITY.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

REQUIRED ITEMS	COPIES	PROCEDURE	INITIAL
Application Form *(Originals only. No photocopies will be accepted.)*	One (1)	1. Signed by owner and notarized. OR 2. Signed by owner's agent and notarized.	
Letter of Intent	One (1)	The letter must clearly state the proposed use, development intent, and estimated period for construction.	
Preliminary Site/Plan Layout (24" x 36" max)	One (1)	Preliminary Site/Plan Layout must be drawn to scale and clearly presents the following minimum details: • Location of the Proposed Development (identify all adjacent roads used to access development) • Overall size of the proposed development • Land Lot(s) and District(s) of the proposed development • Current and Proposed Zoning Classifications • Proposed improvements for the development, for subdivisions, show the proposed lot layout, identifying the total number of lots • Topography – clearly label contour information • Existing water and sewer line's locations including size. If a water/sewer system extension is required, the Preliminary Site/ Plan Layout must be accompanied with a preliminary routing of the off-site extension. *Note, for sewer extensions preliminary profiles of the proposed routing may be required.* • Estimated sanitary sewer flow along with method of calculation • Detailed flow calculations for proposed development project: average annual daily flow (gpm), peak flow (gpm) for all commercial, and mixed-use projects, instantaneous peak flow (gpm) for all	

P.O. Box 1087
Griffin, GA 30224

Dick Morrow
Chairman

Joseph Johnson, PE
General Manager

		industrial projects, batch discharges from processing facilities, and private pump station flow rates. • If applicable, past 24-month water bills from equivalent use and sized building, estimated employee count, and floor plans. • Buildings, road frontage, north arrow • The Preliminary Site Plan must be dated and correspond with the submittal to Spalding County • **All Preliminary Site/Plan Layouts must include a statement of whether or not the property is within a protected watershed district.**	
Additional Site Plan/Layout Requirements	One (1)	If the proposed development lies within a protected watershed, include the proposed minimum lot sizes, estimate of impervious surface, required stream buffers, and a statement of whether or not the property is within the Water Quality Critical Area.	
Complete IPP Application Review IPP Policy Review Sewer Use Ordinance		SCWA's Industrial Pretreatment Program (IPP) Application shall be completed, and SCWA's IPP Policy and Sewer Use Ordinance shall be reviewed.	
Payment $275.00		Cash or Check may be payable to the Spalding County Water and Sewerage Facilities Authority for $275.00 for WATER/SEWER availability letters. A deposit and additional costs will be required for developments requiring a feasibility/basin study.	
Letter from the Health Department ***(only if the property is not on sewer and located within a protected watershed district)***	One (1)	This letter is required ONLY if the development lies within a protected watershed district and the proposed minimum lot size is less than the requirements set forth in the Watershed Protection Ordinance. Letter must indicate that septic systems will be adequate for proposed lots and houses/building sizes.	

The SCWSFA Engineer or authorized representative may require additional information different from the above depending on the type of development and/or system requirements. The terms and conditions of an availability letter are subject to all rules and regulations of Spalding County Water and Sewerage Facilities Authority. This application is valid only for the real property referenced in this application. This application is not transferable or assignable to any party. The SCWSFA reserves the right to discontinue processing applications at any time without prior notice for any reason, including limited, diminished, or lack of supply and/or demand considerations.

Submit 1 digital copy and 1 hard copy completed, signed, sealed form, and documents to:
Emails (1 digital copy) – development@scwa.us
Mailed (1 hard copy): ATTN: SCWSFA
119 E. Solomon St.
Griffin, GA 30223

P.O. Box 1087
Griffin, GA 30224

Dick Morrow
Chairman

Joseph Johnson, PE
General Manager

PLEASE ALLOW A MINIMUM OF 10 BUSINESS DAYS FOR PROCESSING

APPLICATION FOR WATER/SEWER AVAILABILITY LETTER

DATE: _____

Applicant Agreement: the filing of this form by the Applicant, in the capacity of legal representative of the Owner and Developer of the parcel or property, places no obligation on Spalding County Water and Sewerage Facilities Authority, its officers, employees, agents and assigns, to issue a building permit, conditional or otherwise. Any misrepresentations in this application, failure to provide new, revised, or updated information regarding the estimated water flow, or subsequent violation of the conditions of the capacity certification process, will result in revocation of the building permit and other remedies available in equity and law for the improper filing of legal documents. I (the applicant) further acknowledge and agree to comply with all the terms and provisions of the SCWSFA Standards and Specifications (as amended from time to time).

