



# SEWER SYSTEM EVALUATION SURVEY (SSES)

ANNUAL REPORT GUIDELINES

REV. 05/27/2025

---

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

DIVISION OF ENVIRONMENTAL RESOURCES MANAGEMENT

WATER AND WASTEWATER DIVISION



**ENVIRONMENTAL  
RESOURCES**

# Contents

<b>Introduction</b> .....	2
<b>Accessing the Report</b> .....	3
• Example of reporting screen highlighting pertinent information .....	4
<b>Completing the Report</b> .....	5
<b>1. Example using selection of “66” or “99”</b> .....	5
a. “Information” Section.....	5
b. “Submittal Certification” and “Additional Information” Sections .....	6
c. “Work Status” Section .....	7
<b>2. Example using selection of “Private Sanitary Sewer Collection System (No Pump Stations)”</b> .....	8
d. “Information” Section.....	8
b. “Submittal Certification” and “Additional Information” Sections: .....	9
c. “Work Status” Section.....	10
<b>Submitting the Report</b> .....	11

## **Introduction**

These guidelines were created by the Miami-Dade County Department of Regulatory and Economic Resources (RER), Division of Environmental Resource Management (DERM), Water and Wastewater Division (WWWD) to provide assistance when completing the Sewer System Evaluation Survey (SSES) Annual Report.

RER-DERM uses the SSES Annual Report to review current information on evaluations and/or rehabilitation work that may have been completed and/or may be proposed to be completed to the sanitary sewer systems, as permitted through RER-DERM, on an annual basis.

The SSES Annual Report is a requirement pursuant to Chapter 24 Section 24-42.2 (3) (c) (iii), Code of Miami-Dade County:

*“An annual report documenting all completed sewer system evaluations and rehabilitation work, as well as a schedule for any proposed rehabilitation work shall be submitted to the Director or the Director's designee no later than sixty (60) days after the end of each calendar year.”*

Collection systems can vary significantly and these guidelines are intended to provide general guidance. The actual survey shall not be limited to the contents of these guidelines.

## Accessing the Report

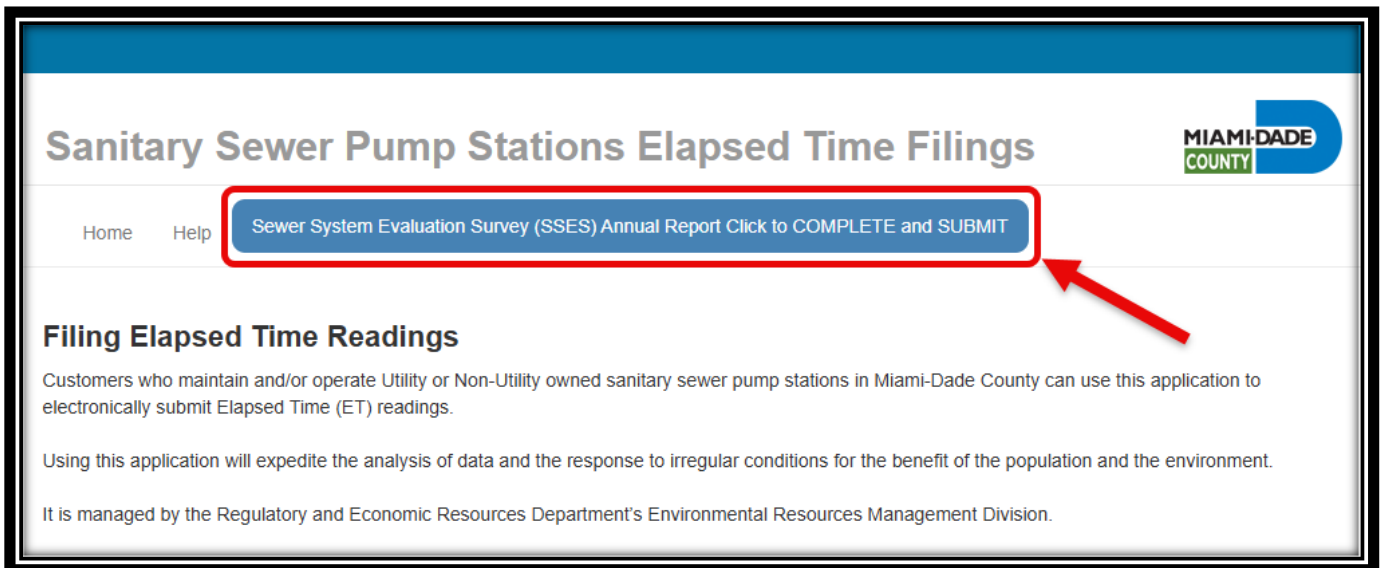
Two important notes before starting steps in these guidelines to work on and submit Reports:

