Capacity Assurance Program Analysis Request Form

See form instructions for definitions and further entry details.

I. **Date of Application:**   Click here to enter a date.

II. **Name of Proposed Project:**   Click here to enter text.

III. **CAP# (Assigned by City):**   Click here to enter text.

IV. **Wastewater Service Area:**   ☐ In City Service Area   ☐ Fort Jackson   ☐ West Columbia

☐ Ni America   ☐ ERCPSD   ☐ Other
Click here to enter text.

V. **Type of Development:**   Choose an item.

VI. **Type of Wastewater:**   ☐ Domestic/Commercial Wastewater   ☐ Industrial Wastewater*
*Please see instructions for additional information.

VII. **Pre-CAP or CAP:**   Choose an item.

VIII. **TMS# of proposed development:**   Click here to enter text.

IX. **Street address of proposed development:**   Click here to enter text.

X. **Proposed development includes:** *(ex. 40 single family homes)*   Click here to enter text.

XI. **Is this project part of a phased project?:**   If Yes, Phase Click here to enter text. of Click
☐ Yes ☐ No   here to enter text.

XII. **Is this project a revision to a previously permitted project?**   If Yes, Permit #/CAP # Click here to enter text.
☐ Yes ☐ No
Date Approved: Click here to enter a date.   Project Name (if different): Click here to enter text.

XIII. **Estimated ADF:**   Click here to enter text.

XIV. **Estimated Peak Flow:**   Click here to enter text.

Please provide calculations to show total flow being requested, and justifications for peaking factor being utilized if above 2.5.

XV. **Estimated Calendar Quarter when additional flow from connection will begin:**   Click here to enter text.
(ex. Q1 2015)

XVI. **Submittal must include the following:**

☐ Provide Original CAP Analysis Request Form with one copy

☐ Provide a sketch, map, or plan of the location where the proposed flow will enter the City of Columbia's System

☐ Provide a scanned copy of the signed SCDHEC Construction Permit application form (for CAP reviews)

☐ Provide two (2) sets of wastewater flow calculations (signed and sealed if for CAP review)

☐ Provide two (2) sets of utility plans (signed and sealed if for CAP review) [In City service area only. See IV. above.]

☐ For industrial developments, please contact the City for additional information that may be required

CONDITIONS OF APPROVAL:

1)   Pre-CAP approvals are non-binding initial assessments and do not guarantee that capacity will be available upon request for a CAP Analysis.

2) If the Applicant proceeds with the proposed project based on a Pre-CAP or CAP approval with special conditions prior to the satisfaction of those conditions, the Applicant does so at its own risk and waives any claim that it acted in reliance on the approval with special conditions. If an approval with special conditions is conditioned on the City's completion of a system upgrade, the City makes no representations or commitments regarding the date of completion or allocations of City funds necessary to complete the City's system upgrades.

3) CAP approvals expire three years from date of approval or SCDHEC's issuance of an approval to place into operation, whichever is later, unless taps have been purchased. If the CAP approval has expired or if any changes are made affecting the information provided, a new submittal must be made.

4) By signing this Capacity Assurance Program Analysis Request Form below, the Applicant acknowledges and agrees to these Conditions.

The review and approval/denial of proposed flow changes or increases in wastewater flow are based on information provided on and as a part of this form. The Engineer is responsible for ensuring that calculations, flow requests, etc. meet all regulations and Request Form requirements.

☐ Approved   Click here to enter text.

☐ Not Approved   Click here to enter text.

☐ Approval with   Click here to enter text.
Special Conditions

Applicant Signature	**Reviewer Signature**
Click here to enter text.	Click here to enter text.
Applicant Name	**Reviewer Name**
Click here to enter a date.	Click here to enter a date.
Date	**Date**
Click here to enter text.	Click here to enter text.
Applicant's Title/Position	**Reviewer's Title/Position**

Applicant's Email: Click here to enter text.

Applicant's Phone Number: Click here to enter text.