Florida Department of Environmental Protection
Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

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 typed or printed in ink, and all blanks must be filled.

PART II – PROJECT DOCUMENTATION

(1) Collection/Transmission System Permittee

Name _____ Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

(2) General Project Information

Project Name _____
Construction Permit No. _____ Dated _____
Is the entire project included under the collection/transmission system permit substantially complete? ☐ Yes ☐ No (If approval is being requested to place a portion of the project into operation, attach a copy of the site plan or sketch that was submitted with the application showing the portion of the project which is substantially complete and for which approval is being requested.)

Description of Portion of Project for Which Approval is Being Requested (including pipe length, total number of manholes and total number of pump stations) _____

Expected Date of Connection to Existing System or Treatment Plant _____

(3) Treatment Plant Serving Collection/Transmission System

Name of Treatment Plant Serving Project Martin County North Wastewater Treatment Facility
County Martin City Jensen Beach
DEP permit number FLA 043192 Expiration Date 09/22/2026

For Department Use Only

Date _____
By _____

CLEARED FOR USE

Northwest District
160 Governmental Center
Pensacola, Florida 32502-5794
850-595-8300

Northeast District
7825 Baymeadows Way
Suite 200B
Jacksonville, Florida 32256-7590
904-807-3300

Central District
3319 Maguire Blvd
Suite 232
Orlando, Florida 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619-8318
813-744-6100

South District
2295 Victoria Ave
Suite 364
Fort Myers, Florida 33902-2549
239-332-6975

Southeast District
400 North Congress Ave
Suite 200
West Palm Beach, Florida 33401
561-681-6600

PART III - CERTIFICATIONS

(1) Collection/Transmission System Permittee

I, the undersigned owner or authorized representative* of _____ certify that the engineer has provided us a copy of the record drawings for this project and if there is not already an existing applicable operation and maintenance (O&M) manual, one has been prepared for the new or modified facilities.

Also, I certify that, if we will not 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 _____
Name _____ Title _____
** Attach a letter of authorization.*

(2) Owner of Collection/Transmission System After it is Placed into Service

I, the undersigned owner or authorized representative* of _____ certify that

we accept the project as constructed and will be the owner of this project after it is placed into service. I agree to report any abnormal events in accordance with Rule 62-604.550, F.A.C. and promptly notify the Department if we sell or legally transfer ownership of the collection/transmission system. Also I certify that we agree to operate and maintain the facilities in accordance with the provisions of Chapter 403 Florida Statutes (F.S.) and applicable Department rules and that we have received a copy of the 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:

_____

Signed _____ Date _____
Name _____ Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____
** Attach a letter of authorization.*

(3) Wastewater Facility Serving Collection/Transmission System

I, the undersigned owner or authorized representative* of the Martin County North Wastewater facility hereby certify that the above referenced facility has adequate reserve capacity to accept the flow from this project and will provide the necessary treatment and disposal as required by Chapter 403, F.S., and applicable Department rules. Also, I certify that any connections associated with this project to the above referenced facility, which we operate and maintain, have been completed to our satisfaction and we have received a copy of the record drawings for this project.

Signed _____ Date _____
Name Leo Repetti, P.E. Title Technical Services Administrator
Address 3473 S.E. Willoughby Blvd Ste 102
City Stuart State FL Zip 34994
Telephone (772) 320-3065 Fax (772) 221-1447 Email lrepetti@martin.fl.us
** Attach a letter of authorization.*

(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.)

_____

_____

_____

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_____

_____

_____

Signed _____

Date _____

Name _____ Florida Registration No. _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

** *Substantial deviations are construction deviations greater than 10% from plans and specifications and any deviations which fall below minimum standards established in Rule 62-604, F.A.C.*