- **Clicking “Close” does NOT save your work.** Although the examples in these guidelines show the option to click the “Close” button to exit at any time while you are working on the report, if you simply “Close” the Report, your work will ***not*** be saved. You must click “Submit” to save the Report.
- **Read the automatic reply email carefully.** After you submit your report, an automatic reply email will be sent that may contain important information to act on before receiving any additional individualized follow-up contact from Miami-Dade County.

To begin the report process, access the DERM Sanitary Sewer Pump Stations Elapsed Time Filings web application by clicking here:

- [Miami-Dade County - PSO/PSU ET Readings Application \(miamidade.gov\)](http://miamidade.gov)

Next, click on the blue button at the top of the screen labeled “Sewer System Evaluation Survey (SSES) Annual Report Click to COMPLETE and SUBMIT.”



Read the instructions on the following page to decide which is the appropriate report form for you to complete for your particular permit classification. Then click on that form number.

Make a Selection:

99 - Private Sanitary Sewer Collection Systems (With 1 or more Pump Stations) ▾

99 - Private Sanitary Sewer Collection Systems (With 1 or more Pump Stations)

Private Sanitary Sewer Collection Systems (No Pump Stations)

66 - Americana Village

- Example of reporting screen highlighting pertinent information

**MIAMI-DADE COUNTY**

## Private Sanitary Sewer Operating Systems & Private Utilities Sanitary Sewer Systems

### Sewer System Evaluation Survey (SSES) Annual Report

For the "Make a Selection." section, read the instructions below to decide which applies to your permit.

1. If you select "**Private Sanitary Sewer Collection System (No Pump Stations)**", you must type your PSO Permit Number: Example: 201, 301, etc.
2. If you select "**99**", you must type the Pump Station Number without the prefix "99-". Example: In the field below, you would type 100A, 100B, 100C, etc., if you have multiple Pump Stations. You must complete one Survey for each Pump Station in your Permit.
3. If you select "**66**", you must type the Pump Station Number as it appears in the DERM's WEB Application for Reporting ET Filings, without the prefix "66-". Example: In the field below, you would type AV001A, AV002A, etc., for each Pump Station. You must complete one Survey for each Pump Station in your Permit.

Make a Selection:

99 - Private Sanitary Sewer Collection Systems (With 1 or more Pump Stations) ▾

Enter your Permit #:

[Click here to Open the SSES Annual Report Form](#) [Close](#)

**NOTE:** If an incorrect permit/pump station number is typed in, an error message will appear. Enter the correct permit/pump station number to access the report form.

**NOTE:** Although you can click the "Close" button at any time, this will not save your information and will not submit the report to DERM. You must click on "Submit" to save your report.

# Completing the Report

1. Example using selection of “66” or “99”

a. “Information” Section

- Type in all the required information, including the current property owner’s name and email address. **NOTE:** Valid email addresses must be provided, otherwise the web application will not allow you to “Submit” the Report at the end when you are done.

