

Sanitary Sewer Submittal Checklist for Approval (Per Section 104.04)

Project Name: _____ **Case No.:** _____

		Submitted	N/a
1. Application		_____	_____
2. Plans and Specifications		_____	_____
Title Sheet	_____		
Index Sheet	_____		
Service Area Map	_____		
Site Plan	_____		
Plan / Profile Sheets	_____		
Standard Detail Sheets	_____		
Structure Data Table	_____		
Specification (on plans)	_____		
Other Information _____	_____		
3. Design Calculations (Design Summary Form)		_____	_____
Sanitary Sewer Service Area Study		_____	_____
Service Area Map	_____		
Design Flow Projections			
Proposed Development	_____		
Developed Unsewered Offsite	_____		
Undeveloped Offsite	_____		
4. Certificate of Sufficiency of Plan		_____	_____
5. Lift Station Submittal Requirements		_____	_____
Justification			
50-Year life cycle analysis	_____		
Gravity sewer alternative cost estimate	_____		
Calculations			
Pumping Capacity	_____		
Total Dynamic Head (TDH)	_____		
System Head Curves (C=100, 120, & 140)	_____		
Wet Well Sizing	_____		
Force Main	_____		
Buoyancy	_____		
Standard Lift Station Detail Sheets	_____		
Other Information _____	_____		
6. Zoning Commitments		_____	_____
7. Covenants/Easements		_____	_____