

# PRIVATE SANITARY SEWERS OPERATING (PSO) PERMIT PROGRAM



Permit Modification-Application for a modification of an existing PSO permit (Change of Property Owner, Company Name, Facility Name or/and Permittee Name, Adding Pump Station (s) and / or piping, etc.).

Permit Cycle 2018-2019

RER - Miami-Dade County  
701 NW 1<sup>st</sup> Court, Floor 7  
Miami, Florida 33136-3912  
Phone: (305) 372- 6600 Fax (305)372-6944

**HOW TO SUBMIT THE ELAPSED TIME (ET) READINGS** PSO#: \_\_\_\_\_ Class: \_\_\_\_\_

(by DERM)

(by DERM)

- The Miami-Dade County Code and the Specific Condition No. 2 of the PSO Permit require the submittal of the ET Readings. RER will initiate Enforcement actions if you fail to submit the ET Readings.**
- The Elapsed Time (ET) Readings for the 2017-2018 PSO Permit Cycle MUST be submitted utilizing an ET WEB Filing Application.
- The Elapsed Time (ET) readings must be submitted to RER- Division of Environmental Resources Management (DERM) by the 7<sup>th</sup> day of the following month. The application runs from the following WEB address:  
**[https://www.miamidade.gov/rer/psu\\_psu\\_et\\_filings/](https://www.miamidade.gov/rer/psu_psu_et_filings/)**
- If you need help providing the ET readings, please contact the PSO Program at (786) 372-6600.

**PERMITTEE INFORMATION** (Please print or type)

Permittee Name: \_\_\_\_\_  
(property owner only - individual or corp., LLC, LLP, etc. if the owner is a corp., it must match FL Div.Corp registration)  
Mail Address: \_\_\_\_\_  
Remark: If the person signing the application form below is not the property owner, list the name of an officer of the property owner in addition of the property owner name (Corp, LLC, Inc., LP, etc.) in the permittee section above.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Permittee / Property Owner e-mail address (required): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ (include suite / office number if applicable)

City: \_\_\_\_\_ State: FLORIDA Zip Code: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Facility Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

(As it appears in Miami-Dade County Property Appraiser records (individual owner or corp.), if the owner is a corp., it must match FL Div.Corp registration)

Property Tax Folio No. (all applicable folio #s): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (emeegency contact will be the owner or representative)

Emergency Contact Person: \_\_\_\_\_ Phone (24 hrs-7 days): \_\_\_\_\_

Maint./Service Contr. Co. Name, and Ph. No. (Required): \_\_\_\_\_

**(The listed contractor is authorized to report ET readings, request web application-log in information, etc. Submit the contractor contract/agreement with the property owner/permittee for the service and maintenance of the sewer system)**

**SIGNATURE STATEMENT: (THE FORM MUST BE PROPERLY SIGNED - SEE REMARK \*\*)**

The undersigned property owner (individual or corp.) or representative with notarized letter from *property owner* \*\* :  
\_\_\_\_\_ (print legible-name of owner or authorized representative with notarized letter)

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned **owner or authorized-representative in behalf of the property owner** agree to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all the rules and regulations of the department. He/She also understands that a permit, if granted by the department, will be non-transferable and he/she **will notify the department upon** sale, change of location, or legal transfer of the permitted facility.

**\*\* REMARK: Attach a notarized letter from the property owner or a valid corporate officer granting authorization to act as a representative, if the undersigned is not the property owner (individual) or a valid registered corporate officer of the company name Corp, LLC, LLP, etc. (if the property owner is a corporation )\*\***

I certify under penalty of law that this document was prepared by me or under my direction or supervision 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 the persons directly responsible for gathering the information, that 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, including the possibility of fine and imprisonment for knowing violations.

Property Owner or **Authorized Representative with a Notarized Letter** \_\_\_\_\_ Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(LEGIBLE) (LEGIBLE)

**I. SYSTEM DESCRIPTION**

A. Type of Use.

Office / Retail / Warehouse	Manufacturing ____	Residential ____	Other _____
Business Hours: ____ hours per day ____ days per week Other: _____			

**II. RECORDS**

A. If there have been any changes in the collection system during the last year, attach current Sanitary Sewer Collection System Drawing or Plumbing Plan (outside buildings only).