Full Name of Applicant: _____ Phone: _____ Mobile: _____

Address of Applicant: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Full Name of Agent: _____ Phone: _____ Mobile: _____

Address of Agent: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-mail: _____

THE APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT FOR THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS: (Please check the purpose of the letter request and fill in ALL APPLICABLE INFORMATION LEGIBLY AND COMPLETELY)

VERIFICATION OF SERVICE:

☐**Conditional Use/Exception** ☐**Variance** ☐**In-law Suite/Addition** ☐**Bank Loan**

AVAILABILITY:

☐**General Availability** ☐**Rezoning**

Availability letters will require a **minimum** of four (4) weeks from the date of payment and application submittal.

Request from _____ to _____
(Present Zoning) (Requested Zoning)

P.O. Box 1087
Griffin, GA 30224

spalding county SCWA water authority

Dick Morrow
Chairman

Joseph Johnson, PE
General Manager

For the Purpose of _____
(Type of Development)

Address of Property: _____
(Street Address, if Applicable, Nearest Intersection, etc)

Size of Tract (acres): _____ Land Lot Number(s): _____ District(s): _____

Water: Est. Avg. Daily Flow (GPD): _____ Max Hourly (GPM): _____ Peak (GPD): _____

Sewer: Est. Avg. Daily Flow (GPD): _____ Max Hourly (GPM): _____ Peak (GPD): _____

Max Instantaneous Flow: [**Water** GPM] _____ [**Sewer** GPM] _____ Duration (mins): _____

Fire Flow Required (Fire Dept: 770-228-2129): [**Water** GPM] _____ Duration (mins): _____

Hours of Operation (Days of week & timeframes) _____ Water Storage Tank On-Site? Y N

Property Tax Parcel #s: _____ Sewer Type? Domestic Commercial Industrial Pre-Treatment Req'd

Proposed number of lots: _____ Est. Rezoning Dates:_____ Begin Construction:_____

☐Any required capacity for amenity center? Projected Completion Date: _____

Information beyond this point is not required for service verifications.

(Below: For properties within protected watershed districts only)

Gross Density: _____ units per acre Net Density:_____ units per acre

Estimated amount of impervious surface: _____ Minimum Lot Size: _____

Application Fee Due: $275 Date Fee Paid: _____

Receipt # Check #

_____
Witness

_____
Printed Name of Witness

_____
Printed Name of Owner(s)/Agent(s)

_____
Notary

_____
Signature of Owner(s)/Agent(s)

Section A. General Instructions

- To be completed by persons engaged in industrial manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works (POTW).
- To expedite the processing of the application, unless stated otherwise, all items are to be filled out completely. Your application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting "N/A" to show that you considered the question.
- Attach additional sheets as necessary for any section of this application.
- SCWA may return incomplete applications to the sender if the application is determined to be incomplete.
- Additional information may be required upon request.

Section B. Attachments

Provide the following attachments to the permit application. Please be sure to label them as appropriate.

1. Site map showing the layout of the facility
2. A schematic flow diagram of the wastewater treatment system with flow volumes and sampling locations
3. Sewer Use Ordinance (SUO) as provided by the POTW
4. Baseline Monitoring Report (BMR)
5. Accidental Spill Prevention Plan (ASPP)
6. If applicable, Toxic Organics Management Plan (TOMP)

Section C. Signatory Requirements

The application is to be signed by a designated responsible official as follows: For a corporation: by a responsible corporate official. A responsible corporate official means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. For a partnership or sole proprietorship: by a general partner or the proprietor.

