

**Flow Acceptance Certificate Request Form**

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| **NOTICE:** This form must be signed and dated by an authorized representative from the jurisdiction. All flow acceptance requests shall be processed by HRSD only when a site plan (**if required**) has been forwarded to this office for review and approval. |

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| Project Name: |  |
| HRSD Project No: |  | *(Enter project number assigned by HRSD if it’s known.)* |

**Project Estimated Design Flow**

In order to process your request in a timely manner, please submit to HRSD Development Services the project sanitary sewer flow calculations along with this form using the **HRSD Sanitary Sewer Flow Calculations worksheet**, which can be accessed from our web site at [www.hrsd.com](http://www.hrsd.com).

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|  | By checking this box, applicant confirms the project flow calculations are attached with this form.  |

**Pump Station Information** *(if applicable)*

**A *Pump Station Information Form* must be filled out and forwarded to this office along with this form prior to processing your request if your project includes one of the following cases** *(check only one)***:**

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|  | a new pump station facility |
|  | upgrades and/or modifications to an existing pump station facility |
|  | a replacement of an existing pump station facility |

**Notice to Applicant**

* HRSD will not process your request unless HRSD Development Services has reviewed and approved the following documents (if required and/or applicable to your project):
1. *Full set of site plans*
2. *Pump selection design calculations, which should include but not be limited to the following:*
	1. Pump Total Dynamic Head (TDH) calculations
	2. Pump curves with system curves overlaid (based on HRSD’s HGL Policy)
	3. Completed Pump Station Information form
	4. Pump station service area delineation map
* Flow acceptance requests will be processed within 15 working days from the date of submittal of all required documents.
* All applications and corresponding documentation must be emailed to *developrequest@hrsd.com*

**Authorized Representative** *(for Jurisdictional use only)*

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| --- | --- | --- | --- |
| Name: |  |  Position Title: |  |
| Department: |   |  Phone: |  |
| E-mail: |  |
| City/County/Town: |  | Zip code: |  |

**By signing this document, I certify that I have reviewed and approved the proposed sanitary sewer improvements associated with this project and that the facilities design is in compliance with HRSD’s policies.**

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| Authorized Representative Signature: |  | Date: |  |