

# Florida Department of Environmental Protection

## REQUEST FOR APPROVAL TO PLACE A DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEM INTO OPERATION

#### **PART I - INSTRUCTIONS**

- (1) This form shall be completed and submitted to the appropriate DEP district office or delegated local program for all collection/transmission system projects required to obtain a construction permit in accordance with Chapter 62-604, F.A.C.
- (2) Newly constructed or modified collection/transmission facilities shall not be placed into service until the Department has cleared the

project for use.		•		•	
(3) All information shall be type	d or printed in ink, and all b	lanks must be filled.			
	PART II – PR	OJECT DOCUMENTA	ATION		
(1) Collection/Transmission Syst	em Permittee				
Name		Title			
Company Name					
City		State		Zip	
Telephone	Fax	Email			
(2) General Project Information					
Project Name					
Construction Permit No.			Dated		
manholes and total number	roject for Which Approval i of pump stations) on to Existing System or Tre		ding pipe length,	total number of	
Expected Date of Connecti	on to Existing System of The	eatment Flant			
(3) Treatment Plant Serving Coll	ection/Transmission System	1			
Name of Treatment Plant S	erving Project				
County		City			
DEP permit number	FL	Expiration Date			
			For Depa	ertment Use Only	
			Date		
			CLEAR	ED FOR USE	

### PART III - CERTIFICATIONS

(1)	Collection/Transmission System Permittee					
	I, the undersigned owner or authorized representative has provided us a copy of the record drawings for the maintenance (O&M) manual, one has been prepared	nis project and if there is not already an e	certify that the engineer existing applicable operation and			
	Also, I certify that, if we will <u>not</u> be the owner of this project after it is placed into service, we have provided a copy of the above mentioned record drawings and a copy of the above mentioned O&M manual, if applicable, to the person or system that will be the owner of this project after it is placed into service.					
	Signed	Date				
	Nama	Title				
	* Attach a letter of authorization.					
(2)	Owner of Collection/Transmission System After it is	s Placed into Service				
			10.1			
	I, the undersigned owner or authorized representative		certify that			
	we accept the project as constructed and will be the					
	abnormal events in accordance with Rule 62-604.55					
	ownership of the collection/transmission system. A					
	with the provisions of Chapter 403 Florida Statutes					
	record drawings and O&M manual for this project and that these record drawings and O&M manual are available at the following					
	location which is within the boundaries of the district office or delegated local program permitting the collection/transmission system:					
	System.					
	•					
	Signed	Date				
		Date Title				
	Signed Name					
	Signed Name Company Name					
	Signed Name Company Name Address	Title				
	Signed Name Company Name Address City	Title State	Zip			
	Signed Name Company Name Address City Telephone Fax	Title				
	Signed Name Company Name Address City	Title State				
	Signed Name Company Name Address City Telephone Fax	State Email				
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio	State Email				
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representation.	State Email ive* of the_	Zip			
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representation Wastewater facility hereby certify that the above	State  State  Email  n System  ive* of the referenced facility has adequate reserv	Zip Zip re capacity to accept the flow from this			
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representation Wastewater facility hereby certify that the above project and will provide the necessary treatment a	State  State  Email  n System  ive* of the referenced facility has adequate reserved disposal as required by Chapter 403	zip Zip re capacity to accept the flow from this , F.S., and applicable Department rules.			
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representatt Wastewater facility hereby certify that the above project and will provide the necessary treatment a Also, I certify that any connections associated with	State  State  Email  n System  ive* of the referenced facility has adequate reserved disposal as required by Chapter 403 th this project to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved.	zip Zip ze capacity to accept the flow from this , F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representation Wastewater facility hereby certify that the above project and will provide the necessary treatment a	State  State  Email  n System  ive* of the referenced facility has adequate reserved disposal as required by Chapter 403 th this project to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved.	zip Zip ze capacity to accept the flow from this , F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representatt Wastewater facility hereby certify that the above project and will provide the necessary treatment a Also, I certify that any connections associated with	State  State  Email  n System  ive* of the referenced facility has adequate reserved disposal as required by Chapter 403 th this project to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved.	zip Zip ze capacity to accept the flow from this , F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone Fax * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representatt Wastewater facility hereby certify that the above project and will provide the necessary treatment a Also, I certify that any connections associated with	State  State  Email  n System  ive* of the referenced facility has adequate reserved disposal as required by Chapter 403 th this project to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved to the above referenced facility has adequate reserved.	Zip  Te capacity to accept the flow from this period, F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representation. Wastewater facility hereby certify that the above project and will provide the necessary treatment at Also, I certify that any connections associated with have been completed to our satisfaction and we have	State  State  Email  In System  ive* of the referenced facility has adequate reservent disposal as required by Chapter 403 th this project to the above referenced five received a copy of the record drawing  Date  Title	zip Zip ze capacity to accept the flow from this , F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representati Wastewater facility hereby certify that the above project and will provide the necessary treatment at Also, I certify that any connections associated with have been completed to our satisfaction and we have  Signed Name	State  State  Email  In System  ive* of the referenced facility has adequate reservent disposal as required by Chapter 403 th this project to the above referenced in the record drawing the part of the record drawing the received a copy of the record drawing the part of the	zip Zip ze capacity to accept the flow from this , F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representative Wastewater facility hereby certify that the above project and will provide the necessary treatment a Also, I certify that any connections associated with have been completed to our satisfaction and we have Signed Name Address	State  State  Email  In System  ive* of the referenced facility has adequate reservent disposal as required by Chapter 403 th this project to the above referenced in the record drawing the part of the record drawing the received a copy of the record drawing the part of the	Zip  Te capacity to accept the flow from this period, F.S., and applicable Department rules. Facility, which we operate and maintain,			
	Signed Name Company Name Address City Telephone * Attach a letter of authorization.  Wastewater Facility Serving Collection/Transmissio I, the undersigned owner or authorized representative Wastewater facility hereby certify that the above project and will provide the necessary treatment at Also, I certify that any connections associated with have been completed to our satisfaction and we have Signed Name Address	State  Email  n System  ive* of the referenced facility has adequate reservent disposal as required by Chapter 403 th this project to the above referenced five received a copy of the record drawing  Date Title	zip Zip			

,

#### (4) Professional Engineer Registered in Florida

I, the undersigned professional engineer registered in Florida, certify the following:

- that this project has been constructed in accordance with the construction permit and engineering plans and specifications or that, to the best of my knowledge and belief, any deviations from the construction permit and engineering plans and specifications will not prevent this project from functioning in compliance with Chapter 62-604, F.A.C.;
- that the record drawings for this project are adequate and include substantial deviations\*\* from the construction permit and engineering plans and specifications;
- that a copy of the record drawings has been provided to the permittee and to the wastewater treatment facility serving the collection/transmission system;
- that the O&M manual for this project has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended; and
- that, to the best of my knowledge and belief, appropriate leakage tests have been performed and the new or modified facilities met the specified requirements.

This certification is based upon on-site observation of construction conducted by me or by a project representative under my direct supervision and upon a review of shop drawings, test results/records, and record drawings performed by me or by a project representative under my direct supervision.

The following is a description and explanation of substantial deviations\*\* from the construction permit and engineering plans and specifications for the substantially completed portion of this project. (Attach additional sheets if necessary.)

			Signed Date	
Name		Florida Registration N		
		Tiorida Registration i	····	
Company Name				
Address				
City		State	Zip	
Telephone	Fax	Email		
** Substantial deviation	ns are construction deviations	greater than 10% from plans and	specifications and any devi	ations which fall

below minimum standards established in Rule 62-604, F.A.C.