

# 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:

Project Address:	_____	Project Name:	_____
	_____	Type of Development:	_____
	(City, State, Zip Code)		
Intended Tie-In Manhole ID:	_____	Land Lot and Parcel ID:	_____
Total Peak Flow Requesting:	_____ GPD	Sewershed:	_____
	Proposed Peak Flow minus existing peak flow		

## 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 Professional Engineer
- Geographical Information System (GIS) map clearly showing the proposed site (s) surrounds areas, and utilities
- Proposed utility plan, if available

Name:	_____	Date:	_____
Signed:	_____	Seal:	_____
(By Professional Engineer)			

*Capacity Evaluation Request will not be accepted until form is fully 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**

Table 1: Sanitary Flow Contributions from Site Specific Sources

<b>CONTRIBUTOR</b>	<b>UNIT</b>	<b>Design Average Daily Flow (GPD)</b>
Residence, single family	Per residence	240
Residence, multiple family (Apartments)	Per unit	240
Commercial/Mercantile Building	Per 1,000 square feet	75
Industrial/Warehouse (Not including food service)	Per 1,000 square feet	75
Offices (Not including food service)	Per 1,000 square feet	175
Shopping Center (Not including food service)	Per 1,000 square feet	100
Restaurant/Coffee Shop/Fast Food/Bar/Tavern	Per 1,000 square feet	1650
Amusement/Recreation/Arcade	Per 1,000 square feet	200
Barber Shop/Beauty Salon	Per customer station	333
Caterer	Per 1,000 square feet	3300
Church (Not including food service or day schools)	Per 1,000 square feet	65
Coin Laundries	Per machine	400
Commercial Laundries	Per machine	640
Hospitals	Per bed	200
Nursing Home	Per bed	125
Motel/Hotel	Per room	100
Police/Fire Station – w/residents	Per bed	125
Police/Fire Station – w/o food service	Per 1,000 square feet	175
School – w/ kitchen	Per 1,000 square feet	200
School – w/cafeteria	Per 1,000 square feet	250
School – w/cafeteria and gym	Per 1,000 square feet	400
Service Station	Per fuel pump unit	120
Theater/Museum/Auditorium	Per 1,000 square feet	65
Other Facility not listed:	Subject to Approval by the County	

**GPD = gallons per day**

**Total**

**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 4.0.

Fill out SCER application, show calculations, scan your application and submit via email:

[sewercapacity@dekalbcountyga.gov](mailto:sewercapacity@dekalbcountyga.gov)



404.371.2155 (o)  
404.371.4556 (f)  
DeKalbCountyGa.gov

Clark Harrison Building  
330 W. Ponce de Leon Ave  
Decatur, GA 30030

Chief Executive Officer  
Michael Thurmond

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Andrew A. Baker, AICP

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