CITY OF ATLANTA BUREAU OF DRINKING WATER
METER APPLICATION

WATER SERVICE APPLICATION/WASTE WATER TREATMENT CERTIFICATION

Applicant:_____
(Name)

_____
(Mailing address)

_____
(City) (State) (Zip)

Service Address: _____

Type of Service:
Residential (single Family) _____ Mulit-family _____
Fire Service _____
Irrigation _____
Commercial _____

Size and Number of Service(s): _____ _____
Size(s) No.

Estimated Consumption:_____ GPM

Estimated Wastewater discharged:_____CFS

Certification of Wastewater Treatment Capabilities
-Sewer-

City of Atlanta ( ) Fulton County ( )
Dekalb County ( )

Conveyance System Available ( )
Not available ( )
Not applicable/Septic Tank ( )

Treatment Facilities Available ( )
Not Available ( )

_____ _____ _____
Certification by (conveyance) Title Date

_____ _____ _____
Certification by (conveyance) Title Date

TO BE RETURNED TO METER APPLICATION CITY OF ATLANTA, BUREAU OF DRINKING WATER TECHNICAL SERVICES BEFORE APPLICATION CAN BE PROCESSED. THIS IS A REGULATION OF THE STATE OF GEORGIA, DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL PROTECTION DIVISION.