City of Stuart

121 SW FLAGLER AVENUE • STUART FLORIDA 34994
UTILITIES DIVISION – PUBLIC WORKS DEPARTMENT
TELEPHONE (772) 288-1292
FAX (772) 288-1405

Privately-Owned Collection and Transmission System Operating Permit Application

Section I – General Information (Please Print or Type)

System Name: _____

Company/Facility Name: _____

System Address: _____
(Physical Location of Collection/Transmission System)

City: _____ **State:** _____ **Zip Code:** _____

System Contact: _____ **System Contact Phone:** _____

Emergency Contact: _____ **Emergency Contact Phone** _____

Type of Use: Office/Retail/Warehouse ____ **Industrial** ____ **Manufacturing** ____

Residential ____ **Multi-Family** ____ **Other** ____

Business Hours: ____ **Hours Per Day** ____ **Days Per Week**

Section II – Permittee Information

Property Owner Name: _____
(As it appears in Tax Records)

Owner Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Owner Contact: _____ **Owner Phone:** _____

Section III – Collection System Information

Year in which the original Privately Owned Collection/Transmission System (POCTS) was built: _____

Year in which the last improvement/addition to the POCTS was performed: _____

Are there any stormwater connections to the POCTS? Yes ____ No ____ Do Not Know ____

Has the Sanitary Sewer System within the property/facility been evaluated for future rehabilitation work? Yes ____ (if yes, provide schedule and scope of work) No ____

Attach a copy of as-built drawings depicting all pump stations, sewer pipes, force mains, gravity sewer lines, sewer service area(s), sewer subsystems, and/or manholes located within the Privately-Owned Collection/ Transmission System.

Section III a. – Gravity Collection System

Number of individual service connections to collection system: ____

Number of sanitary sewer manholes within collection system: ____

Total length of gravity sewer lines in feet and type of material:

3"_____	**Type _____**	**3" _____**	**Type _____**
4"_____	**Type _____**	**4" _____**	**Type _____**
6"_____	**Type _____**	**6" _____**	**Type _____**
8"_____	**Type _____**	**8" _____**	**Type _____**
12"_____	**Type _____**	**12"_____**	**Type _____**

Pipe material type: PVC - Poly Vinyl Chloride CIP – Cast Iron Pipe

DIP – Ductile Iron Pipe VCP – Vitrified Clay Pipe

OTH - Other

Section III b. – Transmission System – Pump Stations and Force Mains

Number of pump stations within the collection system: _____

Station # 1 **Pump Size (Inches)** _____ _____ **Capacity (gpm)** _____ _____
Pump 1 Pump 2 Pump 1 Pump 2

Station # 2 **Pump Size (Inches)** _____ _____ **Capacity (gpm)** _____ _____
Pump 1 Pump 2 Pump 1 Pump 2

Station # 3 **Pump Size (Inches)** _____ _____ **Capacity (gpm)** _____ _____
Pump 1 Pump 2 Pump 1 Pump 2

Section III c. – Total length (Feet) of Sanitary Sewage Force Main Lines

2”_____ Type _____

3”_____ Type _____

4”_____ Type _____

6”_____ Type _____

Pipe material type: PVC - Poly Vinyl Chloride CIP – Cast Iron Pipe

DIP – Ductile Iron Pipe OTH - Other

Section IV – Operation and Maintenance

Is there an Operation and Maintenance (O&M) manual for this system? Yes ____ No ____

If yes, please attach a copy of the manual and answer MAN – 1 through Man – 5.

If no to any of the below, please complete the corresponding OM #.

MAN – 1 Does the manual include preventive procedures? Yes ____ No ____

MAN – 2 Does the manual include spill containment and control? Yes ____ No ____

MAN – 3 Does the manual include an Emergency Response Plan? Yes ____ No ____

MAN – 4 Does the manual include a line jet cleaning program? Yes ____ No ____

MAN – 5 Does the manual include a sanitary sewer over flow plan? Yes ____ No ____

OM – 1 Describe routine maintenance performed on the collection system and/or pump stations:

OM – 2 Describe spill containment and control procedures:

OM – 3 Describe emergency responses to be taken in the event of system malfunctions / failures:

OM – 4 Describe any line jet cleaning activities for the system:

OM – 5 Describe overflow stabilization and remediation procedures:

Section V – Inflow and Infiltration (I&I) Evaluation/ Rehabilitation Work History

Describe all I&I evaluations and/or rehabilitative work performed between January 1, 2000 and the date of this application. Include any substantial system upgrades and the date the work was performed. If video tapes are available, please provide duplicate copies with written reports with this application.

Section VI – Permit Fee Determination

Permit fees are established to offset the administrative cost of implementing and maintaining Section 82 -161 through Section 82- 166 of Chapter 82 of the City of Stuart's Code of Ordinances. Permit fees are waived for all Privately- Owned Collection/Transmission Systems that were in operation prior to June 1, 2003.

Lift Station Permit Fee $200.00

Collection System Fee $200.00

Section VII – Authorized Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for

gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

_____	_____
Name	**Title**
_____	_____
Signature	**Date**