Department of Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Ct., 7th Floor
Miami, Florida 33136-3912
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DOMESTIC WASTEWATER COLLECTION / TRANSMISSION SYSTEMS
CERTIFICATION OF COMPLETION OF CONSTRUCTION

This form shall be completed and submitted to the Wastewater Permitting Section (WPS) of the Department of Regulatory and Economic Resources, Division of Environmental Resources Management (DERM), for all domestic wastewater collection/transmission systems as a supplement to F-DEP form 62-604.300(8)(b)
prior to placing the system in operation.

Section 1: (To be completed, signed and sealed, by the Engineer of Record)　　　　**Revised 3/08/2017**

PROJECT INFORMATION:

Sewer Extension Permit No.: _ _ _ _ _ - SEW-EXT -_ _ _ _ _　FDEP Permit No. _____

Certification: ☐100% Complete　　　　☐Partial

ATTACH AS-BUILT DRAWINGS

GRAVITY AND FORCEMAIN INFORMATION:

All installed Forcemains [1] were Pressure Tested: ☐Yes ☐No　　Test Date: _____ Results (P/F)[2]:__
ATTACH PRESSURE TEST RESULTS AND CALCULATIONS.

Exfiltration Test performed on all installed Gravity lines? ☐Yes ☐No Test Date:_____Results (P/F)[2]:__
ATTACH EXFILTRATION TEST RESULTS AND CALCULATIONS.

Was the pumping capacity of any pump station changed with the completion of this project? ☐Yes ☐No
- If **YES**, list all the pump stations impacted with their corresponding new pumping capacity.
_____

Were any pump station's flows re-routed with the completion of this project?　　　　☐Yes ☐No
- If **YES**, provide a list of the pump stations re-routed and the corresponding new flow path. (use a separate sheet if necessary)
_____

PUMP STATION INFORMATION:　☐ Private　☐ Public

Manufacturer: _____ Model No.:_____No. of pumps: ____

Capacity: _____GPM @ TDH of _____ft. Speed: _____ rpm. HP: ____hp Impeller:_____

Has the Utility / Applicant notified all affected private pump station owners of the above project? (Y/N)_____

ATTACH START UP REPORT.

Pumps Rated for CLASS 1, GROUP D, DIVISION 1: ☐ Yes ☐No

ENGINEER OF RECORD CERTIFYING PROJECT:

Name: _____　Signature: _____

P.E. No.: _____　Date (affix seal): _____

Section 2: (Only to be completed and signed by corresponding utility company, if new public pump station is being certified).
UTILITY PUMP STATION INFORMATION

New Pump Station No./ID: _____Down Stream PS:_____

Utility Official Name (print): _____Title: _____

Signature: _____　Date: _____

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(1) Include Low Pressure Forcemains　　　　(2) **P** – Pass　**F** - Fail