

REVIEWER GENERAL DISTRIBUTION SYSTEM CHECKLIST F.A.C. 62-555

Project Name: _____ PWS ID No: 629

Address: _____

Received Date: ____/____/____ Utility: _____

Permit No: _____ - _____ - _____ Engineering Co: _____

PWS Compliant: YES - NO Adequate System Capacity: YES - NO

____ Check water main being connected to cleared: YES - NO Permit No.: _____ - _____ - _____

____ If existing PWS, well abandoned and disconnected: YES - NO: specific permit YES - NO : _____

A: Application Form (Yes, No, NA)

____ 1. Project Description Provided

- Contains LF of permitted piping, size, and type
- Description and purpose of each building
- Number of connections to existing water main
- Location of existing water main being connected to

____ 2. Original signature of owner or authorized agent (check at least one)

- Notarized letter from owner's authorizing agent to act on behalf
- Owner, President, Vice President, or Director listed as Permittee
- Authorized Agent located on <http://www.sunbiz.org> (copy for file)

____ 3. Designer's original signature as noted below (only one of the following applies)

- Public Official (Project ≤ \$10,000)
- Plumbing Contractor (Project ≤ \$125,000, serving single property < 250 fixtures)
- Professional Engineer (Legible Signature and Seal Provided (Pages 6 & 8))

____ 4. Complete Application with Every Page Filled Correctly

- Correct PWS Identification Number
- No sections left blank
- Location of Project provided on form or sketch sufficient to find project
- On the preliminary design report:
 - water demands are reasonable and correct
 - only items pertaining to project initialed
 - all items listed as N/A are listed on Page 6

____ 5. Original Signature of Utility Representative

____ 6. Number of buildings providing service _____

- DOH Permit required (1 service connection with no future expansion)
- DEP Permit required (> than 1 service connection and/or other criteria, e.g. main extension)
 - On-site Piping/Regulated Consecutive Water System: YES - NO (check for meter block)
IF YES please check one of the items, otherwise proceed with Section B: At least 15 townhomes or 25 year-round residents Affidavit Signed Specific Permit Application Submitted

B: Plans:

- ____ 1. Sketch, site plan or drawing attached and sealed
- ____ 2. RPZs on commercial meters and hose bib connection to lift station
- ____ 3. LF of piping coincides with LF of piping in project description
- ____ 4. Number of connections to existing line match project description
- ____ 5. Shows location of chlorine injection point(s) and bacti/chlorine sample point(s)
- ____ 6. Number of service connection matches number of buildings providing service
- ____ 7. Valves, Hydrants, CIP(s), SPs, and permitted piping highlighted and counted: CIPs _____ SPs _____
- ____ 8. Water details provided for all associated apparatuses (ex. valves, hydrants, blow-offs, sample taps, lift stations)

Reviewed by: _____

Date Reviewed: ____/____/____

Complete:

- Yes
- No

Deficiencies: _____

- Methods of RAI Contact: Phone Email Snail Mail
- Dates RAI: ____/____/____ /; ____/____/____ /; ____/____/____ /
- Dates RAI Received ____/____/____ /; ____/____/____ /; ____/____/____ /
- Deadline: ____/____/____

Approved by: _____ Date Approved: ____/____/____