The screenshot shows the 'Information' section of the 2023/2024 SSES Annual Report for PS 99-317A. The form includes the Miami-Dade County logo and the title 'Private Sanitary Sewer Operating Systems & Private Utilities Sanitary Sewer Systems'. The 'Information' section is a table with the following fields:

Information	
Report Due Date:	03/01/2024
SSES Work Completed:	01/01/2023 thru 12/31/2023
SSES Work Proposed:	01/01/2024 thru 12/31/2024
Pump Station Number:	317A
PSO Class:	PVT - FACIL. WITH PRIVATE PUMP STATION ONLY
Facility Name / Folio:	79TH ONE STOP / 3530220000031
Current Permittee Name:	Susan Feany
Property Owner Name:	
Property Owner Email:	

- b. “Submittal Certification” and “Additional Information” Sections
- All fields must be completed. Some information must be typed into the blanks provided. Other fields offer drop-down lists to choose from.

**Please carefully read all pertinent information marked with asterisks at the end of each section, since this will offer essential details and requirements.**

Submittal Certification	
* Name of Individual completing this form:	<input style="width: 90%;" type="text"/>
* Email of Individual completing this form:	<input style="width: 90%;" type="text"/>
* Phone Number of Individual completing this form:	<input style="width: 90%;" type="text"/>
Date Completed:	<input style="width: 80%;" type="text" value="4/30/2024"/>

**\*Only the Property Owner or Authorized Representative / Individuals in DERM Records shall complete this form.**  
 By completing this form, the property owner, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, accurate and complete. They are aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Additional Information	
Does the PSO Permitted Facility have a Service Maintenance Contractor?	<input style="width: 90%;" type="text" value=""/>
Type the Company Name of the Service Maintenance Contractor:	<input style="width: 95%;" type="text"/>
* Was the Pump(s) Replaced?	<input style="width: 90%;" type="text" value=""/>
Was the Remote Telemetry Unit Installed?	<input style="width: 90%;" type="text" value=""/>
Installation Date of the Remote Telemetry Unit:	<input style="width: 90%;" type="text"/>
Was the Remote Telemetry Unit Replaced?	<input style="width: 90%;" type="text" value=""/>
Replacement Date of the Remote Telemetry Unit:	<input style="width: 90%;" type="text"/>
Has the PSO Permitted Property(ies) Changed Owner?	<input style="width: 90%;" type="text" value=""/>

\*If any existing pump was replaced during the period of this report, the permittee/property owner MUST submit picture(s) of the pump and pump's motor tag/plaque and a copy of the manufacturer's name, pump model and pump curve(s) for the new pump(s) that replaced the existing pump. The permittee may obtain the above requested information from the contractor that performed the pump replacement work. If you have any questions about the requested information, please contact DERM at (305) 372-6920, or via email at PSO@miamidade.gov.

**NOTE:** Valid email addresses must be provided, otherwise the web application will not allow you to “Submit” the Report at the end when you are done.

c. “Work Status” Section

- This section tracks proposal and completion dates for any modifications/repair work/tests for private sewer systems.
- Once the report is completed, click “Submit” to save the report and to send the report to DERM. You may also click “Print” to create a copy for your records.

Work Status		
	COMPLETED	PROPOSED
SSES Work:	01/01/2023 thru 12/31/2023	01/01/2024 thru 12/31/2024
Was a Night Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	<input type="text" value="v"/>	<input type="text" value="v"/>
Was a Night Usage Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	<input type="text" value="v"/>	<input type="text" value="v"/>
Was a Smoke Test COMPLETED / PROPOSED in The Sewer System?	<input type="text" value="v"/>	<input type="text" value="v"/>
Number of Sanitary Manholes Repaired COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Sanitary Manholes Replaced COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Linear Feet (LF) of Sanitary Pipes Repaired COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Linear Feet (LF) of Sanitary Pipes Replaced COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Point Repairs COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Was the Wet Well Repaired COMPLETED / PROPOSED?	<input type="text" value="v"/>	<input type="text" value="v"/>
Was the Wet Well Relined COMPLETED / PROPOSED?	<input type="text" value="v"/>	<input type="text" value="v"/>

If you have any questions about this SSES Annual Report Format, please contact DERM at (305) 372-6920.

