PALM BEACH COUNTY SUPPLEMENT TO DEP APPLICATION FOR INSTALLATION OF SEWAGE COLLECTION/TRANSMISSION SYSTEM

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	e best of my knowledge and ressional engineer registered in initial three months of illities in compliance with the d regulations of the Department ed by the Department, is
Signed	Date
SignedName 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 or West Palm Beach, orhas adequate excess capacity to handle the proposed project.	
Signed	Nate
Name and Title	
4. Lines in 3 to discharge into the Lake Worth, Palm Beach, Palm or West Palm Beach system (indicate one) which has adequate exproposed 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	
	ne Lake Worth, Palm Beach, Palm Beach County, Riviera ate one) which agrees to accept and has capacity for the
Signed	Date
Name and Title	
accepted by and to be charged against th	
Signed	Date
Name and Title	
(Regional Treatment Facility)	