



PRELIMINARY WASTEWATER FLOW APPLICATION

INSTRUCTIONS FOR FORM: PWWF-2021

The City of Concord Preliminary Wastewater Flow Application is to be completed for any residential, commercial, and/or industrial site development projects requiring a permit based upon 15A NCAC Subchapter 2T rules and the Water and Sewer Authority of Cabarrus County sewer allocation and commitment policy.

A DIGITAL COPY OF THE COMPLETED APPLICATION PACKAGE, SUPPORTING INFORMATION AND MATERIALS, SHOULD BE UPLOADED TO ACCELA ONLINE PORTAL IN THE APPLICABLE ACCELA CASE AT <https://accela1.cabarruscounty.us/CitizenAccess/> , UNLESS OTHERWISE SPECIFIED.

SUPPORTING INFORMATION AT A MINIMUM NEEDS TO INCLUDE A PROJECT NARRATIVE.

The narrative should include any and all information the applicant wants City Council to consider when evaluating the project for flow allocation. In general, the narrative should be a description of the project, including project data (zoning, number of lots, type of housing or business), price points for homes or investment for business, and any sustainability components of the plan (ie walking trails, water conservation, green building practices, operational aspects of business such as waste reduction, recycling, etc).

<p><u>For Accela Case Inquiries, Contact:</u> CITY OF CONCORD Planning & Neighborhood Development- Zoning Services Post Office Box 308 Concord, North Carolina 28026-0308 Telephone Number: (704) 920-5152</p>	<p><u>For Engineering Design Inquiries, Contact:</u> CITY OF CONCORD Engineering Department Post Office Box 308 Concord, North Carolina 28026-0308 Telephone Number: (704) 920-5425</p>
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PRELIMINARY WASTEWATER FLOW APPLICATION

(THIS FORM MAY BE PHOTOCOPIED FOR USE AS AN ORIGINAL)

TO BE COMPLETED BY THE CITY OF CONCORD	
Planning Case No:	
Engineering Project No:	
ATC No:	

A. Project Information	1.)	Project Title:				
	2.)	Description of project location:	(Example: Site located on (Road name) SR ####, approx #### linear feet (North, South, West or East) of the intersection of Road name (SR ####) and Road Name (SR ####))			
	3.)	Cabarrus County Parcel Identification Number:	3a.)	Parcel Acreage:		
	4.)	Site Zoning and use:	5.)	Area Commercial or Industrial Building	(sq. ft.)	
	6a.)	Description of Facility to be served.	6b.)	Number of Lots	6c.)	Number of Units
	7d.)	Additional description information:				
	B. Applicant Information			(Title)		
(Name of legal owner, board, council, and/or authorized official with title; as defined in property records and/or a registered agent(s) as listed in the NC Secretary of State Corporation filings, hereby referred to as the Applicant.)			(Applicant's Street or Box Number)			
(Name of Applicant's company, city, town, corporation, sanitary district, water company or other defined in property records and/or as listed in the NC Secretary of State Corporation filings, as applicable.)			(Applicant's City, State, Zip Code)			
(Applicant's Phone Number)			(Applicant's Facsimile Number)			
(Name)				(Email)		
(Name with Title and Email of contact person, who can answer questions about application)			(Applicant's Email Address)			
REQUIRED Applicant is to attach documentation of their signature authority if signing for a corporation and documentation of ownership if signing as owner.						
C. Design Engineer Information if available			(Typed name of North Carolina Professional Engineer)		(Company Name)	
			(NCPE Registration Number)		(Street or Box Number)	
			(Phone Number)		(City, State, Zip Code)	
	(Name and affiliation of contact person, who can answer questions about application & designs)			(Engineer's Email Address)		

NOTE: Final allocation approval must be obtained by the preliminary allocation approval expiration date. The final sewer allocation shall not be more than the preliminary sewer allocation approved.

D. Wastewater Discharge Information

1.) The origin of this wastewater is (check all that apply):

<input type="checkbox"/>	Residential Subdivision	<input type="checkbox"/>	Retail (Stores, shopping centers)
<input type="checkbox"/>	Apartments/Condominiums	<input type="checkbox"/>	Institution
<input type="checkbox"/>	Mobile Home Park	<input type="checkbox"/>	Hospital, nursing home, dental
<input type="checkbox"/>	School, preschool, daycare	<input type="checkbox"/>	Church
<input type="checkbox"/>	Restaurants (Food or drink facilities)	<input type="checkbox"/>	Sports Centers
<input type="checkbox"/>	Hotels or motels	<input type="checkbox"/>	Business, offices, factories
<input type="checkbox"/>	Other (specify): _____		

2.) The type of wastewater is (indicate percentage):

	% Domestic
	% Commercial
	% Industrial
	% Other use (Specify) _____

3.) Pretreatment required:

No

Yes (Specify or attach effluent documentation)

4.) Volume of wastewater flow **to be allocated for this particular project**: _____ gallons per day
 *Wastewater discharge volume shall be calculated in accordance with values defined in **Title 15A NCAC 2T .0114**
 (Do not include future wastewater discharge projections that are outside of the scope of the project or previously allocated wastewater flow.)

5.) Summarize wastewater flow generated by project in the table below: The **wastewater flow calculations** used in determining the permitted flow in accordance with **15A NCAC 2T .0114**

a) See **15A NCAC 2T.0114(b), (d), (e)(2)** for caveats to wastewater flow rates (i.e., minimum flow per dwelling, proposed unknown non-residential development, uses; public access facilities located near high public use areas; as defined in G.S. 42A-4).

b) Per **15A NCAC 02T.0114(c)**, design flow rated for establishments not identified [in Table 15A NCAC 02T.0114] shall be determined using available flow data, water using fixtures, occupancy or operation patterns, and other measured data.

{Flow rates NOT listed in table 15A NCAC 2T .0114 must be supported with actual water use or wastewater discharge data in accordance with 15A NCAC 2T .0114 (f) and must be attached to this application and sealed by a NC licensed professional engineer.}

Established Type (See 02T.0114(f))	Daily Design Flow (a, b)	No. of Units	Flow
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
		Total	GPD

Applicant Acknowledgement: TO BE COMPLETED BY THE APPLICANT

E. Applicant Acknowledgment

I, _____, the undersigned, do hereby make application for preliminary wastewater allocation wastewater allocation. I hereby certify that I have full legal rights to request such action and that the statements or information contained herein and herewith are true and correct to the best of my knowledge.

(Printed Name)

Signature: _____ Date: _____