

City of Port St. Lucie, Florida - Utility Systems Department
Water - Wastewater Capacity Worksheet & Application for Service

Forward completed worksheet, fee, and applicable plans to:

Port St. Lucie Utility Systems Department, Utility Engineering Division,
900 SE Ogden Lane Port St. Lucie, FL 34983
Telephone: (772) 873-6400 Fax: (772) 873-6433

Check all Items Submitted:

- 01. Worksheet fully complete and signed by PROPERTY OWNER
 - a. If you are the OWNER'S AGENT, an original notarized Letter of Authorization from the owner must be attached.
 - b. Proof of authorized signatory via the State of Florida website (www.sunbiz.org) must be attached.
 - c. Proof of ownership of property. (www.paslc.org) must be attached or a Warranty Deed is acceptable.
- 02. Location map showing street names (8½" x 11")
- 03. Meter address from Port St Lucie or St. Lucie County GIS Department
- 04. Site Plan (including location of buildings/structures and utility connection points)
- 05. Boundary Survey (showing all existing and proposed easements)
- 06. \$260.00 Application Fee
- 07. Preliminary Utility Line Design Plans - submit one (1) set of prints to utility for review. This is required for all proposed subdivisions, shopping centers, and/or other non-single family facilities.

NOTE: Failure to submit the above items 1 - 07 may result in the worksheet being returned.

Additional information, plans, and/or documents may be required.

Upon acceptance of the completed worksheet form, applicable plans and payment of the fee application fee, the Utility Engineering Division will typically provide review comments within 30 days. Upon approval of construction/detail plans, the Utility will issue a Commercial Service Agreement / Permit to Connect outlining all conditions and costs related to connecting to the Utility's water and/or wastewater system. All Commercial Service Agreement / Permit to Connect forms must be signed by the owner, signifying acceptance of the Utility's terms and conditions for providing water and/or wastewater service.

<u>FOR PSLUSD OFFICE USE ONLY</u>	
Project Name: _____	File Number: _____
Application Fee Received: _____	Receipt Number: _____
Application Complete: <input type="checkbox"/>	Application Incomplete: <input type="checkbox"/>
E-mail listing any deficiencies sent to applicant and Engineer On: _____	
Incomplete application returned to applicant or Engineer On: _____	
Existing projects only: ERC's Reserved Water: _____ ERC's Reserved Sewer: _____ Irrigation ERCs: _____	
Historical Use: Water: _____ Sewer: _____ Irrigation: _____ (attach historical)	

WATER / WASTEWATER CAPACITY WORKSHEET

1. Project Name: _____

2. Project Description: _____

3. Existing Structure: Proposed Structure:

4. Applicant/Title Holder Of Property:

Name: _____ Title: _____

Company Name: _____

Mailing Address: _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone: _____ Fax: _____

5. Property Tax I.D. No.(s): (Required)

6. Address Of Facility: _____
(Include city, state, & zip) _____

7. Property Location: Within PSL City Limits Other _____
 Unincorporated: St. Lucie County

8. Legal Description: _____
(Lots) (Block) (Section)

(Other)

OR, attach documentation for Legal Description

9. Type Of Service Requested: (Check appropriate boxes)

	Water	Wastewater	Fire Protection	Irrigation
Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disallowed

Fire Line Required: Yes No If Yes, Indicate Line(s) And Size(s): _____
And System Classification: _____

WATER / WASTEWATER CAPACITY WORKSHEET

10. Owner's Agent:

Name: _____ Title: _____

Company Name: _____

Mailing Address: _____
Street Address

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-mail Address: _____

Owner shall be copied on all Port St. Lucie Utility Systems correspondence

11. Engineer of Record:

Name: _____ Title: _____

Company Name: _____

Mailing Address: _____
Street Address

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-mail Address: _____

12. Account Name and Billing Address:

Account Name: _____

Billing Address: _____
Street Address

City _____ State _____ Zip _____

Email Address: _____

Telephone: _____ Fax: _____

Water Plant to Serve Project: Prineville **OR** J E ANDERSON

13. Water Service:

Indicate quantity of meters in the applicable box below each meter size:								
WATER METER SIZE:	5/8"X 3/4"	1"	1 1/2"	2"	3"	4"	6"	OTHER
# of Existing Meters								
# of New Meters								

WATER / WASTEWATER CAPACITY WORKSHEET

14. Wastewater Service:
(check one)

Wastewater Plant to Serve Project: Glades **OR** SP **OR** WP

(If requesting City supplied Single-Phase Grinder System, please indicate wet well depth)

CITY SUPPLIED GRINDER:

YES

NO

6' Wet Well	8' Wet Well	10' Wet Well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Type Of Establishment: _____

16. Pretreatment Requirements:

Interceptor(s) required:

YES

NO

All projects are subject to the Wastewater System User Rules as outlined in the City Code, Chapter 64, and in the PSLUSD Specifications and Standards.

