

SEWER SYSTEM EVALUATION SURVEY (SSES)

ANNUAL REPORT GUIDELINES 04/25/2024

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

DIVISION OF ENVIRONMENTAL RESOURCES MANAGEMENT

WATER AND WASTEWATER DIVISION



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Introduction

This guide was created by the Miami Dade County Department of Regulatory and Economic Resources (RER), Division of Environmental Resource Management (DERM), Water and Wastewater Division (WWWD) to assist with the completion of the Sewer System Evaluation Survey (SSES) Annual Report.

The purpose of the SSES Annual Report is for RER-DERM to have access to current information pertaining to evaluations and/or rehabilitation work that may have been completed and/or may be proposed to be completed to the sanitary sewer systems permitted under RER-DERM, on an annual basis.

The SSES Annual Report is a requirement pursuant to the Miami Dade County Code of Ordinances Chapter 24 Section 24-42.2 (3) (c) (iii):

"An annual report documenting all completed sewer system evaluations and rehabilitation work, as well as a schedule for any proposed rehabilitation work shall be submitted to the Director or the Director's designee no later than sixty (60) days after the end of each calendar year."

Since each collection system is different, the guidelines are general and, therefore, the survey shall not be limited to its contents.

Accessing the report:

Use this link to gain access to the DERM Sanitary Sewer Pump Stations Elapsed Time Filings web application:

• Miami-Dade County - PSO/PSU ET Readings Application (miamidade.gov)

Then, click on the blue button at the top of the screen labeled "Sanitary Sewer Evaluation Survey (SSES) Annual Report Click to COMPLETE and SUBMIT".

Sanitary Sewer Pump Stations Elapsed Time Filings
Home Help
Sewer System Evaluation Survey (SSES) Annual Report Click to COMPLETE and SUBMIT
Filing Elapsed Time Readings
Customers who maintain and/or operate Utility or Non-Utility owned sanitary sewer pump stations in Miami-Dade County can use this application to electronically submit Elapsed Time (ET) readings.
Using this application will expedite the analysis of data and the response to irregular conditions for the benefit of the population and the environment.
It is managed by the Regulatory and Economic Resources Department's Environmental Resources Management Division.
NOTE For ALL ET-FILINGS PSO USERS Only:
The Username has been changed. Starting today you MUST type your Username as follows: 1. Do not type the leading zeros. 2. If you have only one Pump Station or multiple, you must add the letter A at the end of the Username. Example 1: if you are Username is 99-00015, now you must type 99-15A Example 2: if you are Username is 99-00634, now you must type 99-634A 3. If multiple Pump Stations, after log-in, the application will activate the Pump Station Number box where you can select your Pump Stations. 4. The Password remains the same. For any questions about the electronic submittal of the Elapsed Time (ET) readings call 305-372-6920.

Read the instructions on the following page to access the correct report form for your particular permit classification.

Make a Selection:	
Private Sanitary Sewer Collection Systems (No Pump Stations)	~
Private Sanitary Sewer Collection Systems (No Pump Stations) 99 - Private Sanitary Sewer Collection Systems (With 1 or more Pump Stations) 66 - Americana Village 77 - University of Miami	

• Example screen for "99"

MIAMIDADE COUNTY Private Sanitary Sewer Operating Systems & Private Utilities Sanitary Sewer Systems
Sewer System Evaluation Survey (SSES) Annual Report
For the "Make a Selection:" section, read the instructions below to decide which applies to your permit.
1. If you select "Private Sanitary Sewer Collection System (No Pump Stations)", you must type your PSO Permit Number: Example: 201, 301, etc.
2. If you select "99", you must type the Pump Station Number without the prefix '99-'. Example: In the field below, you would type '100A', '100B', '100C', etc., if you have multiple Pump Stations. You must complete one Survey for each Pump Station in your Permit.
 3. If you select "66" or "77", you must type the Pump Station Number as it appears in the DERM's WEB Application for Reporting ET Filings, without the prefix "66-" or "77-". You must complete <u>one</u> Survey for each Pump Station in your Permit. <u>Example for "77"</u>: In the field below, you would type '<u>UM01A'</u>, '<u>UM02B'</u>, etc., for each Pump Station. <u>Example for "66"</u>: In the field below, you would type '<u>AV001A'</u>, '<u>AV002A'</u>, etc., for each Pump Station.
Make a Selection:
99 - Private Sanitary Sewer Collection Systems (With 1 or more Pump Stations) 🗸
Enter your Pump Station #:
Click here to Open the SSES Annual Report Form Close

• Example screen for "Private Sanitary Sewer Collection Systems (No Pump Stations)"

