

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 using the link below.

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

Internal Use Only

Date Capacity Request Reviewed and Accepted:	_____	Received By:	_____
		Signed:	_____

Appendix – B

Table 1: Sanitary Flow Contributions from Site Specific Sources

CONTRIBUTOR	UNIT	Design Average Daily Flow (GPD)
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
Beauty Salon	Per customer station	333
Nail Salon	Per spa pedicure chair	50
Barber Shop	Per station	50
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
School – w/o kitchen	Per 1,000 square feet	185
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



Michael Thurman
Chief Executive Officer

Andrew A. Baker, AICP
Director

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

- New Building Conversion Additional Charge
Assembly Medical Care Manufacturing
Retail Retire/Nurse Home Warehouse
Food/Beverage Personal Service SF Attached
Laundry/Dry Clean Comm. Recreation SF Detached
Auto Care/Repair Other Multi-Family

No. of Units

If Personal Service/Beauty Salon/Barber Shop: No. of Shampoo Bowls No. of Stations

Is Connection Available: (please check one) Yes No

Floor Area: GPD: Seating Capacity:

NE Creek Ball Mill Creek Other

Sewer Connection Fee: