



**City of Port St Lucie Utility Systems Department**  
**Utility Final Inspection Check List**  
[UtilEng@cityofpsl.com](mailto:UtilEng@cityofpsl.com)

**Project Name** \_\_\_\_\_

**PSLUSD File No.** \_\_\_\_\_

- |    |                                                                                                                                           | <b>EOR<br/>Initials</b>                                 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 01 | <b>Utility Final Inspection Checklist</b> (This form, Signed by Engineer Of Record)                                                       | <input style="width: 50px; height: 20px;" type="text"/> |
|    | <b>As-Built Survey</b> (Signed & Sealed by Professional Surveyor)                                                                         |                                                         |
| 02 | 1 Black or Blue Lines                                                                                                                     | <input style="width: 50px; height: 20px;" type="text"/> |
| 03 | <b>Project Completion Certification (Surveyor, Engineer, &amp; Contractor)</b> (PSLUSD Doc No. 131)                                       | <input style="width: 50px; height: 20px;" type="text"/> |
|    | <b>Test Reports</b> (If Applicable)                                                                                                       |                                                         |
| 04 | Bacteriological Clearance (Less than 60 days old)                                                                                         | <input style="width: 50px; height: 20px;" type="text"/> |
| 05 | Sample Point Map (8-1/2 x 11")                                                                                                            | <input style="width: 50px; height: 20px;" type="text"/> |
| 06 | Pressure Testing Reports                                                                                                                  | <input style="width: 50px; height: 20px;" type="text"/> |
| 07 | Backflow Assembly Certification (Per Meter)                                                                                               | <input style="width: 50px; height: 20px;" type="text"/> |
| 08 | All Inspection Test Reports with Cover Letter (PSLSUD Doc No 44)                                                                          | <input style="width: 50px; height: 20px;" type="text"/> |
| 09 | New/Existing Grease Interceptors (Current inspection results and/or cleanout records for existing)                                        | <input style="width: 50px; height: 20px;" type="text"/> |
| 10 | Density Testing Reports                                                                                                                   | <input style="width: 50px; height: 20px;" type="text"/> |
| 11 | <b>Pump Station Record Information</b> (If Applicable) (PSLUSD Doc No 113)                                                                | <input style="width: 50px; height: 20px;" type="text"/> |
|    | <b>Pump Station Startup Report &amp; Manuals by Manufacturer</b>                                                                          |                                                         |
| 12 | 1 Lift Station/Grinder O & M Manuals with Startup Report                                                                                  | <input style="width: 50px; height: 20px;" type="text"/> |
| 13 | <b>Bill of Sale</b> (PSLUSD Doc No 20) <b>DRAFT</b> with all spaces filled in and proposed signers name (no signature)                    | <input style="width: 50px; height: 20px;" type="text"/> |
| 14 | Sunbiz Detail by Entity Name indicating authorization of signatory                                                                        | <input style="width: 50px; height: 20px;" type="text"/> |
|    | <b>Easement(s)</b>                                                                                                                        | <input style="width: 50px; height: 20px;" type="text"/> |
| 15 | Copy of recorded easement that was previously submitted and approved by PSLUSD and returned to EOR to be record for as-built information. |                                                         |
| 16 | <b>Gate Codes and Contact Information</b> (If Applicable)                                                                                 | <input style="width: 50px; height: 20px;" type="text"/> |
| 17 | Other: _____                                                                                                                              | <input style="width: 50px; height: 20px;" type="text"/> |

\_\_\_\_\_  
 Engineer of Record Name Printed

\_\_\_\_\_  
 Engineer of Record Signature

\_\_\_\_\_  
 Date

<b>PSLUSD Office Use Only</b>	
Date Received: _____	By: _____
Date Accepted: _____	
Date of Final Inspection : _____	
Comments: _____	

**As Built Survey**

**1 Black or Blue Lines**

**CITY OF PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT  
PROJECT COMPLETION CERTIFICATION**

**CONTRACTOR'S CERTIFICATION**

INFORMATION PROVIDED BY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I HEREBY CERTIFY THAT THE MATERIALS AND QUANTITIES USED IN THE CONSTRUCTION OF...

