

REVISED 6/6/02

<b>FOR OPC USE ONLY</b>
AI NO. _____
PLA NO. _____

**INFORMATION REGARDING PROPOSED WASTEWATER PROJECTS  
TO: THE MISSISSIPPI OFFICE OF POLLUTION CONTROL**

The \_\_\_\_\_  
(Name of Body Making Application, i.e. Individual, Corporation, Municipality, Developer, etc.)

whose mailing address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

whose responsible official is \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

and whose phone number is (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Herewith submits for consideration of the OPC plans, specifications, and other necessary data prepared by

\_\_\_\_\_  
(Engineer or Firm)

\_\_\_\_\_  
(Firm's Project Contact Person, if applicable)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Phone Number)

who is hereby authorized to represent the applicant in the engineering features of this project for the construction of \_\_\_\_\_

\_\_\_\_\_  
(Clearly Describe Project: New System, Modification, Extension, Rehabilitation, Treatment, etc.)

to serve \_\_\_\_\_  
(Subdivision, Plant, School, Other)

located at \_\_\_\_\_  
(Approximate Location, Including Section, Township, and Range)

**INSTRUCTIONS**

Engineer for Developer fills out front section up to section "A" and then also "#6" to the end. Wastewater Authority fills out sections D & E. WJCUD fills out sections A, B, C. Engineer or Developer also fills out "B2 & B3" and sends a copy of those pages to the address on that form. Developers send completed forms, 2 detailed plans for development and a \$50.00 hydraulic analysis fee to WJCUD, PO BOX 1230, Ocean Springs. MS 39566

in or near the City of \_\_\_\_\_ in the County of \_\_\_\_\_, State of Mississippi, as required by the regulations of the OPC and herewith make application to the OPC for the approval of this project. We understand through the regulations of the OPC that this approval is required prior to the initiation of construction activities.

Upon construction, these facilities will be owned and maintained by \_\_\_\_\_

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

whose mailing address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

**NOTE: IF THIS PROJECT DOES NOT ADD ANY NEW CONNECTIONS OR ADDITIONAL FLOWS TO THE COLLECTION SYSTEM, YOU MAY OMIT SECTIONS A. THROUGH E. BELOW.**

**A. EXISTING SEWAGE COLLECTION SYSTEM**

1. The facilities collecting the sewage from this proposed project are owned by \_\_\_\_\_  
\_\_\_\_\_  
(Utility Company, Municipality, etc.)
2. The number of connections existing are \_\_\_\_\_.
3. The length of sanitary sewers existing are \_\_\_\_\_.
4. The number of existing lift stations are \_\_\_\_\_.
5. Additional facilities that collect sewage from this proposed project, i.e. a regional wastewater authority, are owned by \_\_\_\_\_.

**B. CERTIFICATION(S) FROM COLLECTION ENTITIES**

The official(s) responsible for the wastewater collection facilities denoted in Section A. above, that will serve the proposed 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 properly the wastewater flows generated from the proposed project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Entity

\_\_\_\_\_  
Entity

**C. EXISTING SEWAGE TREATMENT WORKS**

1. The facilities responsible for treatment of the sewage from this proposed project are owned by \_\_\_\_\_  
(Utility Company, Municipality, etc.)
2. The OPC Permit Number for this wastewater facility is \_\_\_\_\_.
3. The capacity for this wastewater treatment facility is \_\_\_\_\_.
4. The treatment type of this wastewater treatment facility is \_\_\_\_\_.  
(Activated Sludge, Aerated Lagoon, etc.)
5. The present population served by the treatment facility is \_\_\_\_\_.
6. The operator in charge will be \_\_\_\_\_, who is a  
Class \_\_\_\_\_ wastewater operator, holding certificate number \_\_\_\_\_.

**D. CERTIFICATION FROM WASTEWATER TREATMENT ENTITY**

The official responsible for the wastewater treatment facility denoted in Section C. above, that will serve the proposed project, does 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 facility has the capacity available to treat properly the wastewater flows generated from the proposed project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Entity

**E. PROPOSED PROJECT DETAILS**

1. The ultimate population to be served by this proposed project is \_\_\_\_\_.
2. The number of connections to be added are \_\_\_\_\_.
3. Per capita discharge \_\_\_\_\_ gpcd: Infiltration \_\_\_\_\_ gpcd. (Estimate, if unknown)
4. Area Served in Acres \_\_\_\_\_ Design Population Per Acre \_\_\_\_\_
5. The area water is supplied by \_\_\_\_\_

