

## 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 <a href="https://accela1.cabarruscounty.us/CitizenAccess/">https://accela1.cabarruscounty.us/CitizenAccess/</a>, 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). If the project has multiple uses (which are considered separately for preliminary sewer allocation), the applicant should indicate whether the project would move forward with any combination of the proposed uses in the event all uses are not approved for preliminary sewer allocation.

For Accela Case Inquiries, Contact:

CITY OF CONCORD

Planning & Neighborhood DevelopmentZoning Services
Post Office Box 308
Concord, North Carolina 28026-0308
Telephone Number: (704) 920-5152

For Engineering Design Inquiries, Contact:

CITY OF CONCORD Engineering Department Post Office Box 308 Concord, North Carolina 28026-0308 Telephone Number: (704) 920-5425

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## PRELIMINARY WASTEWATER FLOW APPLICATION

TO BE COMPLETED BY THE CITY OF CONCORD

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

	Eı	ngineering Project l	No:									
		ATC No:										
								-	J			
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									
	3.)	Cabarrus County Parcel Identification Number:		3a.)	Name (S	Parcel Acreage:						
	4.)	Site Zoning and use:		5.)	Area Commercial or Industrial Building		(sq. ft.)					
<b>A.</b> ]	6a.)	Description of Facility to be served.		6b.) Nı	ımber of Lots		6c.) Number of Units					
·	7d.)	Additional description information:										
B. Applicant Information	records referred	and/or a registered agent(s) as listed in to as the Applicant.)  of Applicant's company, city, town, efined in property records and/or as lis cable.)  (Applicant'  (Name (Name with Title an	r authorized official with title; as defined in the NC Secretary of State Corporation filing  corporation, sanitary district, water computed in the NC Secretary of State Corporation  s Phone Number)  c)  d Email of contact person, testions about application)		(Applicant's Street or Box Number)  (Applicant's City, State, Zip Code)  (Applicant's Facsimile Number)  (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.											
ble												
gineer vailable	-	(Typed name of North Ca	arolina Professional Engineer)	(Company Name)								
C. Design Engin Information if ava												
	(NCPE Registration Number)				(Street or Box Number)							
. D	(Phone Number)				(City, State, Zip Code)							
Culo												
1	(Name and affiliation of contact person, who can answer questions about application & designs)					(Engineer's Email Address)						

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Planning Case No:

	ex			approval must be obtain al sewer allocation shall		•	•		
	1.) The origin of this wastewater is (check all that apply):					2.) The type of wastewater is (indicate percentage):			
		Residential Subdivision		Retail (Stores, shopping centers)			% Domestic		
		Apartments/Condominiums		Institution			% Commercia	ıl	
		Mobile Home Park		Hospital, nursing home, dental			% Industrial		
		School, preschool, daycare		Church			% Other use (Specify)		
ıtion		Restaurants (Food or drink facilities)		Sports Centers		3.) Pretreatment required:			
orm		Hotels or motels		Business, offices, factories		<del></del>	nt documentation)		
Inf		Other (specify):			<del></del>				
. Wastewater Discharge Information	(Do 5.) S a	*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  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.}							
D	Es	stablished Type (See 02T.0114(f)		Daily Design Flow (a, b)		_	lo. of Units	Flow	
				gal/				GPD	
				gal/				GPD	
				gal/				GPD	
				gal/			+	GPD	
				gal/				GPD	
				gal/				GPD	
							Total	GPD	
E. Applicant Acknowledgment	Applicant Acknowledgement: TO BE COMPLETED BY THE APPLICANT  I								
	Signature:					Date:			

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