_____	Pavement	_____	Water Main
_____	Storm & Drainage System	_____	Reclaimed Water Main
_____	Lake or Pond	_____	Force Main
_____	Sanitary Gravity System	_____	Lift Station

ARE IN ACCORDANCE WITH THE APPROVED PLANS AND CITY STANDARDS. THE AS BUILT SURVEY IS A COMPLETE REPRESENTATION OF THE CONSTRUCTION, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

UNDERGROUND UTILITY CONTRACTOR'S SIGNATURE & DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FLORIDA LICENSE NO: \_\_\_\_\_

**SURVEYOR'S AS-BUILT CERTIFICATION**

INFORMATION PROVIDED BY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ...

_____	Pavement	_____	Water Main
_____	Storm & Drainage System	_____	Reclaimed Water Main
_____	Lake or Pond	_____	Force Main
_____	Sanitary Gravity System	_____	Lift Station

ARE AT THE HORIZONTAL AND VERTICAL LOCATIONS AS SHOWN ON THE "AS-BUILT" SURVEY AND MEET THE TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS, PURSUANT TO CHAPTER 472 OF FLORIDA STATUTES AND CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE.

SIGNATURE & DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FLORIDA LICENSE NO: \_\_\_\_\_

**ENGINEER'S CERTIFICATION**

INFORMATION PROVIDED BY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

PURSUANT TO CHAPTER 471 OF FLORIDA STATUTES AND CHAPTER 61G15-23, FLORIDA ADMINISTRATIVE CODE OF THE FLORIDA BOARD OF PROFESSIONAL ENGINEERS, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, BASED ON OBSERVATIONS DURING CONSTRUCTION, MY ASSESSEMENT OF THE COMPLETED WORK AND REVIEW OF THE "AS-BUILT" SURVEY, THE PROJECT INCLUDING...

_____	Pavement	_____	Water Main
_____	Storm & Drainage System	_____	Reclaimed Water Main
_____	Lake or Pond	_____	Force Main
_____	Sanitary Gravity System	_____	Lift Station

WAS COMPLETED BY THE CONTRACTOR IN ACCORDANCE WITH THE INTENT OF THE PROJECT PERMITS, APPROVED PLANS AND CITY STANDARDS.

SIGNATURE & DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FLORIDA LICENSE NO: \_\_\_\_\_

**Inspection / Testing Summary**

As the Engineer of Record for the \_\_\_\_\_ project, I have reviewed and concur with the test results of that attached inspection testing reports that were performed under my supervision. It is my opinion these reports meet the City of Port St. Lucie Utility Systems Department standard for passing test results.

(Check all applicable reports and attach the original Inspection Testing Report.)

**Water:**

Flushing	Pressure testing	Chlorination
Disinfection	Fire Hydrant Flow Test	Wire trace continuity and
Final Deficiency Inspection		EMS marker verification
Final Inspection	Density testing	

**Wastewater:**

Flushing	Pressure testing	Tele-inspections
Infiltration/exfiltration testing		Deflection testing
Pump station start up		Wire trace continuity and
Final Deficiency Inspection		EMS marker verification
Final Inspection	Density testing	

**Re-claimed Water:**

Flushing	Pressure testing	Chlorination
Wire trace continuity and EMS marker verification		
Final Deficiency Inspection		
Final Inspection	Density testing	

**Interceptors:**

Infiltration/Exfiltration testing

**Other:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of Engineer

Date \_\_\_\_\_

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT FLUSHING REPORT

Project Name:

PSLUSD Project Number:

Engineer of Record:

Project Contractor

Date of Inspection:

Inspector:

Signature:

Date	Location of Test	Gallons Per Minute	Minutes Flushed	Gallons Flushed
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Number of pigs used:

Total Gallons Flushed

Number of pigs retrieved:

Water

Sewer

No residue in bucket:

