



CITY OF WINDER

FIRE FLOW / DRINKING WATER APPLICATION

General Project Information:

Submittal Fee Payment: \$750 Plan Submittal/Fireflow Fee or \$250 Fireflow Fee

Project Name: _____

Developer's Information: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Land Lot #: _____ District #: _____

Project Description: _____ County: Barrow

Project Location: _____

Type of Development: _____

Maximum Elevation in Development: _____ (feet) Number of Proposed Service Connections: _____

Size(s) of Water Mains in Project: _____ (inches)

Length of Water Main to be Installed: _____ (feet) Water Main Material: _____

Wastewater for this Project will be handled by: City of Winder Sewer Barrow County Sewer Septic Tank

Will this project be an addition to the Winder Water System? Yes No (If No, Contact EPD for Approval)

I certify that to the best of my knowledge, the above name project conforms with all applicable state and local government requirements for the approval of public drinking water supply construction projects. Furthermore, all materials, appurtenances, construction and disinfection will be in accordance to City of Winder specifications as approved by the Department of Natural Resources, Environmental Protection Division Water Supply Section. Upon acceptance by the City of Winder, this water system expansion will be deeded to the City of Winder. I further certify that to the best of my knowledge, this project site is not, nor has been, the site of a landfill operation.

Developer's Name (Please Print) _____ Developer's Signature _____ Date _____

THE FOLLOWING WILL BE PROVIDED BY THE CITY OF WINDER:

- A) Static Pressure (point of tie-in): _____ psi at _____ feet elevation
- B) Flow Available at point of tie-in: _____ gpm at _____ psi residual
- C) Flow Available at point of tie-in: _____ gpm at 20 psi residual
- D) Size of Water Main at point of Tie-in to Project: _____ inches

In our opinion, water main material and size within the project area are ADEQUATE INADEQUATE to meet pressure requirements at 20 psi at peak demand. This project is hereby recommended for APPROVAL DISAPPROVAL.

Employee's Name (Please Print) _____ Employee's Signature _____ Date _____

PLEASE NOTE: ALL APPLICABLE APPROVALS AND/OR PERMITS RELATING TO THE CONSTRUCTION OF THE PROJECT MUST BE OBTAINED PRIOR TO THE START OF ANY CONSTRUCTION, AS REQUIRED.