INSTRUCTIONS: To Engineer/Applicant. Please enclose a drawing showing the entire routing of the sewage from the project in question and identify each set of lines by ownership/maintenance responsibility to the inlet at the Regional Plant. In each situation, the engineer and the entity, developer, utility(s) etc. are responsible for the adequacy of the system they are signing for being able to handle the existing and proposed flow. This form should be completed in its entirety indicating N/A where not applicable, and crossing out or adding words as necessary to clearly indicate the situation.

Thank you for your cooperation. Use of the form should allow much faster processing of Applications by all of the parties involved.

ACCEPTANCE FOR INSTALLATION OF SEWAGE COLLECTION/TRANSMISSION SYSTEM

1. Applicant
I, the owner/authorized representative of _____________________________________________ am fully aware that the statements made in this application for approval of wastewater collection/transmission facilities are true, correct and complete to the best of my knowledge and belief. Further, I agree to retain the design engineer, or another professional engineer registered in Florida, to provide observation of construction and, if applicable, the initial three months of operation of the facility. I also agree to maintain and operate the facilities in compliance with the provisions of Chapter 403, Florida Statutes, and applicable rules and regulations of the Department of Environmental Regulation; I understand that an approval, if granted by the Department, is nontransferable and will promptly notify the department upon sale or legal transfer of the approved facilities.

Signed ________________________________________________ Date ___________________
Name and Title
______________________________________________________________________________

2. Applied for lines to be owned, operated and maintained by:
______________________________________________________________________________
who has reviewed the project and agrees to accept the system.

Signed ________________________________________________ Date ___________________
Name and Title
______________________________________________________________________________

3. Lines in 2 to discharge into the Lake Worth, Palm Beach, Palm Beach County, Riviera Beach or West Palm Beach, or ________________________________ system (indicate one) which has adequate excess capacity to handle the proposed project.

Signed ________________________________________________ Date ___________________
Name and Title
______________________________________________________________________________

4. Lines in 3 to discharge into the Lake Worth, Palm Beach, Palm Beach County, Riviera Beach or West Palm Beach system (indicate one) which has adequate excess capacity to handle the proposed project.

Signed ________________________________________________ Date ___________________
Name and Title
______________________________________________________________________________

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5. **Lines in 4 to discharge into** the Lake Worth, Palm Beach, Palm Beach County, Riviera Beach or West Palm Beach system (indicate one) which has adequate excess capacity to handle the proposed project.

Signed ________________________________ Date ____________________
Name and Title
________________________________________________________________________
________________________________________________________________________

6. **Lines indicated in 5 discharge into** the Lake Worth, Palm Beach, Palm Beach County, Riviera Beach or West Palm Beach system (indicate one) which agrees to accept and has capacity for the project flow.

Signed ________________________________ Date ____________________
Name and Title
________________________________________________________________________
________________________________________________________________________

7. **Responsibility for treatment capacity** for the applied for collection transmission system is accepted by and to be charged against the capacity of the Lake Worth, Palm Beach, Palm Beach County, Riviera Beach or West Palm Beach system which has adequate reserve treatment capacity to treat the subject flow.

Signed ________________________________ Date ____________________
Name and Title
________________________________________________________________________
________________________________________________________________________

(Regional Treatment Facility)