

Town of Elkton

Water & Sewer Capacity System Evaluation



Name of Project: _____ Date of Application: _____

Project Location/Address: _____

Name of Applicant: _____

Address: _____

Phone Number: _____ Fax Number: _____

Signature of Applicant: _____

Printed Name: _____ Email: _____

Title _____ Company: _____

Type of Development: _____

Number of Units or Square Footage: _____

Water Capacity Information:

Average Daily Domestic Demand Requested (gpd): _____

Highest ground elevation to be served: _____ (NAVD88 Datum)

Lowest ground elevation to be served: _____ (NAVD88 Datum)

Fire flow requirement: _____ gpm; duration: _____ hours Complete & Attach Fire Flow Test Results

Domestic Meter Requirements: Size: _____ Quantity: _____ // Size: _____ Quantity: _____

Maximum instantaneous flow rate expected through domestic meter: _____

Separate fire meter or double check detector anticipated? Y or N

Location of anticipated connection to existing water system: _____

Sewage Flow Information: (Flow Projections per MDE Design Guidelines for Wastewater Facilities)

<https://mde.maryland.gov/programs/Permits/WaterManagementPermits/Documents/WastewaterDesignGuidelines-2016.pdf>

Average Daily Sewer Flow Requested (gpd): _____

Peak Flow by Hourly Peaking Factor (gpd): _____

Pump Station (PS) Anticipated? Y or N Length/size of force main: _____ ±

P.S. Flow: _____ Service Area (attach topo map w/contours & layout)

Location of anticipated connection to existing sewer system: _____