Section D. Submittal of Application Requirements

Mail completed application packages to:

Spalding County Water Authority
Industrial Pretreatment Program
119 East Solomon Street
Griffin Georgia, 30223

Section E. Common Acronyms Embedded in the Application

1. CIU – Categorical Industrial User
2. CFR – Code of Federal Regulations
3. EPD – Environmental Protection Division
4. IU – Industrial User
5. NPDES - National Pollutant Discharge Elimination System
6. POTW – Publicly Owned Treatment Works
7. SIU – Significant Industrial User
8. SUO – Sewer Use Ordinance

Section F. Significant Definitions

1. Significant Industrial User (SIU) per 40 CFR 403.3(v) is any of the following:
    a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, subchapter N.
    b. A Categorical Industrial User (CIU).
    c. A discharger that contributes 25,000 gallons per day of process wastewater to collection system or 5% of the hydraulic, organic or solids loading of the POTW or Designated by the EPD on the basis that the IU has a reasonable potential for affecting the POTW.
2. A categorical industrial user (CIU) is a facility that meets these conditions:
    a. The industrial activity performed at the facility is regulated by one or more of the federal regulations found in Title 40 Code of Federal Regulations (40 CFR).
    b. The facility discharges process wastewater to a Publicly Owned Treatment Works (POTW)

If you are a CIU, then you must comply with the categorical pretreatment standards specified in the federal regulations and any local limits (ex. SUO) established by the POTW that receives your wastewater discharge.

Section G. Significant Industrial Categories

The table below lists the significant industrial categories and the types of pollutants that must be analyzed and submitted in Section K.3 of this application.

Industrial Category	Volatile	Acid Compounds	Base/Neutral Compounds	Pesticide
Adhesives and Sealants	X	X	X	-
Aluminum Forming	X	X	X	-
Auto and other laundries	X	X	X	X
Battery Manufacturing	X	X	X	-
Coal Mining	X	X	X	X
Coil Coating	X	X	X	-
Copper Forming	X	X	X	-
Electric and Electronic Compounds	X	X	X	X
Electroplating	X	X	X	-
Explosives Manufacturing	-	X	X	-
Foundries	X	X	X	-
Gum and Wood Chemicals	X	X	X	X
Inorganic Chemicals Manufacturing	X	X	X	-
Iron and Steel Manufacturing	X	X	X	-
Leather Tanning and Finishing	X	X	X	X
Mechanical Products Manufacturing	X	X	X	-
Metal Finishing	X	X	X	-
Nonferrous Metals Manufacturing	X	X	X	X
Ore Mining and Dressing	X	X	X	X
Organic Chemicals Plastic and Synthetic Fibers	X	X	X	X
Paint and Ink Formulating	X	X	X	X
Pesticides Chemicals	X	X	X	X
Petroleum Refining	X	X	X	X
Pharmaceutical Manufacturing	X	X	X	-
Photographic Equipment and Supplies	X	X	X	X
Plastics and Synthetic Materials Manufacturing	X	X	X	X
Plastic Processing	X	-	-	-

Industrial Category	Volatile	Acid Compounds	Base/Neutral Compounds	Pesticide
Pulp, Paper, and Paperboard	X	X	X	-
Rubber Manufacturing	X	X	X	-
Porcelain Enameling	X	-	X	X
Printing and Publishing	X	X	X	X
Soap and Detergent Manufacturing	X	X	X	-
Steam Electric Power Generating	X	X	X	-
Textile Mills	X	X	X	X
Timber Products Processing	X	X	X	X

Industrial Wastewater Discharge Permit Application

Permit Type:

☐ **New Permit** ☐ **Existing Permit (Permit No.: _____)**

SECTION A – INDUSTRIAL FACILITY INFORMATION			
Name of Facility:			
Facility Operator:			
Facility Owner:			
Facility Physical Address Street:			
City:	State:	Zip Code:	County:
Facility Mailing Address Street or P.O. Box:			
City:	State:	Zip Code:	