Pretreatment Calculations: Choose A **OR** B

A. Calculations and sizing done by PSLUSD. The cost of this is included in the application fee.

OR

B. Calculations and sizing done by an Engineer. Attach signed and sealed calculations.

17. Proposed Hours Of Operation:

DAY(S) OF THE WEEK: S M T W R F S _____ AM to _____ PM

DAY(S) OF THE WEEK: _____ AM to _____ PM

18. Flow Derivation:

Note: Regardless of ERCs determined for flow calculations, each meter installed with this project shall reserve a minimum of 1 ERC.

One equivalent residential connection (ERC) shall have an assigned value of 1.000. One ERC is hereby established and determined to be equal to a flow to of 250 gallons of water per day (GPD), average annual basis. For customers with water and/or wastewater service, ERCs are determined by metered water flow. Criteria for "sewer only" customers is available upon request.

WATER / WASTEWATER CAPACITY WORKSHEET

Check the appropriate category used to determine the ERC flows for your establishment.

PLEASE COMPLETE 1 OF THE FOLLOWING 3 CATEGORIES:

(Select Only One Category – A or B or C)

- A. Historical ERC Data based on current usage:** See our website at http://www.cityofpsl.com/utility/util_forms.html for historical method help.

Calculated ERCS: _____ (attach all historical data)

OR

- B. ERC Determination Table:** See our website at http://www.cityofpsl.com/utility/util_forms.html for ERC determination help.

Type of Establishment (Per ERC Table, Section 61.11 of the City Code):

Applicable "Units": _____ No. Of Beds: _____

Square Feet: _____ No. Of Seats: _____ (including bar & outdoor seating)

Employees: Total No. _____ Per Shift _____ Shifts per Day _____

Other: _____

Calculated ERCS: _____ (attach sheet)

OR

- C. Fixture Unit Method:** See our website at http://www.cityofpsl.com/utility/util_forms.html for fixture units table.

The total ERC value may be determined by the Florida Plumbing Code.

Total ERC Value = $\frac{\text{Number of Fixture Units} \times 30}{250 \text{ GPD/ERC}}$

Fixture Units _____ X 30 = _____ Gallons of Flow

Gallons of Flow _____ / 250 Gallons/Day = Calculated ERC's _____ (attach sheet)

WATER / WASTEWATER CAPACITY WORKSHEET

19. FIRE PROTECTION CAPACITY

Indicate the method of fire protection your project requires.

- 1. Existing Fire Hydrant/s
- 2. Fire Sprinkler System served by _____ inch fire line(s).
- 3. Private Fire Line
- 4. Fire Hydrants required within road right of way: _____
(Quantity)
- 5. Not Applicable

Notes:

20. SIGNATURE AND SEAL OF ENGINEER:

Sign and seal below to certify that pages one (1) through seven (7) are true and correct.

Company: _____

Address: _____

Printed Name

License No. _____

Signature/Date/Seal

WATER / WASTEWATER CAPACITY WORKSHEET

The Property Owner hereby requests water and/or wastewater service in the amount of ERCs shown above for the property or properties described in this Water/Wastewater Capacity Worksheet and agrees to be bound fully by the provisions of the Port St. Lucie City Code and the Port St. Lucie Utility Construction Standards and the terms and conditions of any Water and/or Wastewater Agreement and Permit issued pursuant to this Worksheet. Furthermore, the person or persons executing this Worksheet are fully authorized to bind the Property Owner and agree to indemnify the City for damages the City may incur because of false representation in this worksheet.

This worksheet and the subsequent issuance of a Water and/or Wastewater Agreement/Permit by the City shall create no vested rights in the Applicant and shall not be construed as a guarantee of water and/or wastewater service to the Applicant. The City may permit connections to its water and wastewater system only if it may lawfully do so and would not thereby violate any permit, license, restriction, injunction, moratorium or denial of permission to connect imposed or issued by any Court of competent jurisdiction or by any applicable Agency of the United States, the State of Florida, St. Lucie County, or the City. The City makes no other representation or agreement as to the availability of water and/or wastewater service in connection with the development of the property described herein. The Applicant expressly agrees that it shall have no claim or cause of action against the City for its observance of the Requirements or any such Permit, license, restriction, injunction, moratorium or denial of permission to connect its sanitary water or wastewater system. The Applicant hereby waives and relinquishes any right, claim, cause of action or other remedy whatsoever against the City arising from or as a result of the City's refusal to permit the observance of the Requirement, or for the reason that the connection would violate such Permit, license, restriction, injunction, moratorium or denial of permission to connect. This worksheet is submitted pursuant to the Requirements, the provisions of which are hereby incorporated herein.

Property Owner:

By: _____ By: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Owners Agent: (attach authorization)

By: _____ By: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

NOTE: Partnerships and Joint Ventures must have all Partners sign.