Yes

No

Reclaimed

## Port St Lucie Utility Systems Department Pressure Test

Project Name:

Project File Number:

ENGINEER OF RECORD:

PROJECT CONTRACTOR:

ALLOWABLE LEAKAGE FORMULA:

$$L = \frac{S \times D \times \sqrt{P}}{148000}$$

S = LENGTH PIPE (FEET)	D = PIPE DIAMETER (INCHES)	P = $\sqrt{\quad}$ TEST PRESSURE (PSI)	ALLOWABLE LEAKAGE (1 HOUR)	ALLOWABLE LEAKAGE (2 HOURS)
TOTAL ALLOWABLE LEAKAGE				
ACTUAL LEAKAGE				

LOCATION / LIMITS OF TEST:

WATER

SEWER

PASSED

FAILED

DATE:

START TIME:

END TIME:

SIGNATURE:

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT CHLORINATION TEST REPORT

Project Name

PSLUSD Project Number

Engineer of Record

Project Contractor

Inspector

Signature

Description of disinfectant:

Disinfectant meets AWWA criteria: Yes No

All sample point locations have been verified  
to match the approved plans prior to chlorination: Yes No

Sample points meet spacing requirements: Yes No

Limits of test:

All services, fire hydrants, blow-offs,  
and sample points chlorinated per specifications: Yes No

Chlorination completed for entire project: Yes No

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT DISINFECTION TEST REPORT

Project Name

PSLUSD Project Number

Engineer of Record

Project Contractor

Inspector

Signature

Main Diameter/ Length	Type of Disinfectant	Test Locations	Disinfectant residual after flushing in ppm	Initial Disinfectant Residual	24 Hour Disinfectant Residual	Pass/Fail	Comments
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Flushing Start Date:

Initial Date

24 Hour Date

Flushing End Time

Start Time

Start Time

End Time

End Time



# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT WIRE CONTINUITY & ELECTRONIC MARKER VERIFICATION TEST REPORT

Project Name

PSLUSD Project Number

Engineer of Record

Project Contractor

Inspector

Signature

Length/size of WM tested

Length/size of FM tested

Length/size of Re-Claimed tested

All trace wire tested	Yes	No	Pass	Fail
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All electronic markers verified	Yes	No	Pass	Fail
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If not completed, list limits of test

Problem(s) found





# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT GRAVITY SEWER / INTERCEPTOR / WET WELL INFIL / EXFIL TEST REPORT

Project Name \_\_\_\_\_

PSLUSD Project Number \_\_\_\_\_

Engineer of Record \_\_\_\_\_

Project Contractor \_\_\_\_\_

Allowable Leakage Formula:

Gravity Sewer - 50 Gallons / per day (24 hours) / per inch diameter / per mile (5280 feet)

Wet Well & Interceptor - 0 loss

Structures Tested	Structure Diameter/Gal.	Structure Depth	Allowable Per Hour	Test Allowable

Main Tested	Main Diameter	Main Length	Allowable Per Hour	Test Allowable

Services Tested	Service Diameter	Service Length	Allowable Per Hour	Test Allowable

	Total Test Allowable
Infil	Actual Leakage
Exfil	

Start Time:

Passed

End Time:

Failed

Engineer \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PORT ST. LUCIE UTILITY SYSTEM DEPARTMENT PUMP STATION START UP TEST REPORT

Project Name  
 PSLUSD Project Number  
 Engineer of Record  
 Project Contractor  
 Diameter  
 Depth  
 Voltage  
 Phasing  
 Full Load Amps  
 Pump HP  
 FPL Meter  
 Design GPM  
 Design TDH

PUMP # 1

PUMP # 2

Actual GPM

Actual TDH

Pump Manf/Model

Generator on site                      YES                      NO

Repair Kit turned over                YES                      NO                      Start Up Fails until Kit turned over

Plant able to communicate            YES                      NO

Plant can read guages                YES                      NO

Attendees:

Deficiencies:

Passed

Failed

Inspector

Signature

Date

## PUMP STATION START-UP WORKSHEET

A = The measurement from the top of the water to the rim of the station after ending the pump draw down test.

