

INTERIM

Project Name: _____



Capacity Plan Interim Shed Shift Request Form

Expansion Area

Relief Area Note: (Capacity Plan does not have cost estimates or plan & profiles)

*Originator:	Date:
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Requested change: (Duration of interim connection, interim connection point)
Describe related facilities and the duration: (Pump station, storage tank force main, trunks, etc.)

Reason for change:
List of Trunk Sheds Impacted:
Summary of Total Cost Impact to District, Total change in PWWF, Acreage, ESDs:

* Originator completes this side of the form.

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Project Name: _____

This side of the form is for DEPARTMENTAL USE ONLY:*Note: Attach modeling results before forwarding to sections 2, 3, and 4.*

		Initials	Recommend Approval (√)	Recommend Denial (√)
1	Capacity Management			
2	Design Engineering			
3	SRCSD			
4	Development Services			

Reason for recommending denial:
Other comments:

This box to be completed by Section 4: (Development Services)

Change <input type="checkbox"/> approved <input type="checkbox"/> denied BY:	Date:
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