

# Public Sewer System Available Capacity Determination

Developer Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Municipality & County: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Flows: \_\_\_\_\_ gpd (Additional Flow)

The agent(s) responsible for completing the Chapter 94 report for the collection and/or the conveyance facilities is to sign below to affirm that the collection and/or conveyance facilities have adequate capacity and are able to provide service to the proposed development reference above.

## Collection System

Name of Agency, Authority, or Municipality: \_\_\_\_\_

Name of Responsible Agent: \_\_\_\_\_

I do hereby certify that the sewerage facilities have capacity to receive and treat the sewage flows from the applicant's proposed development and that the additional wasteload from the proposed development will not create a hydraulic or organic overload or a 5-year projected overload.

Agent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

## Conveyance System(s)

### First Conveyance System

Name of Agency, Authority, or Municipality: \_\_\_\_\_

Name of Responsible Agent: \_\_\_\_\_

I do hereby certify that the sewerage facilities have capacity to receive and treat the sewage flows from the applicant's proposed development and that the additional wasteload from the proposed development will not create a hydraulic or organic overload or a 5-year projected overload.

Agent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

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## Second Conveyance System

Name of Agency, Authority, or Municipality: \_\_\_\_\_

Name of Responsible Agent: \_\_\_\_\_

I do hereby certify that the sewerage facilities have capacity to receive and treat the sewage flows from the applicant's proposed development and that the additional wasteload from the proposed development will not create a hydraulic or organic overload or a 5-year projected overload.

Agent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

## Third Conveyance System

Name of Agency, Authority, or Municipality: \_\_\_\_\_

Name of Responsible Agent: \* \_\_\_\_\_

I do hereby certify that the sewerage facilities have capacity to receive and treat the sewage flows from the applicant's proposed development and that the additional wasteload from the proposed development will not create a hydraulic or organic overload or a 5-year projected overload.

Agent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

## Treatment Facility

The treatment facility permittee must sign below to affirm that this facility has adequate treatment capacity and is able to provide wastewater treatment services for the proposed development referenced above.

Name of Agency, Authority, or Municipality: \_\_\_\_\_

Name of Responsible Agent: \_\_\_\_\_

I do hereby certify that the sewerage facilities have capacity to receive and treat the sewage flows from the applicant's proposed development and that the additional wasteload from the proposed development will not create a hydraulic or organic overload or a 5-year projected overload.

Agent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

Additional Information: N/A

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