**NOTE:** Although you can click the “Close” button at any time, this will not save your information and will not submit the report to DERM. You must click on “Submit” to save your report.

2. Example using selection of “Private Sanitary Sewer Collection System (No Pump Stations)”:

d. “Information” Section

- Type in the current property owner’s information, including name and email address.

**MIAMI-DADE COUNTY**

## Private Sanitary Sewer Operating Systems & Private Utilities Sanitary Sewer Systems

2023/2024 SSES Annual Report for Permit 708

Information	
Report Due Date:	03/01/2024
SSES Work Completed:	01/01/2023 thru 12/31/2023
SSES Work Proposed:	01/01/2024 thru 12/31/2024
Permit Number:	708
PSO Class:	SCS - FACIL. WITH SANIT. SEWER COLLECT STM ONLY
Facility Name / Folio:	HORIZON NORTH APARTMENTS / 3012310140
Current Permittee Name:	Property Manager
Property Owner Name:	
Property Owner Email:	

b. "Submittal Certification" and "Additional Information" Sections:

- All fields must be completed. Some information must be typed into the blanks provided. Other fields offer drop-down lists to choose from.

**Please carefully read all pertinent information marked with asterisks at the end of each section, since this will offer essential details and requirements.**

Submittal Certification	
* Name of Individual completing this form:	<input type="text"/>
* Email of Individual completing this form:	<input type="text"/>
* Phone Number of Individual completing this form:	<input type="text"/>
Date Completed:	4/30/2024

**\*Only the Property Owner or Authorized Representative / Individuals in DERM Records shall complete this form.**  
By completing this form, the property owner, or authorized representative, certifies that the information reported is, to the best of their knowledge and belief, true, accurate and complete. They are aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Additional Information	
Does the PSO Permitted Facility have a Service Maintenance Contractor?	<input type="text" value="v"/>
Type the Company Name of the Service Maintenance Contractor:	<input type="text"/>
Has the PSO Permitted Property(ies) Changed Owner?	<input type="text" value="v"/>

**NOTE:** Valid email addresses must be provided, otherwise the web application will not allow you to "Submit" the Report at the end when you are done.

c. “Work Status” Section

- This section tracks proposal and completion dates for any modifications/repair work/tests for private sewer systems.
- Once the report is completed, click “Submit” to send the report to DERM. You may also click “Print” to create a copy for your records.

Work Status		
	COMPLETED	PROPOSED
SSES Work:	01/01/2023 thru 12/31/2023	01/01/2024 thru 12/31/2024
Was a Night Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	<input type="text"/>	<input type="text"/>
Was a Night Usage Flow Measurement Test COMPLETED / PROPOSED in The Sewer System?	<input type="text"/>	<input type="text"/>
Was a Smoke Test COMPLETED / PROPOSED in The Sewer System?	<input type="text"/>	<input type="text"/>
Number of Sanitary Manholes Repaired COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Sanitary Manholes Replaced COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Linear Feet (LF) of Sanitary Pipes Repaired COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Linear Feet (LF) of Sanitary Pipes Replaced COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Point Repairs COMPLETED / PROPOSED:	<input type="text" value="0"/>	<input type="text" value="0"/>

If you have any questions about this SSES Annual Report Format, please contact DERM at (305) 372-6920.

## **Submitting the Report**

- Once the report has been completed and submitted to DERM, you will receive an automatic email reply to email addresses listed in the report notifying you that DERM has received the report and will review it in the order that it arrives.

**Please carefully read the automatic email reply from DERM for important information that the permittee or authorized representative should know about the specific Private Sanitary Sewers Operating Permit (PSO) for which the report has been submitted.**

### **NOTE**

For any questions pertaining to the SSES Annual Report, please contact the Water and Wastewater Division by calling 305-372-6920 or emailing [PSO@miamidade.gov](mailto:PSO@miamidade.gov).

RER-DERM Water and Wastewater Division  
701 NW 1st Ct, 7th Floor  
Miami, FL 33136