



PORT ST. LUCIE  
UTILITY SYSTEMS DEPARTMENT  
[utility.cityofpsl.com](http://utility.cityofpsl.com)

Kevin R. Matyjaszek, Director

**Certification of Construction Completion and Request for  
Clearance to Place Permitted Public Water System  
Components into Operation**

Project Name \_\_\_\_\_ Permittee \_\_\_\_\_

**Part I. Instructions**

This form must be completed and submitted with attachments via email to [UtilEng@cityofPSL.com](mailto:UtilEng@cityofPSL.com) for projects permitted and constructed under PSLUSD construction permits for public water system components, under the “General Permit for Construction of Water Main Extensions for Public Water Systems” in Rule 62-555.405.

AFTER COMPLETING, OR SUBSTANTIALLY COMPLETING, CONSTRUCTION OF A PROJECT, OR A PORTION THEREOF, AND BEFORE PLACING THE SUBSTANTIALLY COMPLETE PROJECT, OR PORTION THEREOF, INTO OPERATION FOR ANY PURPOSE OTHER THAN DISINFECTION, TESTING FOR LEAKS, OR TESTING EQUIPMENT OPERATION, complete and submit one copy of this form along with one copy of the following information:

- The portion of record drawings showing deviations from the PSLUSD construction permit, including the approved preliminary design report or drawings and specifications, if there are any deviations from said permit (note that is necessary to submit a copy of only the portion of record drawings showing deviations and not a complete set of record drawings);
- Bacteriological test results, including a sketch of all bacteriological sampling locations, demonstrating compliance with subsection 62-555.315(6), FAC, or Rule 62-555.340, FAC, if the substantially complete portion of the project includes any new or altered public water system (PWS) components that must be disinfected and bacteriologically surveyed or evaluated per said subsection or said rule;
- Submit this form along with a single-page color PDF site plan or sketch showing the size and approximate location of new or altered water mains, showing the approximate location of hydrants, valves, meters, and blow-offs, and showing how said mains connect to the PSLUSD water system. Show water mains in blue, fire hydrants in red, sewer mains in green and force mains in brown.
- Any other information required by conditions in the construction permit.

All information provided on this form shall be typed. NOTE THAT A SEPARATE CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE IS REQUIRED FOR EACH PERMITTED PROJECT.

**DO NOT PLACE ANY NEW OR ALTERED PWS COMPONENTS INTO PERMANENT OPERATION UNTIL THE PSLUSD ISSUES WRITTEN APPROVAL, OR CLEARANCE, TO PLACE THE COMPONENTS INTO PERMANENT OPERATION.**

**PSLUSD Water Main/Distribution System Certification of Construction Completion and Request for Clearance to Place System into Operation**

Project Name _____	Permittee _____
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**Part II. General Project Information**

A. Name of Project \_\_\_\_\_  
 PSLUSD Project # \_\_\_\_\_

B. Construction Permit No. \_\_\_\_\_ Date Permit Was Issued \_\_\_\_\_

C. Portion of Project for Which Construction is Substantially Complete and for Which Clearance is Requested.  
 Entire Project \_\_\_\_\_  
 Portion of Project \_\_\_\_\_

- Attach a single-page map and list all pipe sizes, lengths and fire hydrants, even for complete projects.
- Describe below the portion of the project requested, any previous clearances and the portions remaining to be cleared in the future.

D. Permittee

PWS/Company Name:	PWS ID # <b>4560954-01, 02, 03</b>	
PWS Type		
Community <b>X</b> Non-Transient Non-Community _____ Transient Non-Community _____ Consecutive _____		
Contact Person:	Contact Person Title:	
Contact Person's Mailing Address:		
City:	State:	Zip:
Contact Person's Telephone:		
Contact Person's Email Address:		

E. Public Water System (PWS) Supplying Water to Project and Will Own Project After It Is Placed Into Operation

PWS Name <b>Utility Systems Department – City of Port St Lucie</b>	PWS ID # <b>4560954-01, 02, 03</b>	
PWS Type		
Community <b>X</b> Non-Transient Non-Community _____ Transient Non-Community _____ Consecutive _____		
PWS Owner: <b>City of Port St Lucie</b>		
Contact Person: <b>Kevin R. Matyjaszek</b>	Contact Person Title: <b>Director</b>	
Contact Person's Mailing Address: <b>1001 SE Prineville St</b>		
City: <b>Port St Lucie</b>	State: <b>FL</b>	Zip Code: <b>34983</b>
Contact Person's Telephone: <b>772-873-6400</b>		
Contact Person's Email Address: <b>UtilEng@cityofPSL.com</b>		



**PSLUSD Water Main/Distribution System Certification of Construction Completion and Request for Clearance to Place System into Operation**

Project Name _____	Permittee _____
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**Part IV. Certifications**

**A. Certification by Permittee**

I am duly authorized to sign this form on behalf of the Permittee. I certify the following:

- To the best of my knowledge and belief, the substantially complete portion of this project is sufficiently complete to be utilized for the purposes for which it is intended;
- To the best of my knowledge and belief, the substantially complete portion of this project has been completed in accordance with the PSLUSD construction permit, including the approved preliminary design report or drawings and specification, for this project; or to the best of my knowledge and belief, the deviations described and explained in Part III of this form will not prevent the substantially complete portion of this project from functioning in compliance with Chapters 62-550 and 62-555, FAC;
- To the best of my knowledge and belief, all new or altered public water system components that are included in the substantially complete portion of this project and that must be disinfected and bacteriologically surveyed or evaluated per subsection 62-555.3415(6), FAC, or Rule 62-555.340, FAC, have been disinfected and bacteriologically surveyed or evaluated in accordance with said subsection or said rule;
- The permittee has had complete record drawings produced for the substantially complete portion of this project, to the best of my knowledge and belief, said record drawings adequately depict the substantially complete portion of this project as constructed and identify the deviations described and explained in Part III of this form; and said record drawings are available for review at the following location: 1001 SE Prineville St., Port St Lucie, FL 34983.

I also certify that the permittee has provided a copy of the above-mentioned record drawings to the PSLUSD that will own this project after it is placed into permanent operation.

Signature	Date	Printed Name	Title
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**B. Concurrence by PSLUSD Supplying Water to Project**

The Port St Lucie Utility Systems Department (PSLUSD) will supply the water necessary to meet the water demands for the substantially complete portion of this project and certifies the following:

- To the best of my knowledge and belief, PSLUSD’s connection to the substantially complete portion of this project will not cause PSLUSD to be, or contribute to PSLUSD being, in noncompliance with Chapters 62-550 or 62-555, FAC;
- PSLUSD considers the connection(s) between the substantially complete portion of this project and PSLUSD acceptable as constructed. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Concurrence that PSLUSD Will Own Project After It Is Placed into Permanent Operation**

PSLUSD will own the substantially complete portion of this project after it is placed into permanent operation and acknowledges the following:

- PSLUSD considers the substantially complete portion of this project acceptable as constructed;
- PSLUSD has received complete record drawings for the substantially complete portion of this project and the record drawings are available for review at the following location:  
1001 SE Prineville St., Port St Lucie, FL 34983.
- PSLUSD will operate and maintain this project in such a manner as to comply with Chapters 62-550, 62-555, 62-560, and 62-699, FAC. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