Private Sanitary Sewer Operating Systems & Private Utilities Sanitary Sewer Systems
Sewer System Evaluation Survey (SSES) Annual Report
For the "Make a Selection:" section, read the instructions below to decide which applies to your permit.
1. If you select "Private Sanitary Sewer Collection System (No Pump Stations)", you must type your PSO Permit Number: Example: 201, 301, etc.
2. If you select "99", you must type the Pump Station Number without the prefix '99-'. Example: In the field below, you would type '100A', '100B', '100C', etc., if you have multiple Pump Stations. You must complete one Survey for each Pump Station in your Permit.
3. If you select "66" or "77", you must type the Pump Station Number as it appears in the DERM's WEB Application for Reporting ET Filings, without the prefix "66," or "77." You must complete one Survey for each Pump Station in your Permit
Example for "77": In the field below, you would type 'UM01A', 'UM02B', etc., for each Pump Station. Example for "66": In the field below, you would type 'AV001A', 'AV002A', etc., for each Pump Station.
Make a Selection:
Private Sanitary Sewer Collection Systems (No Pump Stations)
Enter your Permit #:
Click here to Open the SSES Annual Report Form Close

<u>REMARK</u>: If the incorrect permit/pump station number is typed in, an error message will present itself indicating that you have incorrectly filled out the information. Please enter the correct permit/pump station number to be able to access the report form.

Completing the Report:

1. Selection Made for <u>"66", "77", or "99"</u>:

- a. "Information" Section:
 - The first section of the report requires that the current property owner's information be provided (name and email address).



- b. "Submittal Certification" and "Additional Information" Sections:
 - Must be completed some fields are fill in the blank, others are to select your response from a drop-down list.

Please ensure to read thoroughly the notes with asterisks at the end of each section ("Submittal Certification" and "Additional Information") for pertinent information.

* Name of Individual completing this	orm:
* Email of Individual completing this f	xm:
* Phone Number of Individual complete	ting this form:
Date Completed:	4/30/2024
ompleting this form, the property own rate and complete. They are aware th ring violations.	r, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, at there are significant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information
ompleting this form, the property own irate and complete. They are aware the ving violations.	r, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, at there are significant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information
Does the PSO Permitted Facility hav	r, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, at there are significant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information a Service Maintenance Contractor?
completing this form, the property own urate and complete. They are aware the ving violations. Does the PSO Permitted Facility hav Type the Company Name of the Serv	Additional Information a Service Maintenance Contractor? Ce Maintenance Contractor:
in the property own irate and complete. They are aware the wing violations. Does the PSO Permitted Facility hav Type the Company Name of the Sent * Was the Pump(s) Replaced?	Additional Information a Service Maintenance Contractor? Ce Maintenance Contractor:
wompleting this form, the property own irrate and complete. They are aware the ving violations. Does the PSO Permitted Facility hav Type the Company Name of the Sen * Was the Pump(s) Replaced? Was the Remote Telemetry Unit Insta	r, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, at there are significant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information a Service Maintenance Contractor? ce Maintenance Contractor: Ied?
in the property own prate and complete. They are aware the wing violations. Does the PSO Permitted Facility hav Type the Company Name of the Sen * Was the Pump(s) Replaced? Was the Remote Telemetry Unit Insta Installation Date of the Remote Teler	Additional Information Additional Information a Service Maintenance Contractor? Ce Maintenance Contractor? Ide? Id

*If any existing pump was replaced during the period of this report, the permittee/property owner MUST submit picture(s) of the pump and pump's motor tag/plaque and a copy of the manufacturer's name, pump model and pump curve(s) for the new pump(s) that replaced the existing pump. The permittee may obtain the above requested information from the contractor that performed the pump replacement work. If you have any questions about the requested information, please contact DERM at (305) 372-6920, or via email at PSO@miamidade.gov.

~

Replacement Date of the Remote Telemetry Unit:

Has the PSO Permitted Property(ies) Changed Owner?

<u>REMARK</u>: Valid email addresses must be provided in the sections labeled "Information" and "Submittal Certification", otherwise the web application will not allow you to submit the report.

- c. "Work Status" Section:
 - When completed, this section will delineate whether any modifications/repair work/tests have been completed and/or are proposed to be completed for the private sewer system.
 - The individual completing the report shall press the "Submit" button to submit the report to DERM, and they can also print the completed report by pressing the "Print" button.
 - You can press the "Close" button at any time to close the report but be advised that this <u>will not</u> save your information and <u>will not</u> submit the report to DERM.

	COMPLETED	PROPOSED
SSES Work:	01/01/2023 thru 12/31/2023	01/01/2024 thru 12/31/2024
Was a Night Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	~	`
Was a Night Usage Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	~	~
Was a Smoke Test COMPLETED / PROPOSED in The Sewer System?	~	~
Number of Sanitary Manholes Repaired COMPLETED / PROPOSED:	0	0
Number of Sanitary Manholes Replaced COMPLETED / PROPOSED:	0	0
Linear Feet (LF) of Sanitary Pipes Repaired COMPLETED / PROPOSED:	0	0
Linear Feet (LF) of Sanitary Pipes Replaced COMPLETED / PROPOSED:	0	0
Number of Point Repairs COMPLETED / PROPOSED:	0	0
Was the Wet Well Repaired COMPLETED / PROPOSED?	~	~
Was the Wet Well Relined COMPLETED / PROPOSED?	~	~
nit Close Print		

2. Selection Made for <u>"Private Sanitary Sewer Collection System (No Pump Stations)"</u>:

- a. "Information" Section:
 - The first section of the report requires that the current property owner's information be provided (name and email address).