Copy attached:	Yes ____	No ____	IF YES, CONTACT DERM FOR CHANGES IN THE SEWER SYSTEM (305)-372-6431 AND 372- 6600.
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B. Has the Sanitary Sewer System within the property/facility been evaluated for a future rehabilitation work or due to the SSES requirement?

Future Work: Yes ____	No ____	SSES Requirement: Yes ____	No ____
If yes, provide schedule and scope of work. If necessary, use a separate sheet of paper			

C. Has any rehabilitation work been completed within the past year, to correct Infiltration / Exfiltration / Inflow within the property?

Yes ____	No ____	If yes, provide scope of work. If necessary, use a separate sheet of paper
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D. Nuisance problems.

Has the property /facility experienced any sewer overflows and/or sewer back-ups, etc., within the last 12 months?
Yes ____ No ____ If yes, explain. If necessary, use a separate sheet of paper

E. Is there a LOG BOOK, for recording ALL ACTIVITIES at the Private Sanitary Sewer System, available on-site? Yes \_\_\_\_ No \_\_\_\_ Indicate the exact location of the Log Book or phone number and name of person who can tell where it can be found:

O&M MANUAL LOCATED IN CONTROL PANEL OR OFFICE YES ____ NO ____.
CONTACT RER/DERM – PSO PROGRAM AT (305) 372-6600 IF YOU NEED CLARIFICATION ABOUT THE LOG BOOK.

**TABLE-1 REPORT/LIST THE SANITARY SEWERS COLLECTION SYSTEM (SSCSs) PARAMETERS AND PUMP STATION(S)**

Report existing and added (new) piping (ft.), MHs, PSs parameters.	4 in.	6 in.	8 in.	10 in.	12 in.	>12 in.	# of Sanitary Manholes	Pump Station(s)

**Note:** List all existing piping, MHs, pump stations and new added piping, MHs, pump stations in each box (SEE REMARK BELOW). If it is needed, add any clarification note(s) in reference to the modifications of the existing sanitary sewers collection system(s) and pump station(s) by the proposed SE certification in a separate attached sheet.

**REMARK:** EXISTING PIPES, MHs, PSs LISTED W/O PARANTESES ALL NEW PIPING SIZES, MANHOLES, AND PUMP STATIONS PROPOSED TO BE CERTIFIED SHALL BE REPORTED IN TABLE-1 ABOVE WITH THE VALUES BETWEEN PARANTESES; e.g., (100 LF), (2MH), (1PS), etc.

The form must be submitted with the corresponding fee.

Please attach a check in the corresponding amount made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners. See table below.

### FEE SCHEDULE

The permit modification-fee for a facility with an existing PSO permit will be the sum of the **Sanitary Gravity Sewers Piping Fee** plus the **Private Pump Station(s) Fee**. The **piping fee** is required **ONLY** if the facility has more than 1,000 feet of pipe, six inches or larger in nominal diameter. **Otherwise**, the fee will be **only** based on the **new number of private pump stations added in the property**. (See Guidelines below for clarification).

#### Piping Fee for a facility with more than 1,000 L.F. of piping (See Guidelines below)

• 4 in. pipe: No Charge			
• 6 in. pipe: \$0.12/LF	Total 6" LF x \$0.12/LF= _____	PERMIT FEE CALC'S	
• 8 in. pipe: \$0.20/LF	Total 8" LF x \$0.20/LF= _____	TOTAL PIPING FEE=	\$ _____
• >8 in. pipe: \$0.26/LF	Total >8" LF x \$0.26/LF= _____	TOTAL PUMPS FEE=	\$ _____
• Pump(s): \$175/pump	Total # Pumps x \$175 / pump= _____	7.5% SURCHARGE FEE=	\$ _____
		TOTAL PERMIT FEE=	\$ _____

#### Private Pump Station Fee

Sanitary Pump Station fee is **\$175.00 per each new pump station** added to a facility/property with an existing PSO permit, regardless if they meet the **1,000 feet** criteria.