\_\_\_\_\_  
(Name and Address of Water Utility)

6. Proposed Sewage Pumping Stations

Location or Number	Units Served	Pump Capacity (gpm)	Influent Flow (gpm)	
			Avg.	Peak

**F. ADDITIONAL CLEARANCES**

**NOTE: APPROVAL OF THIS PROJECT SHALL NOT BE GRANTED UNTIL ALL THE MDEQ PERMITS, COVERAGES, AND APPROVALS DENOTED BELOW ARE SATISFACTORILY ADDRESSED.**

1. The total area of ground disturbance by clearing, grading, and excavating for utilities, roadways, lots, etc. is \_\_\_\_\_ acres.
2. For construction projects disturbing five or more acres, have you applied to MDEQ or an MDEQ approved local authority for construction stormwater permit coverage?  
 Yes       Not applicable

If not applicable, why? \_\_\_\_\_

**NOTE: IF YOU ARE DISTURBING MORE THAN ONE ACRE BUT LESS THAN FIVE ACRES AFTER MARCH 10, 2003, YOU MUST FOLLOW THE REQUIREMENTS OF MDEQ'S SMALL CONSTRUCTION STORM WATER GENERAL PERMIT. ALSO, AFTER MARCH 10, 2003, IF YOU ARE IN AN AREA THAT HAS AN MDEQ APPROVED LOCAL AUTHORITY YOU MUST APPLY FOR APPROVAL FOR 1-5 ACRE CONSTRUCTION PROJECTS. SOME LOCAL AUTHORITIES MAY REQUIRE APPROVAL FOR DISTURBANCE LESS THAN ONE ACRE.**

3. Have determinations/authorizations been received from the Corps of Engineers regarding the need for a Section 404 Permit, General Permit or Nationwide Permit for stream or intermittent drain crossings, stream re-routing, or for placing fill material into wetlands?  
 Yes       Pending       Not applicable

If not applicable, why? \_\_\_\_\_

**G. ADDITIONAL CERTIFICATIONS**

We hereby certify that we are the applicants for this project, that we are familiar with the information contained in this form, and that, to the best of our knowledge and belief, such information is true, complete, and accurate.

\_\_\_\_\_  
Signature of Responsible Official for Body Making Application

\_\_\_\_\_  
Printed Name and Title of Above

I hereby certify that the engineering documents for this project were prepared by myself or under my direct supervision, that I am familiar with the information contained in this form, and that, to the best of my knowledge and belief, such information is true, complete, and accurate.

\_\_\_\_\_  
Signature of Engineer Registered Under Mississippi Laws

(Seal)

\_\_\_\_\_  
Typed Name and Registration Number

**THE APPLICANTS AGREE THAT NO CHANGES IN OR DEVIATION FROM THE PLANS AND SPECIFICATIONS APPROVED BY THE OPC WILL BE MADE EXCEPT WITH THE PRIOR CONSENT AND APPROVAL OF THE OPC.**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Application for Utility Plan Review

Jackson County Utility Authority  
1201 Louis Alexis Trail  
Gautier, MS 39553

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\_\_\_\_\_  
Name of Development

\_\_\_\_\_  
Name of Entity making Application

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Mailing Address                      City                      State                      Zip Code

Project Engineer \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Location of Development- Section, Township, Range

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## Proposed Water Supply Facilities

Acres in Development \_\_\_\_\_ Number of Single Family Residential Units \_\_\_\_\_ Multi Family \_\_\_\_\_

If Non-Residential what is the projected water usage \_\_\_\_\_ gpd    wastewater discharge \_\_\_\_\_ gpd

Potable Water Source \_\_\_\_\_                      written agreement    (yes)    (no)

New well required    (yes)    (no)    if yes, capacity \_\_\_\_\_ gpm                      application filed with MDH    (yes)    (no)

Describe Water Distribution System \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Proposed Wastewater Collection and Treatment Facilities

Wastewater Treatment Provider \_\_\_\_\_ written agreement (yes) (no)

Type of Treatment \_\_\_\_\_ Distance from development discharge \_\_\_\_\_ LF

Describe Wastewater Collection System \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Wastewater Treatment Facility (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Authority Action

Date application received \_\_\_\_\_

Preliminary Utility Plan Reviewer \_\_\_\_\_

Date of Approval \_\_\_\_\_

Final Utility Plan Reviewer \_\_\_\_\_

Date of Approval \_\_\_\_\_

Comments: