



State of Delaware
Department of Natural Resources
& Environmental Control
Division of Water

Surface Water Discharges Section
Construction Permits Branch

89 Kings Highway
Dover, Delaware 19901

Phone: (302) 739-9946
Fax: (302) 739-8369

**INSTRUCTIONS FOR COMPLETING THE PERMIT APPLICATION FOR
THE CONSTRUCTION OF WASTEWATER COLLECTION AND CONVEYANCE SYSTEMS**

The following items must accompany the application. **Please note that incomplete application packages will be returned in their entirety and not reviewed until such time as all required information is received.**

- 1. A narrative summary of the intended purpose and design of the proposed facilities.
- 2. One (1) set of final construction plans and specifications, if applicable, signed and sealed by a Delaware-registered Professional Engineer, or a Delaware-registered Professional Land Surveyor for gravity systems only. One (1) electronic copy of final Plans.
- 3. One (1) electronic copy of final Plans.
- 4. The final plans must be drawn to scale showing slopes, inverts, pipe types and sizes, existing and proposed ground surfaces, tops of manholes, water lines, stormwater and stream crossings, encasements shown in plan and profile, and other information if pertinent or requested.
- 5. For pump/lift stations and force mains, include all calculations and pump/performance curves.
- 6. A check made payable to the State of Delaware for eight hundred twenty-five dollars (\$825.00), the non-refundable permit review fee. This fee covers the initial review and one follow-up review of any corrections or changes made to address the Division's comments. An additional eight hundred twenty-five dollars (\$825.00) non-refundable review fee must be submitted for resubmission of the plans if changes are made to the project which trigger a complete review of the permit application.

Please submit the completed application package, as outlined above, to DE DNREC, Division of Water, SWDS, 89 Kings Highway, Dover, DE 19901. Please note, a new application, including the review fee, must be submitted if the Division's comments are not addressed or if requested supplemental information is not provided within one (1) year of the comment or request date.

The following items must be submitted prior to permit issuance:

- 6. Verification from the appropriate county or municipal planning authority that the project has the proper zoning approval.
- 7. A letter from the owner/operator of the wastewater facilities to which the proposed collection and conveyance facilities connect. The letter must include confirmation that the owner/operator has approved the project, that the owner/operator will take responsibility for treating and disposing of the wastewater to be conveyed and that the downstream facilities have the capacity to manage the additional flows without causing or contributing to violations of Delaware's Environmental Protection Act (7 Del. C., Chapter 60) and the regulations promulgated thereafter. This includes, but is not limited to, unauthorized discharges such as overflows at manholes and violations of the treatment system's operating permit (for example, the National Pollutant Discharge Elimination System (NPDES) permit).

Visit us on the web at: <http://www.dnrec.delaware.gov/wr/Services/Pages/SurfaceWaterDischarges.aspx>

**APPLICATION FOR THE CONSTRUCTION OF
WASTEWATER COLLECTION AND CONVEYANCE SYSTEMS**

Application must be complete, typewritten or clearly printed

Date Application Submitted _____

| PROJECT INFORMATION | | | |
|---|------|--|-----------------|
| Project Name and Location/ Address | | | |
| Tax Parcel Number(s) | | | |
| County <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex | | Watershed (www.dnrec.delaware.gov/swc/wa/Pages/WatershedAssessment.aspx) <input type="checkbox"/> Chesapeake Bay <input type="checkbox"/> DE Bay/Estuary <input type="checkbox"/> Inland Bays/Atl Ocean <input type="checkbox"/> Piedmont | |
| Sewer District or Interceptor | | Wastewater Treatment/Disposal Facility Name | |
| Anticipated Construction Start Date | | Treatment/Disposal Facility Owner and Operating Permit Number | |
| Please note, construction permits expire three (3) years from the date of permit issuance. | | | |
| Are you requesting plan review and comment or WPCC Construction Permit issuance? (circle one) | | | |
| Design Flow (gallons/day) Average | | Peak | Peak Factor |
| | | | Basis of Design |
| Description | | | |
| OWNER/DEVELOPER | | | |
| Company Name | | | |
| Mailing Address | | | |
| City | | State | Zip |
| Contact Name | | | |
| E-Mail Address | | | |
| Telephone | Cell | | Fax |

| ENGINEER | | | | | | |
|--|--------------------|--|--|--|------------------------|--|
| Company Name | | | | | | |
| Mailing Address | | | | | | |
| City | | | State | | Zip | |
| Contact Name | | | | | | |
| E-Mail Address | | | | | | |
| Telephone | | Cell | | Fax | | |
| GRAVITY SEWER INFORMATION | | | | | | |
| Ownership <input type="checkbox"/> Public <input type="checkbox"/> Private | | Type of Sewer System <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other? | | | If Other, list below | |
| Type of Pipe | Length (ft) | Diameter (in) | Joint Specification | Min. Slope (ft/ft) | Min. Velocity (ft/sec) | |
| | | | | | | |
| | | | | | | |
| Minimum Pipe Cover (ft) | Number of Manholes | Drop manholes provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Maximum Distance Between Manholes (ft) | | |
| Minimum ten foot (10') horizontal & eighteen inch (18") vertical separation from water lines maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If not, explain provisions to prevent cross-contamination: | | | |
| Explain any special challenges (for example, stream, highway and/or railroad crossings, directional drilling, elevated sewers, etc.) | | | | | | |
| Comments | | | | | | |

PUMP/LIFT STATION INFORMATION

| | | | | | |
|--|----------------------|--|-----------------|--|--|
| Ownership <input type="checkbox"/> Public <input type="checkbox"/> Private | | Type of Wastewater <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other? | | If Other, list below | |
| Pump Station Flows (gallons/day) Design | | Average | | Peak | |
| Basis of Design | | | Pump Type | | |
| Will peak flows be accommodated if largest unit fails? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Pump calc's and pump curves attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Cycle Time (minutes) | |
| Check valves provided on discharge line? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Gate valves provided on discharge line? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If not, explain alternate procedure: | | | | | |
| Ventilation provided in wet well? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dry Well? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is an alarm system included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Alternate source of power? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What other provisions for emergency operations? | | | | | |
| Height of Influent Above Pump (suction head) (ft) | | Height of Effluent Above Pump (discharge head) (ft) | | Friction Loss (ft) | |
| Pump Design Point | Pump Operating Point | Static Head (ft) | Total Head (ft) | Required Motor Horsepower (hp) | |

FORCE MAIN INFORMATION

| | | | | | |
|--|--|--|--|-------------------------|--|
| Type of Pipe | | Length (ft) | | Diameter (in) | |
| Hazen-Williams "C" Design Factor | Type of Joints | Velocity Under Design Conditions (ft/sec) | | Minimum Pipe Cover (ft) | |
| Air relief valves specified? <input type="checkbox"/> Yes <input type="checkbox"/> No | Clean-outs provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | Maximum distance between clean-outs (ft) | | | |
| Minimum ten foot (10') horizontal & eighteen inch (18") vertical separation from water lines maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If not, explain provisions to prevent cross-contamination: | | | |

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| Comments |
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