DESOTO COUNTY REGIONAL UTILITY AUTHORITY

PERMIT APPLICATION
(Multiple/Municipal/Commercial/Industrial)

The _____
(Insert Name of Body Making Application, i.e., Individual, Corporation, Municipality, etc.)

whose address is _____, _____, _____, _____
(Street Name and Number) (City) (State) (Zip Code)

Contact Person - _____

Phone Number - _____

E-mail - _____

herewith submits for the consideration of the plans, specifications, and other necessary data prepared by:

Engineer or Firm - _____

Mailing Address - _____

City, State, Zip - _____

E-mail address - _____

Phone Number - _____

who is hereby authorized to represent the application in the engineering features of this project for the construction of _____
(Clearly Describe the Collection System: See Footnote 1 below)

in or near the City of _____ to serve _____
(City) (Subdivision, Plant, School, Other)

with _____ proposed lots located at _____ of
(#) (Approx. Location i.e. Physical Address)

Section ____ Township ____ Range ____ and herewith make application for the approval of this project.

Expected begin date of construction - _____

Expected finish date of construction - _____

Upon construction, these facilities will be owned and maintained by: _____

_____
(Name of Utility Company, Owner, Developer, Municipality, etc.)

whose address is _____, _____, _____, _____
(Street Name and Number) (City) (State) (Zip Code)

1 – Is the proposed collection system a gravity line to an existing manhole, a force main and pump station, etc

I. PROPOSED DEVELOPMENT WASTEWATER TREATMENT

Is on-site wastewater treatment proposed to be used?

☐ Yes (answer the following additional questions) -

Method of treatment shall be:

☐ Collection System
☐ Septic Tank with Leach Field
☐ Individual Aerobic Treatment Unit
☐ Individual Pump Station
☐ Advanced Treatment System
☐ Other: _____

Has approval from the MS Department of Health been obtained for the on-site wastewater treatment?

☐ Yes (A copy of the approval document from the Health Department must be attached to finalize application and receive permit)

☐ No (Application cannot be finalized until the Health Department approval document is received)

☐ No

II. GENERAL

A. Ultimate population to be served by proposed system: _____

B. Per capita discharge: _____gpcd ; Infiltration: _____gpcd (Estimate if unknown)

C. Area water supply: _____
(Name and Address of Water Utility)

III. DISCHARGE CLASSIFICATION AND REVIEW REQUIREMENT

Does the proposed development involve any industrial or system process flow (i.e. any discharge other than domestic wastewater)?

☐ Yes – Applicant must submit the industrial/system process flow plans to the Mississippi Department of Environmental Quality (MDEQ) for review. Approval of the process will require one of the following items from MDEQ regarding the proposed discharge. Please check the applicable item and include the documentation with this application:

☐ A Pretreatment Permit issued by MDEQ - the Environmental Permits Division at MDEQ can be reached at (601) 961 – 5171

☐ Written confirmation from MDEQ stating that a pretreatment permit is not required for the proposed industrial discharge

☐ No

IV. GENERAL PROJECT DESIGN CRITERIA (Complete all applicable fields)

A. Project Loading (at completion of construction)

1. Population served _____ Persons/Employees
2. Domestic Flow (Average/Peak) _____/_____ gpd
   Commercial/Industrial Flow (Average/Peak) _____/_____ gpd
   Infiltration/Inflow (Average/Peak) _____/_____ gpd
   Total Flow (Average/Peak) _____/_____ gpd
3. Commercial/Industrial BOD_5 (Average/Peak) _____/_____ gpd
   Domestic BOD_5 (Average/Peak) _____/_____ gpd
   Total BOD_5 (Average/Peak) _____/_____ gpd; _____/_____ mg/L
4. Total Suspended Solids (Average/Peak) _____/_____ gpd;
   _____/_____ mg/L.
5. NH_3-N (Average/Peak) _____/_____ gpd; _____/_____ mg/L