SECTION B – CONTACT INFORMATION		
Permit Applicant		
Name (first & last):		
Job Title:		
Phone Number Cell:	Office:	
Email Address:		
Address Street or P.O. Box:		
City:	State:	Zip Code:
Designated Facility Contact **(only fill out if it differs from the permit applicant)**		
Name (first & last):		
Job Title:		
Phone Number Cell:	Office:	
Email Address:		
Address Street or P.O. Box:		
City:	State:	Zip Code:

SECTION C – DESIGNATED SIGNATORY AUTHORITY OF THE FACILITY		
Name (first & last):		
Job Title:		
Phone Number Cell: Office:		
Email Address:		
Address Street or P.O. Box:		
City:	State:	Zip Code:

SECTION D – BUSINESS ACTIVITY

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

☐ Aluminum Forming
☐ Asbestos Manufacturing
☐ Battery Manufacturing
☐ Can Making
☐ Canned and Preserved Fruit and Vegetable Processing
☐ Canned and Preserved Seafood
☐ Carbon Black Manufacturing
☐ Cement Manufacturing
☐ Centralized Waste Treatment
☐ Coal Mining
☐ Coil Coating
☐ Concentrated Animal Feeding Operation and Feedlots
☐ Concentrated Aquatic Animal Production
☐ Copper Forming
☐ Dairy Product Processing or Manufacturing
☐ Electric and Electronic Components Manufacturing
☐ Electroplating
☐ Explosives Manufacturing
☐ Ferroalloy Manufacturing
☐ Fertilizer Manufacturing
☐ Foundries (Metal Molding and Casting)
☐ Glass Manufacturing
☐ Grain Mills
☐ Gum and Wood Chemicals Manufacturing
☐ Hospital

☐ Ink Formulation
☐ Inorganic Chemicals
☐ Iron and Steel
☐ Landfill
☐ Leather Tanning and Finishing
☐ Meat and Poultry Products
☐ Metal Finishing
☐ Metal Products and Machinery
☐ Mineral Mining and Processing
☐ Nonferrous Metals Forming
☐ Nonferrous Metals Manufacturing
☐ Oil and Gas Extraction
☐ Ore Mining
☐ Organic Chemicals Manufacturing
☐ Paint and Ink Formulating
☐ Paving and Roofing Manufacturing
☐ Pesticides Chemical Manufacturing, Formulating, and/or Packaging
☐ Petroleum Refining
☐ Pharmaceutical Manufacturing
☐ Phosphate Manufacturing
☐ Photographic Processing
☐ Plastic and Synthetic Materials Manufacturing
☐ Porcelain Enameling
☐ Printed Circuit Board Manufacturing
☐ Pulp, Paper, and Fiberboard Manufacturing
☐ Rubber Manufacturing
☐ Soap and Detergent Manufacturing
☐ Steam Electric Power Generating
☐ Sugar Processing
☐ Textile Mills
☐ Timber Products
☐ Transportation Equipment Cleaning
☐ Waste Combustors
☐ Other (Describe)

Briefly describe all operations that occur at this facility, including primary products or services.

List all applicable North American Industry Classification System (NAICS) for all processes:

SECTION E – BUSINESS PRODUCTION RATE						
Product (Brand Name)	Past Calendar Year Amounts per Day (Daily Units)		Estimate this Calendar Year Amounts Per Day (Daily Units)		Estimate Future Amounts for the Next Five Years (Daily Units)	
	Average	Maximum	Average	Maximum	Average	Maximum

SECTION F – WATER SOURCE AND SUPPLY

1. Select all the sources from which your facility sources its water:

☐ Private Well

☐ Surface Water

☐ Municipal Water Utility (Specify City): _____

☐ Other (Specify): _____

2. Water Bill Information:

Name (as listed on water bill):

Street:

City:	State:	Zip Code:

3. Water Service Account Number:

4. Please indicate the average water usage at your facility. If your facility is new, please provide a best-faith estimation.

