



CITY OF PORT ST. LUCIE
 UTILITY SYSTEMS DEPARTMENT
 900 SE Ogden Lane
 Port St. Lucie, FL 34983
 (772) 873-6400 – TDD Accessible
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Jesus A. Merejo, Director

**REQUEST FOR APPROVAL TO PLACE A WATER DISTRIBUTION AND/OR
 WASTEWATER COLLECTION/TRANSMISSION SYSTEM INTO OPERATION**

Instructions: The form must be completed and submitted to the PSLUSD with the Turnover Package. All information shall be typed or printed in ink and all blanks must be filled.

(1) Project Information:

Name of Project _____

Water Construction Permit # _____ Request is for Entire Project Partial

Wastewater Construction Permit # _____ Request is for Entire Project Partial

If partial, describe the portion for which approval is being requested (including the pipe length; total number of manholes and pump stations if applicable)

Water _____

Wastewater _____

(2) Certification by the Engineer-of-Record

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 approved by the PSLUSD. The deviations noted herein will not prevent this project from functioning compliance with the PSLUSD standards and applicable regulations of the Florida Department of Environmental Protection;
- That the as-built survey for this project is complete and includes substantial deviations* from the approved engineering plans and specifications;
- That the O&M manual for the 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, all required 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 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 approved plans and specifications for the substantially completed portion of this project.

(Affix Seal)

Signed _____

Date _____

Name _____ Florida Registration # _____

Company Name _____

Address _____

Telephone _____ Fax _____ Email _____

*** Substantial deviations are construction deviations greater than 10% from plans or specifications and any deviations which fall below the minimum standards established in the PSLUSD Utility Standards Manual.**