



**PRIVATE SANITARY SEWERS OPERATING (PSO) PERMIT PROGRAM**

**NEW PERMIT APPLICATION**

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)

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 for the 2017-2018 PSO Permit Cycle MUST be submitted utilizing an ET WEB Filing Application.
3. 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/)
4. 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 corporation; if the owner is a corp., it must match Fl. Div. of 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:** \_\_\_\_\_

**e-mail address (if any):** \_\_\_\_\_

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

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

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

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

**Property Tax Folio No. (all applicable folios #):** \_\_\_\_\_  
(As it appears in Property Appraiser-MDC records (individual owner or corp.). if the owner is a corp., it must match Fl. Div. of Corp Database)

**EMERGENCY CONTACT INFORMATION:** (You Must Complete / Update this box)

**Emergency Contact Person:** \_\_\_\_\_ **Phone (24 HRS):** \_\_\_\_\_

**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 property owner/permittee for the service and maintenance of the sewer system).**

**SIGNATURE STATEMENT: (THE FORM MUST 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 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, 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 \_\_\_\_

**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

**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. A Log Book 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.**

THE O&M MANUAL TO BE LOCATED IN PUMP STATION CONTROL PANEL OR IN THE FACILITY OFFICE PROTECTED FROM THE WEATHER. IS A O&M MANUAL PROVIDED? YES \_\_\_\_ NO \_\_\_\_

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**CONTACT RER/DERM – PSO PROGRAM AT (305) 372-6600 IF YOU NEED CLARIFICATION ABOUT THE LOG BOOK.**

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

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

**Note:** List in Table-1 above the information of the sanitary sewer system (pipes LF in the SSCS including 4" pipes, number of MHs, and number of PSs) proposed to be certified. If it is needed, attach any clarification note(s). **Please do not list the force main(s) parameters (n/a).**

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 fee for a facility with a new PSO permit is the sum of the <b>Sanitary Gravity Sewers Piping Fee</b> plus the <b>Private Pump Station(s) Fee</b> . The piping fee is required <b>ONLY</b> if the facility has more than 1,000 feet of pipe, six inches or larger in nominal diameter. <b>Otherwise</b> , the fee will be <b>only based</b> on the <b>number of private pump stations in the facility/property</b> .	
<b>Piping Fee (for a facility with more than 1,000 ft. of piping)</b>	<b>PERMIT FEE CALC'S</b>
• 4 in. pipe: No Charge	TOTAL PIPING FEE= \$ _____
• 6 in. pipe: \$0.12/LF Total 6" LF x \$0.12/LF= _____	TOTAL PUMPS FEE= \$ _____
• 8 in. pipe: \$0.20/LF Total 8" LF x \$0.20/LF= _____	7.5% SURCHARGE FEE=\$ _____
• >8 in. pipe: \$0.26/LF Total >8"LF x \$0.26/LF= _____	TOTAL PERMIT FEE= \$ _____
• Pump(s): \$175/pump Total # Pumps x \$175 / pump= _____	
<b>Private Pump Station Fee-Remark:</b>	
• Sanitary Pump Station fee is <b>\$175.00 per each pump station</b> for all type of facilities, regardless if they meet the <b>1,000 feet criteria</b> .	

Abbreviations:

SSCS: Sanitary Sewers Collection System of a pump station.

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:**

PAYMENTS BY CHECK SHALL BE ISSUED TO "MIAMI-DADE COUNTY". NEW PSO PERMITS CAN ONLY BE PAID BY CHECK.

**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 THE SSCS IN TABLE-1 ACCORDINGLY.

**SINCE OCTOBER 9TH, 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.**

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.