B = The measurement from the top of the water to the rim of the station before starting the pump draw down test.

C = The measurement from the rim of the station to the center of the pressure gauge.

D = The diameter of the station.

PSI = Reading of pressure gauge.

- Formula:
1.  $(A \text{ ft} - B \text{ ft}) \times (D \text{ ft} \times D \text{ ft}) \times 7.481 \times 0.7854 = \text{Volume Displaced in gallons}$
  2.  $A \text{ ft} - C \text{ ft} = \text{Total Static Lift (TSL)}$
  3.  $\text{PSI} \times 2.31 = \text{Dynamic Head Pressure (DHP)}$
  4.  $\text{TSL} + \text{DHP} = \text{Total Dynamic Head Pressure (TDHP)}$

<u><b>Pump #1</b></u>	<u><b>Pump #2</b></u>
A =            inches            feet	A =            inches            feet
B =            inches            feet	B =            inches            feet
C =            inches            feet	C =            inches            feet
D =            inches            feet	D =            inches            feet
PSI =	PSI =

### **PUMP #1**

1.  $((A \text{ ft}) - (B \text{ ft})) \times (D \text{ ft}) \times (D \text{ ft}) \times 7.481 \times 0.7854 = \text{Volume Displaced}$   
 $(A-B \text{ ft}) \times (D \times D \text{ ft}) \times 7.481 \times 0.7854 = \text{Volume Displaced}$
2.  $(A \text{ ft}) -/+ (C \text{ ft}) = \text{Total Static Lift}$  (A-C if pressure gauge is below rim, A+C if pressure gauge above rim.)
3.  $(\text{PSI}) \times 2.31 = \text{Dynamic Head Pressure}$
4.  $(\text{TSL}) + (\text{DHP}) = \text{Total Dynamic Head Pressure}$
5.  $(\text{PSI}) \times 2.31 = \text{Static Lift} = \text{Shutoff Head}$  (Not for low pressure)  
 (after start up, close valves in valve pit and pump against them for PSI)

### **PUMP #2**

1.  $((A \text{ ft}) - (B \text{ ft})) \times (D \text{ ft}) \times (D \text{ ft}) \times 7.481 \times 0.7854 = \text{Volume Displaced}$   
 $(A-B \text{ ft}) \times (D \times D \text{ ft}) \times 7.481 \times 0.7854 = \text{Volume Displaced}$
2.  $(A \text{ ft}) -/+ (C \text{ ft}) = \text{Total Static Lift}$  (A-C if pressure gauge is below rim, A+C if pressure gauge above rim.)
3.  $(\text{PSI}) \times 2.31 = \text{Dynamic Head Pressure}$
4.  $(\text{TSL}) + (\text{DHP}) = \text{Total Dynamic Head Pressure}$
5.  $(\text{PSI}) \times 2.31 = \text{Static Lift} = \text{Shutoff Head}$  (Not for low pressure)  
 (after start up, close valves in valve pit and pump against them for PSI)

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT FINAL INSPECTION REPORT - DEFICIENCY LIST

Project Name: \_\_\_\_\_

PSLUSD Project Number: \_\_\_\_\_

Engineer of Record: \_\_\_\_\_

Project Contractor \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Deficiency:

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\_\_\_\_\_

Engineer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT FINAL INSPECTION REPORT

Project Name:

Engineer:

Project #:

Utility Contractor:

Initial Inspection Date:

Reinspection Date:

