



# 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 Loxahatchee River District  
 County Palm Beach City Jupiter  
 DEP permit number FL 0034649 Expiration Date 11-16-2013

***For Department Use Only***

Date \_\_\_\_\_  
 By \_\_\_\_\_

CLEARED FOR USE

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 Loxahatchee River District 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 D. Albrey Arrington, Ph.D. Title Executive Director  
Company Name Loxahatchee River District  
Address 2500 Jupiter Park Drive  
City Jupiter State FL Zip 33458  
Telephone 561-747-5700 Fax 561-747-9929 Email albrey.arrington@loxahatcheeriver.org

\* Attach a letter of authorization.

(3) Wastewater Facility Serving Collection/Transmission System

I, the undersigned owner or authorized representative\* of the Loxahatchee River District 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 D. Albrey Arrington, Ph.D. Title Executive Director  
Address 2500 Jupiter Park Drive  
City Jupiter State FL Zip 33458  
Telephone 561-747-5700 Fax 561-747-9929 Email albrey.arrington@loxahatcheeriver.org

\* Attach a letter of authorization.