#### Abbreviations:

SSCS: Sanitary Sewers Collection System in a facility with a PSO permit.

LF: Lineal feet of pipe.

PSO: Private Sanitary Sewers Operating Permit.

#### GUIDELINES TO REPORT INFORMATION IN TABLE 1, PAGE 2 OF 3. CALCULATE THE PERMIT FEE, AND PAYMENT:

**FORCE MAIN PIPE(S) ARE NOT CONSIDERED FOR PIPING FEE.**

PUMP STATION FEE WILL BE \$175.00 PER PUMP STATION.

THE PIPING FEE IS CONSIDERED FOR THE SANITARY SEWERS PIPING (ACCORDING TO PIPE SIZE AND LINEAR FEET-LF) IN THE SSCS. LIST ALL PIPE SIZES INCLUDING 4" PIPES IN TABLE 1, PAGE 2 OF 3 ACCORDINGLY.

SINCE OCTOBER 9, 2017; **A SURCHARGE FEE OF 7.5% OF THE TOTAL FEE** (PUMP STATIONS AND SSCSs FEES AS APPLICABLE ACCORDING TO THE TYPE OF SE SEWER SYSTEM PROPOSED TO BE CERTIFIED) SHALL BE ADDED AND INCLUDED IN THE PSO PERMIT APPLICATION FEE / PAYMENT.

PAYMENTS BY CHECK SHALL BE ISSUED TO "MIAMI-DADE COUNTY". FOR PAYMENTS BY CREDIT CARD, CONTACT DERM-FINANCIAL SECTION AT (305) 372-6755. **New permits fee MUST be only paid by check.**

IF AN EXISTING PSO PERMIT IS MODIFIED, **PIPES (6 IN. OR LARGER) ARE ADDED TO THE EXISTING SSCS AND AS A RESULT OF THE ADDED PIPES / PERMIT MODIFICATION THE SSCS HAS MORE THAN 1,000 FEET OF PIPE (6 IN. OR LARGER), THE FEE FOR THE TOTAL LF OF PIPES 6 IN. OR LARGER (EXISTING AND NEW ADDED PIPES) SHALL BE CALCULATED AS PER THE FEE SCHEDULE ABOVE AND SUBMITTED WITH THE PERMIT MODIFICATION APPLICATION FORM.**

IF AN EXISTING PSO PERMIT HAS MORE THAN 1,000 FEET OF EXISTING PIPING (6 IN. OR LARGER) IN THE SSCS AND THE PSO PERMIT IS MODIFIED AND AS A RESULT OF THE PERMIT MODIFICATION 6 INCH. OR LARGER PIPES ARE ADDED TO THE EXISTING SSCS, **THE FEE FOR THE JUST ADDED (NEW) 6 INCH OR LARGER PIPES SHALL BE CALCULATED AS PER THE FEE SCHEDULE ABOVE AND SUBMITTED WITH THE PERMIT MODIFICATION APPLICATION FORM.**

IF NEW PUMP STATIONS (PS) ARE ADDED TO AN EXISTING PSO PERMIT AS A RESULT OF A PERMIT MODIFICATION, **JUST THE NEW PUMP STATIONS ADDED** SHALL BE CONSIDERED FOR THE PERMIT MODIFICATION FEE IN ADDITION TO THE NEW PIPES OF THE PUMP STATION IN THE SSCS AS APPLICABLE. EACH NEW PUMP STATION FEE SHALL BE \$175.00 (SEE FEE SCHEDULE ABOVE). **IF AN EXISTING PS IS MODIFIED/ RENOVATED (PROPOSING CHANGES IN PUMPS, VALVES, CONTROL PANEL, WET WELL, AND FORCE MAIN PIPE) AND AS A RESULT OF THE MODIFICATION THE EXISTING PS REMAIN IN THE PROPERTY AT THE SAME LOCATION, A PUMP STATION FEE IS NOT APPLICABLE.**

Contact the Private Sanitary Sewers Operating (PSO) Program at **(305) 372-6600** if you need assistance calculating the fee or if you have any other questions about the PSO Program.