	Y	N	N/A		Y	N	N/A
All grading complete				RPZ plumb and stable			
Valve pads are level				Meters set			
Discs are correct				Meters locked			
Valve lids painted correct color				All meters have separate curb stop			
Valves turn freely				Meters over 3" have hi/lo flow setup			
Electronic Marker System balls in place				Blow off assemblies correct			
Sample points removed and plugged				Fire hydrants paint not scuffed			
Fire Service has hi/lo flow setup				Fire hydrant meets clearances			
Fire service has chains and locks				Hydrant chains intact			
Mains have cover in swale areas				Air Release Valve (ARV)			
Reflective PavementMarker's in place				ARV lid painted correct color			
All necessary valves opened or closed				ARV lid doesn't hit valve			
Pumpstation fence has no damage				Landscape/Tree issues			
Fence Gates open/close smoothly				Concrete work has no damage			
All pad locks in place				Manholes at correct elevation			
Interceptors at grade				Manholes are clean			
Interceptors have correct lids				Manholes have correct lids			
Interceptor lids are labeled correctly				Clean outs in place with covers			

Final Inspection Pass

Final Re-Inspection Pass

Comments

Attendees

Engineer

Signature

Date

# City of Port St Lucie Utility Department Pump Station Record Information

Project: \_\_\_\_\_

PSLUSD Project Number: \_\_\_\_\_

Pump Manufacturer \_\_\_\_\_

FDEP Permit No. \_\_\_\_\_

Pump Model \_\_\_\_\_

Contractor \_\_\_\_\_

Impeller \_\_\_\_\_

Lot \_\_\_\_\_

Horse Power \_\_\_\_\_

Block \_\_\_\_\_

Force Main Size \_\_\_\_\_

Section \_\_\_\_\_

Force Main Length \_\_\_\_\_

Latitude \_\_\_\_\_

Discharge Pipe Diameter (inches) \_\_\_\_\_

Longitude \_\_\_\_\_

Pump Discharge Diameter (inches) \_\_\_\_\_

FPL Meter No. \_\_\_\_\_

Water Meter No. \_\_\_\_\_

Voltage \_\_\_\_\_

*PSLUSD Office Use Only*

Repump Station \_\_\_\_\_

Phase \_\_\_\_\_

WWTF \_\_\_\_\_

Full Load Amps \_\_\_\_\_

Capital File No. \_\_\_\_\_

Design Flow (gpm) \_\_\_\_\_

Acceptance Date \_\_\_\_\_

Design Head (ft) \_\_\_\_\_

Generator Size (kva) \_\_\_\_\_

Basin Diameter (ft) \_\_\_\_\_

Pumpstation No. \_\_\_\_\_

Basin Depth (ft) \_\_\_\_\_

FPL Account No. \_\_\_\_\_

PSLUSD Project No. \_\_\_\_\_

State Plane Coordinates: \_\_\_\_\_  
 Northing (Y)

\_\_\_\_\_ Easting (X)

Elevation Datum: \_\_\_\_\_

Rim \_\_\_\_\_ Bottom \_\_\_\_\_ Influent Invert \_\_\_\_\_ Discharge Elev. T.O.P. \_\_\_\_\_  
 (Grinders Only)

Lead Pump On \_\_\_\_\_ Lag Pump On \_\_\_\_\_ Lag Pump 2 On \_\_\_\_\_

Pumps Off \_\_\_\_\_ Alarm \_\_\_\_\_ Emergency Off \_\_\_\_\_

Location \_\_\_\_\_

Address \_\_\_\_\_

Legal Description \_\_\_\_\_

Comments \_\_\_\_\_

Pumpstation Startup Report  
&  
Manufacturer O&M Manuals

## **BILL OF SALE**

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_, ("Transferor"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, does grant, bargain, sell, transfer and deliver unto the City, its successors and assigns, all those certain goods and chattels located on or benefiting that certain real property (the "Real Property") located in the County of St. Lucie, State of Florida, as more particularly described in Exhibit "A", attached hereto and made a part hereof, such goods and chattels described as follows:

All pipelines, pipes, tees, ells, manholes, connections, cut-offs, fire hydrants, valves, lift stations and all other equipment used or useful for and/or in connection with the water distribution system and/or wastewater collection system constructed and installed by Transferor, as described in the material list attached hereto and made a part hereof as Exhibit "B", together with all of the rights of the Transferor arising out of any and all guarantees, performance bonds, contracts and agreements of Transferor in connection with said water supply distribution and/or wastewater collection system.