B. Principal Industrial Wastes to be Treated (Attach a separate sheet if necessary):

Industry Name	Product	Flow (gpd)	Waste Characteristics

C. NPDES Permit Requirements for New Facility or Upgrade

Has an NPDES Permit application been sent to MDEQ? ☐ Yes ☐ No ☐ N/A

Has MDEQ issued the NPDES permit? ☐ Yes (Fill in information below) ☐ No ☐ N/A

Flow _____ MGD

BOD_5 _____ mg/L

_____ lb/day

Suspended Solids _____ mg/L

_____ lb/day

pH _____ units

Ammonia Nitrogen _____ mg/L

_____ lb/day

Fecal Coliform _____ per 100 mL

DO _____ mg/L

Residual Chlorine _____ mg/L

Other _____

D. Sewage Pumping Stations

Location/Number	Units Served	Pump Capacity (gpm)	Influent Flow (gpm)	
			Average	Peak

V. EXISTING SYSTEMS CONNECTION

A. Existing Collection System

Facilities collecting sewage from the proposed project is owned by _____

_____

(Utility Company, Municipality, etc.)

B. Certification from Existing Collection System Entity

The official(s) responsible for the wastewater collection facilities denoted in Section V.A above, that will serve the project, do hereby certify that we agree to transport the wastewater flows generated from the proposed project. We also hereby certify that we have determined that our collection system(s) have the capacity available to transport the wastewater flows generated from the proposed project.

Signature: _____

Title: _____

Entity Name: _____

Date: _____

C. Existing Treatment System

1. Facilities treating sewage from the proposed project are owned by _____

   _____

   (Utility Company, Municipality, etc.)

2. Type of treatment facility - _____

   (Activated Sludge, Trickling Filter, etc.)

3. Current capacity of treatment facility - _____ MGD

4. Current influent flow to treatment facility - _____MGD

D. Certification from Existing Treatment System Entity

The official(s) responsible for the wastewater treatment facilities denoted in Section V.C above, that will serve the project, do hereby certify that we agree to treat the wastewater flows generated from the proposed project. We also hereby certify that we have determined that our treatment system(s) have the capacity available to treat the wastewater flows generated from the proposed project.

Signature: _____

Title: _____

Entity Name: _____

Date: _____

VI. DCRUA EASEMENT ENCROACHMENT ACKNOWLEDGEMENT

Does the proposed development encroach upon an existing sewer easement owned and maintained by DCRUA?

☐ Yes – Applicant must submit the enclosed Easement and Encroachment Acknowledgement

☐ No

VII. ATTACHMENTS - Please provide the following:

1. Non-refundable Application Review Deposit, if applicable

The following documents are preferred to be received by email in PDF format:

2. Preliminary plat of subdivision/development to include Lot and Utility layout as a minimum to include easements, both existing and dedicated.
3. Vicinity Map. Submit on the provided 8 ½ x 11 sheet with project location clearly shown, identifying adjacent roads/streets relative to the project area.
4. Design plans. The following information shall be included on the first plan sheet or within the plan set:
    a. The proposed name of the development, the name and address of the owner and developer, the name, address, seal and signature of the engineer.
    b. A description that includes township, range, quarter section and tax lot numbers of the areas impacted by the development
    c. Index of plan sheets
    d. For multi-phase projects, an overall map showing the limits of each phase.
    e. Detailed plans of the proposed development including roads, lots, utilities, drainage ways, grading, adjacent development and property owners. The plans should be referenced to Section, Township, and Range.

Provide the following if a collection system (wet or dry) is proposed:

5. Clear, readable plan and profile views of all proposed sanitary sewer lines. These plan and profile views shall include the following information, as a minimum:

    a. Plan and profile views displayed with plan view over the profile view on a sheet illustrating pipe type and size.

    b. Public and private lines and facilities clearly marked on both the plan and profile view.

    c. Existing sanitary manholes labeled as to who owns said manholes and connecting pipeline system.

    d. The distance from the nearest existing manhole where a new manhole structure is constructed over an existing line, or where a main line connection is made to a trunk line. A scaleable drawing will be sufficient for this item.

    e. Existing and proposed utilities shown on plan view and utility crossings shown on the profile.

    f. A plan view scale no smaller than 1”=50’, and a profile view scale no smaller than 1”=50’ horizontal and 1”=10’ vertical. Architectural scales shall not be used.

    g. North Arrow.

    h. Type of backfill.

    i. All easements including the distance from the mainline to the easement line. A scaleable drawing will be sufficient for this item.

    j. Drainage hazard areas and FEMA designated 100 year floodplains and floodways, if applicable.

    k. The stationing of each new main line section beginning at 0+00 or other even station (e.g., 1+00, 10+00, etc.) at the downstream terminus. In phase developments, previous stationing may be continued.

