



NOTIFICATION OF COMPLETION OF CONSTRUCTION FOR WASTEWATER FACILITIES OR ACTIVITIES

1. Instructions

- a. In accordance with Rule 62-620.410, F.A.C., this form must be submitted to the Department's appropriate district office or approved local program prior to placing a newly constructed facility or modified portion of an existing facility into operation for any purpose other than testing for leaks and equipment operation.
- b. Each applicable item must be completed in full. Where attached sheets or other technical documentation are used in lieu of the blank spaces provided, indicate appropriate cross-references in the spaces.
- c. Three (3) copies of this notification with supporting documentation shall be submitted with this form.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.

2. Facility Information

- a. Permit Number _____ b. Facility Identification Number _____
- c. Project/Facility Name _____
- d. Contact Name: _____
Number and Street _____
City/State/Zip Code _____
Telephone _____

3. Description of Facilities to be Placed into Operation:

4. Description of Substantial Deviations from the Permit, Approved Preliminary Design Report, and Application Materials:

5. Implementation Dates

- a. Actual Date Construction Began _____
- b. Scheduled Date to Place Facilities into Operation _____
- c. Scheduled Date to Attain Operational Level _____
- d. Scheduled Date to Submit DEP Form 62-620.910(13)¹ _____

¹In accordance with Rule 62-620.410, F.A.C., DEP Form 62-620.910(13) Notification of Availability of Record Drawings and Final Operation and Maintenance Manuals must be submitted within six month after the facilities are placed into operation.

6. Certifications

a. Applicant or Authorized Representative

I certify that the statements made in this notification and all attachments are true, correct and complete to the best of my knowledge and belief. I agree to operate and maintain these facilities in such a manner as to comply with the provisions of Chapter 403, F.S., Chapter 62-620, F.A.C., and all other applicable rules of the Department.

(Signature of Applicant or Authorized Representative²) _____ (Date)

Name (Please Type) _____ Company Name _____
Title _____ Company Address _____
Phone _____ City/State/Zip Code _____
Email (optional) _____

b. Applicant or Authorized Representative (For Domestic Wastewater Facilities Only)

I certify that an appropriate draft operation and maintenance manual for these domestic wastewater facilities, which has been examined by a professional engineer as certified below, is available and located at _____ and can be submitted upon request.

(Signature of Applicant or Authorized Representative²) _____ (Date)

Name (Please Type) _____ Company Name _____
Title _____ Company Address _____
Phone _____ City/State/Zip Code _____
Email (optional) _____

c. Professional Engineer Registered in Florida

I certify that the facilities listed above have been completed to the point where the facilities are functionally complete. I further certify that construction on these facilities has proceeded substantially in accordance with the permit and the approved preliminary design report and application materials, or that deviations noted above will not prevent the system from functioning in compliance with all applicable statutes of the State of Florida and rules of the Department when properly operated and maintained. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision, for the purpose of determining if the work proceeded in compliance with the permit and the approved preliminary design report and application materials.

Company Name: _____ Name (please type) _____
Company Address: _____
City/State/Zip Code _____
Phone Number: _____

(Seal, Signature, Date, and Registration Number)
Email (optional): _____

²If signed by the authorized representative, attach a letter of authorization.

d. Professional Engineer Registered in Florida (For Domestic Wastewater Facilities Only)

I certify that the draft operation and maintenance manual for these domestic wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and maintained in accordance with this manual, will comply with all applicable statutes of the State of Florida and rules of the Department.

Company Name: _____ Name (please type) _____

Company Address: _____

City/State/Zip Code _____

Phone Number: _____

(Seal, Signature, Date, and Registration Number)

Email (optional): _____