TOGETHER, with every right, privilege, permit and easement of any kind and nature of Transferor, in and relating to connection with the aforesaid water distribution system and/or wastewater collection system.

TO HAVE AND TO HOLD the same unto the City, its successors and assigns, forever.

AND TRANSFEROR does for itself, its successors and assigns, covenant to and with the City, its successors and assigns, that Transferor is the lawful owner of the above described goods and chattels and that the said property is free and clear of all liens, encumbrances, and charges whatsoever; that it has good right and lawful authority to sell the same as aforesaid, and that it does warrant to defend the title and the sale of the said properties hereby made, unto the City, its successors and assigns, against the claims and demands of all persons whomsoever.

BILL OF SALE, Continued

IN WITNESS WHEREOF, Transferor has caused this Bill of Sale to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WITNESS:

BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_.

Said person (check one) • is personally known to me, or • produced \_\_\_\_\_ as identification.

Seal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Notary Public, State of \_\_\_\_\_

WITNESS:

BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_.

Said person (check one) • is personally known to me, or • produced \_\_\_\_\_ as identification.

Seal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Notary Public, State of \_\_\_\_\_

BILL OF SALE  
EXHIBIT "A"  
LEGAL DESCRIPTION OF THE PROPERTY





Prepared by and return to:  
Port St. Lucie Utility Systems Dept.  
900 SE Ogden Lane  
Port St. Lucie, FL 34983

**UTILITY EASEMENT**

**THIS INDENTURE** made and entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between \_\_\_\_\_ ("Grantor"), owner of the property for which this document applies, whose mailing address is \_\_\_\_\_ and the **CITY OF PORT ST. LUCIE**, a Florida municipal corporation ("Grantee"), whose mailing address is 900 SE Ogden Lane, Port St. Lucie, Florida 34983:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and their respective heirs, legal representatives, successors and assigns.)

**WITNESSETH:**

That Grantor is the owner in fee simple of that certain real property (the "Property") lying, located and being in St. Lucie County, Florida and more particularly described in Exhibit "A", attached hereto and made a part hereof; and

That Grantor, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby grants and warrants to the Grantee, its successors and assigns, an easement in perpetuity for utility purposes, more particularly described in Exhibit "B" (the "Easement Premises"), attached hereto and incorporated herein by reference, which shall run with and be a burden upon the Property.

Grantor and Grantee agree that there will be no improvement planted or constructed within the boundaries of the Easement Premises without written approval by the Grantee. Should the Grantor plant or construct such improvement, it is subject to removal or destruction by the Grantee, without liability or responsibility thereof on the part of the Grantee.

Grantor further grants to the Grantee, its agents, employees, contractors, designees and assigns, a general ingress/egress easement over and across its driveways, parking, common or open areas of the Property for the purpose of access to, installation of, modification of, and/or maintenance of, any of the Grantee's utility pipelines, appurtenances, facilities and equipment.

Grantor hereby covenants and warrants that Grantor owns the said land described herein, or is an agent of Grantor, and has the right to grant this easement.

*(Continued on next page)*

**IN WITNESS WHEREOF**, the Grantor has duly authorized and caused this Indenture to be executed in its name as of the day and year first herein written.

\_\_\_\_\_  
**WITNESS ONE**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**GRANTOR** (owner/agent of property)

\_\_\_\_\_  
Print Name/ Title

\_\_\_\_\_  
**WITNESS TWO**

\_\_\_\_\_  
Print Name  
*(document requires two witnesses' signatures)*

\_\_\_\_\_  
Company (if applicable)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, and did not take an oath, who [ ] is known to me, or [ ] produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

Notary Seal

My Commission Expires: \_\_\_\_\_

*Please return this form and attached exhibits to*

**EXHIBIT "A"**

**Legal Description of the Property**

**Parcel ID # \_\_\_\_\_**

**EXHIBIT "B"**

**Sketch of the Easement Premises**

# Gate Codes and Contact Information