Type	Daily Average (gpd)	Daily Maximum (gpd)
Contact cooling water*		
Non-contact cooling water*		
Boiler feeding		
Process wastewater		
Sanitary wastewater		
Air pollution control wastewater		
Plant and equipment washdown		
Other (specify):		
Other (specify):		
Other (specify):		

*(specify avg. temp. in Section H)

SECTION G – SEWER CONNECTIVITY

1. Is the building presently connected to the POTW sanitary sewer system? ☐ Yes ☐ No

- **a.** If yes, provide your sanitary sewer account number:
- **b.** If no, please provide the estimated date of connection:

2. Is the facility a Significant Industrial User (SIU), as defined in the application instructions? ☐ Yes ☐ No

3. Do you have any other environmental permits (Federal, State, or local)? ☐ Yes ☐ No

- **a.** Please list all, if any, preexisting permits:

Permit Category	Permit Number	Permit Issuance Date

4. Only for Batch Discharges.

- **a.** Is the wastewater discharged as a batch discharge? If you are a new facility, please estimate. ☐ Yes ☐ No
- **b.** Total number of batch discharges per day: _____
- **c.** Average gallons per batch: _____
- **d.** Time(s) of batch discharges: _____
- **e.** Days of week batch discharges occur: _____
- **f.** Total daily flow discharged: _____ gallons/day

5. Only for Categorical Industrial Users. Provide the wastewater discharge flows for each categorical process. Include the reference number from the schematic flow diagram that corresponds to each process. New facilities should provide estimates for every discharge.

Categorically Regulated Process	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch/continuous)
Non-Categorically Regulated Process	**Average Flow (gpd)**	**Maximum Flow (gpd)**	**Type of Discharge (batch/continuous)**

SECTION H – DISCHARGE CHARACTERISTICS

1. All applicants must provide the analytical wastewater effluent data listed in the table below. The data must accurately represent the effluent waste stream and be analyzed using a test method compliant with 40 CFR Part 136. Though the table is not all-encompassing, the applicant must still ensure that the effluent discharge has been adequately characterized and that all appliable information is reported to the Georgia EPD. **DO NOT attach any laboratory results.**

Pollutant	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method Utilized
Biochemical Oxygen Demand$_{5\text{-day}}$ (BOD_5)				
Chemical Oxygen Demand (COD)				
Oil and Grease, Total				
Total Suspended Solids (TSS)				
Ammonia (as Nitrogen)				
Phosphorus, Total				
Total Kjeldahl Nitrogen (TKN)				
pH (s.u.) (Minimum/Maximum)				
Temperature (°F)				

2. All applicants must provide the analytical wastewater effluent data listed in the table below. The data must accurately represent the effluent waste stream and be analyzed using a test method compliant with 40 CFR Part 136. Though the table is not all-encompassing, the applicant must still ensure that the effluent discharge has been adequately characterized and that all appliable information is reported to the EPD. DO NOT attach any laboratory results.

a. All applicants: Place an X in the "Believed Present" box if you believe a pollutant listed below is present in your effluent discharge. Also provide the corresponding analytical data.

b. Categorical Industrial Users Only: Place a check in the "Believed Present" box and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category. DO NOT attach the laboratory reports.

Pollutant	Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Toxic Metals, Cyanides, & Phenols					
Antimony, Total					
Arsenic, Total					
Beryllium, Total					
Copper, Total					
Cadmium, Total					
Chromium, Total					
Cyanide, Total					
Cyanide, Amenable					
Chromium, Hexavalent					
Lead, Total					
Mercury, Total					
Nickel, Total					
Phenols, Total					
Thallium, Total					
Selenium, Total					
Silver, Total					
Zinc, Total					

SECTION I – AUTHORIZED SIGNATURES	
Authorized Representative Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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.	
Printed Name:	Title:
Phone Number:	Email Address:
Signature:	Date:

END OF PERMIT APPLICATION