6. The calculations for sizing of the sanitary system along with any maps of watershed boundaries with contours, population projection data and/or development build out projections along with all assumptions or other information used to determine flow amounts all to be submitted as a separate document.

7. Approval letter for individual on-site wastewater treatment units from the MS Department of Health for all lots specified in this application, if individual on-site wastewater treatment units are proposed.

8. If industrial or system process flow is proposed, a Pretreatment Permit issued by MDEQ or written confirmation from MDEQ stating that a pretreatment permit is not required.

9. DCRUA Easement Encroachment Acknowledgement if the proposed improvements will encroach upon an existing sewer easement owned and maintained by DCRUA.

The undersigned hereby states:

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision and in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those directly responsible for gather information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations" (40 C.F.R. 403.6(a)(2)(ii)).

In the event I discover that any information submitted was inaccurate and/or incomplete, I will immediately supplement this Application with the revised accurate and/or complete information. Further, I agree to indemnify and hold harmless the DeSoto County Regional Utility Authority for any damages and/or claims related to any inaccurate and/or incomplete information that I provide.

Application submitted by:

_____
(Signature)

_____
(Printed Name and Title of Above)

_____
(Date)

RETURN APPLICATION TO:

Email (Preferred method): dcruasupport@digitdesoto.com
Mailing address: DeSoto County Regional Utility Authority
Attn: Permits
365 Losher Street, Suite, 310
Hernando, MS 38632

Other Contact Information:
Mr. Wayne Spell, General Manager/Executive Director
Telephone: 662-298-2296
E-mail:wspell@digitdesoto.com

TO BE COMPLETED BY DCRUA

Name of Retail Agent - _____

Approved Contract/Document from Retail Agent accepting user as customer received on:
DATE - _____

Application complete on: Date - _____ By - _____

VICINITY MAP

<<INSERT NAME OF PROJECT>>

INSERT VICINITY MAP HERE

LEAVE

THIS AREA

BLANK

DESOTO COUNTY REGIONAL UTILITY AUTHORITY
365 LOSHER STREET, STE.310
HERNANDO, MS 38632
PH. 662.298.2295

EASEMENT ENCROACHMENT ACKNOWLEDGMENT

The Owner acknowledges and agrees that the proposed project will encroach upon an existing sewer easement owned and maintained by the DeSoto County Regional Utility Authority (DCRUA). If access to the sewer line is required for maintenance, repair, replacement, or any other utility-related purpose, DCRUA, or its contractors, shall have the right to excavate or otherwise disturb the improvements, as necessary.

The Owner further agrees that:

- Any damage to the roadway resulting from such access by DCRUA or its contractors shall be repaired solely at the Owner's expense.
- DCRUA or its contractors shall bear no responsibility for restoring any associated improvements.
- The Owner shall not interfere with or impede DCRUA's, or its contractor's, access to the sewer easement at any time.

This condition shall run with the land and be binding on the Owner and any successors or assigns.

_____	_____
Name of Owner, Printed	Title
_____	_____
Owner Signature	Date

This instrument was acknowledged before me this _____ day of _____, 20_____, by _____. In witness whereof I hereunto set my hand and official seal.

_____
Notary Public Signature

My commission expires _____.

NOTE: This signed and notarized document must be recorded with the DeSoto County Chancery Court Clerk's Land Records Office (2535 Hwy 51 S, Rm 104, Hernando, MS) as a prerequisite for issuance of the DCRUA permit. Once proof of recording is submitted to DCRUA and board approval is granted, the permit may then be issued.