MIAMIDADE COUNTY Private Sanitar Sewer Systems	y Sewer Operating Systems & Private Utilities Sanitary
	2023/2024 SSES Annual Report for Permit 708
	Information
Report Due Date:	03/01/2024
SSES Work Completed:	01/01/2023 thru 12/31/2023
SSES Work Proposed:	01/01/2024 thru 12/31/2024
Permit Number:	708
PSO Class:	SCS - FACIL.WITH SANIT. SEWER COLLECT STM ONLY
Facility Name / Folio:	HORIZON NORTH APARTMENTS / 30123101400
Current Permittee Name:	Property Manager
Property Owner Name:	
Property Owner Email:	

- b. "Submittal Certification" and "Additional Information" Sections:
 - Must be completed some fields are fill in the blank, others are to select your response from a drop-down list.

Please ensure to read thoroughly the note with the asterisk at the end of the "Submittal Certification" section for pertinent information.

* Name of Individual completing this form:	
·	
* Email of Individual completing this form:	
* Phone Number of Individual completing this form:	
Date Completed: the Property Owner or Authorized Representative ompleting this form, the property owner, or authorized r rate and complete. They are aware that there are signi- ing violations.	4/30/2024 / Individuals in DERM Records shall complete this form. epresentative, certifies that the information reported is, to the best of their knowledge and belief, true, icant penalties for submitting false information, including the possibility of fines and imprisonment for
Date Completed: the Property Owner or Authorized Representative propleting this form, the property owner, or authorized r rate and complete. They are aware that there are signi- ing violations.	4/30/2024 / Individuals in DERM Records shall complete this form. epresentative, certifies that the information reported is, to the best of their knowledge and belief, true, icant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information
Date Completed: / the Property Owner or Authorized Representative mpleting this form, the property owner, or authorized r rate and complete. They are aware that there are signing ing violations.	4/30/2024 / Individuals in DERM Records shall complete this form. epresentative, certifies that the information reported is, to the best of their knowledge and belief, true, icant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information
Date Completed: (the Property Owner or Authorized Representative impleting this form, the property owner, or authorized r rate and complete. They are aware that there are signing ing violations. Does the PSO Permitted Facility have a Service Maint	4/30/2024 / Individuals in DERM Records shall complete this form. epresentative, certifies that the information reported is, to the best of their knowledge and belief, true, icant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information enance Contractor?
Date Completed: / the Property Owner or Authorized Representative pompleting this form, the property owner, or authorized r rate and complete. They are aware that there are signing violations. Does the PSO Permitted Facility have a Service Maint Type the Company Name of the Service Maintenance	4/30/2024 / Individuals in DERM Records shall complete this form. epresentative, certifies that the information reported is, to the best of their knowledge and belief, true, icant penalties for submitting false information, including the possibility of fines and imprisonment for Additional Information enance Contractor? ✓ Contractor:

REMARK: Valid email addresses must be provided in both sections labeled "Information" and "Submittal Certification", otherwise the web application will not allow you to submit the report.

- c. "Work Status" section
 - When completed, this section will delineate whether any modifications/repair work/tests have been completed and/or are proposed to be completed for the private sewer system.
 - The individual completing the report shall press the "Submit" button to submit the report to DERM, and they can also print the completed report by pressing the "Print" button.
 - You can press the "Close" button at any time to close the report but be advised that this <u>will not</u> save your information and <u>will not</u> submit the report to DERM.

Work State	JS	
	COMPLETED	PROPOSED
SSES Work:	01/01/2023 thru 12/31/2023	01/01/2024 thru 12/31/2024
Was a Night Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	~	~
Was a Night Usage Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	~	~
Was a Smoke Test COMPLETED / PROPOSED in The Sewer System?	~	~
Number of Sanitary Manholes Repaired COMPLETED / PROPOSED:	0	0
Number of Sanitary Manholes Replaced COMPLETED / PROPOSED:	0	0
Linear Feet (LF) of Sanitary Pipes Repaired COMPLETED / PROPOSED:	0	0
Linear Feet (LF) of Sanitary Pipes Replaced COMPLETED / PROPOSED:	0	0
Number of Point Repairs COMPLETED / PROPOSED:	0	0

Submitting the Report:

- Once the report has been completed and submitted to DERM, you will receive an automatic email reply to both of the email addresses listed in the report.
- The email reply will notify you that DERM has received the report and will review it in the order that it arrives, among other pertinent information.

Please ensure that the automatic email reply from DERM is thoroughly read because it may contain important information about DERM permit operating conditions for the permittee/authorized representative to take note of.

<u>NOTE</u>

For any questions or inquiries pertaining to the SSES Annual Report, please contact the Water and Wastewater Division at (305) 372-6920 or via email at <u>PSO@miamidade.gov</u>.

RER-DERM Water and Wastewater Division 701 NW 1st Ct, 7th Floor Miami, FL 33136