



# PRIVATE SANITARY SEWERS OPERATING (PSO) PERMIT PROGRAM

Department of Regulatory and Economic Resources  
Division of Environmental Resources Management  
Water & Wastewater Division  
701 NW 1st Court, 7th Floor  
Miami, FL 33136-3912 T (305) 372-6920

## PSO PERMIT APPLICATION

For a New PSO Permit Application Enter SEW-EXT/SS Permit #:

If Updating/Modifying Existing PSO Permit, Enter PSO #:

For DERM use only: PSO- \_\_\_\_\_ Class: \_\_\_\_\_

### HOW TO SUBMIT THE ELAPSED TIME (ET) READINGS:

1. 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.
2. The Elapsed Time (ET) readings must be submitted to RER- Division of Environmental Resources Management (DERM) by the 14th day of the following month. The application can be accessed from the following WEB address:  
[https://www8.miamidade.gov/Apps/RER/PSO\\_PSU\\_ET\\_Filings/General/Default.aspx](https://www8.miamidade.gov/Apps/RER/PSO_PSU_ET_Filings/General/Default.aspx)
3. If you need help to submit the ET readings, please contact the PSO Program at [PSO@miamidade.gov](mailto:PSO@miamidade.gov)

### PERMITTEE INFORMATION (Please Print or Type):

Property Owner (Permittee) Name: \_\_\_\_\_

(If the owner is a corp., it must be as recorded in the Fl. Div. of Corp Registration and as it appears in the Property Appraiser-MDC records.)

**Remark:** If the person signing the application form below is not the property owner, add the name of an officer of the property owner to be the contact name for the facility.

Contact Name (Officer): \_\_\_\_\_

Mailing Address (Property Owner/Officer): \_\_\_\_\_

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

**E-mail address 1 (required):** \_\_\_\_\_

E-mail of the permittee/officer/registered agent of the Corp. LLC, LLP, etc. listed in the FL Division of Corps.

**E-mail address 2 (required):** \_\_\_\_\_

Secondary E-mail for authorized contact person at/for the facility.

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

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

(Include Store / Suite Number If applicable) : \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

Type of Use:

Office: \_\_\_ Retail: \_\_\_ Warehouse: \_\_\_ Manufacturing: \_\_\_ Residential: \_\_\_ Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** The listed contr. company phone# shall be in the pump station emergency sign.

Emergency Contact Person: \_\_\_\_\_ Phone (7days/24 HRS): \_\_\_\_\_

Maintenance /Service Contractor Company Name: \_\_\_\_\_ and Ph. No. (Required): \_\_\_\_\_

The listed contractor is authorized to report ET readings, request web application log in information, etc.

Attached is the Service Agreement with property owner for the service and maintenance of the sewer system. Y/N: \_\_\_\_\_

**LOGBOOK REQUIREMENTS:**

A Logbook recording all service/maintenance/repairs of the wastewater collection / transmission system shall be provided and located in a place protected from the weather. In the pump station control panel or the property management office.

**O&M MANUAL REQUIREMENTS:**

The Operations and Maintenance (O&M) manual shall be located at the pump station control panel protected from the weather or readily available at the facility office.

Is an O&M manual available? If Yes, submit a copy with this PSO application.

If not, a copy must be submitted to RER-DERM PSO Program. download the RER-DERM PSO O&M Manual guidelines.

<https://www.miamidade.gov/permits/library/guidelines/psa-sample-guidelines.pdf>

Contact RER/DERM – PSO program via email at [PSO@miamidade.gov](mailto:PSO@miamidade.gov) if you need additional assistance.

**SANITARY SEWER COLLECTION SYSTEM INVENTORY:**

<b>TABLE 1 -SANITARY SEWERS COLLECTION SYSTEM (SSCS)</b>								
	<i>4 in.</i>	<i>6 in.</i>	<i>8 in.</i>	<i>10 in.</i>	<i>12 in.</i>	<i>&gt;12 in.</i>	<i># of Sanitary Manholes</i>	<i>PS-Pump Station(s)</i>
<b>Existing</b>								
<b>New/Additional</b>								

List in Table 1 the total length (LF) of the sanitary sewer pipe per diameter, including laterals. Total pipe length reported in this section shall be consistent with the information in the Sanitary Sewer Collection System drawing.

**PSO ANNUAL OPERATING PERMIT FEE CALCULATION:**

The application form must be submitted to RER-DERM and a staff member will advise applicant the amount of fees due for the annual operating permit.

Payments can be made via check or online.

A check in the corresponding amount made payable to “Miami-Dade County” can be mailed to:  
 701 NW 1st Court, 3rd Floor  
 Miami, Florida 33136

The permit fee for a facility with a new PSO permit is the sum of the Sanitary Gravity Sewers Pipe Fee plus the Private Pump Station(s) Fee. The pipe fee is required only if the facility has more than 1,000 linear feet of pipe, six inches or larger in nominal diameter. Otherwise, the fee will be only based on the number of private pump stations in the facility/property.

The permit fee amount is based on the fee schedule approved by the Board of County Commissioners. See table below.

<b>Fee Schedule</b>			
Sanitary Sewer Pipe Diameter (Gravity Mains and Laterals Only)	Fee/ (LF or PS)	Total LF or # Pump Stations	Pipe or Pump Station Fee
	<b>A</b>	<b>B</b>	<b>A x B</b>
4 inches	No Charge	N/A	N/A
6 inches	\$ 0.12		
8 inches	\$ 0.20		
>8 inches	\$ 0.26		
Pump Station (s)	\$ 175.00		
Subtotal \$			
County Required 7.5% Surcharge Fee \$			
<b>Total Permit Fee \$</b>			

Contact the Private Sanitary Sewers Operating (PSO) Program at (305) 372-6920 if you need assistance calculating the fee or if you have any other questions about the PSO Program.

**Abbreviations:**

- SSCS:** Sanitary Sewers Collection System
- LF:** Lineal feet of pipe
- PSO:** Private Sanitary Sewers Operating Permit

SIGNATURE STATEMENT:

**The undersigned property owner (individual or corp.) or representative with notarized letter from property owner:**

X \_\_\_\_\_ (Signature)

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 agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24 of Miami-Dade County Code, and all the rules and regulations of the department. The undersigned 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:**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Print legible name of property owner or authorized representative with notarized letter)