



# Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

## REQUEST FOR APPROVAL TO PLACE A DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEM INTO OPERATION

### PART I - INSTRUCTIONS

- (1) This form shall be completed and submitted to the appropriate DEP district office or delegated local program for all collection/transmission system projects required to obtain a construction permit in accordance with Chapter 62-604, F.A.C.
- (2) Newly constructed or modified collection/transmission facilities shall not be placed into service until the Department has cleared the project for use.
- (3) All information shall be typed or printed in ink, and all blanks must be filled.

HICK Phase 2C

### PART II - PROJECT DOCUMENTATION

#### (1) Collection/Transmission System Permittee

Name David Baselice/ David Byrnes Title Vice President  
Company Name CalAtlantic Group (fka Ryland) and M/I Homes  
Address 444 West New England Ave. Suite 250/ 400 International Pkwy, Suite 470  
City Winter Park / Lake Mary State FL Zip 32789/32746  
Telephone 407-645-6515 Fax \_\_\_\_\_ Email david.baselice@calatl.com

#### (2) General Project Information

Project Name Hickory Hammock  
Construction Permit No. CS48-0326116-001 Dated 02/30/14

Is the entire project included under the collection/transmission system permit substantially complete? ☐ Yes ☒ No (If approval is being requested to place a portion of the project into operation, attach a copy of the site plan or sketch that was submitted with the application showing the portion of the project which is substantially complete and for which approval is being requested.)


Description of Portion of Project for Which Approval is Being Requested (including pipe length, total number of manholes and total number of pump stations) Partial Clearance for Phase 2C including 1 LS, 21 MH's, 3579 LF of 8" PVC Sanitary Gravity Sewer and 2252 LF of 4" PVC Force Main

Expected Date of Connection to Existing System or Treatment Plant Connection to existing system

#### (3) Treatment Plant Serving Collection/Transmission System

Name of Treatment Plant Serving Project City of Winter Garden WWTF  
County Orange City Winter Garden  
DEP permit number FL 0020109 Expiration Date \_\_\_\_\_

**PARTIAL**

<i>For Department Use Only</i>	
Date	<b>10/18/2016</b>
By	
CLEARED FOR USE	

PART III - CERTIFICATIONS

(1) Collection/Transmission System Permittee

I, the undersigned owner or authorized representative\* of CalAtlantic Group (fka Ryland) and MI Homes certify that the engineer has provided us a copy of the record drawings for this project and if there is not already an existing applicable operation and maintenance (O&M) manual, one has been prepared for the new or modified facilities.

Also, I certify that, if we will not be the owner of this project after it is placed into service, we have provided a copy of the above mentioned record drawings and a copy of the above mentioned O&M manual, if applicable, to the person or system that will be the owner of this project after it is placed into service.

Signed [Signature] Date 3/7/16  
Name David Baselice Title Operational Vice President

\* Attach a letter of authorization.

(2) Owner of Collection/Transmission System After it is Placed into Service

I, the undersigned owner or authorized representative\* of City of Winter Garden certify that we accept the project as constructed and will be the owner of this project after it is placed into service. I agree to report any abnormal events in accordance with Rule 62-604.550, F.A.C. and promptly notify the Department if we sell or legally transfer ownership of the collection/transmission system. Also I certify that we agree to operate and maintain the facilities in accordance with the provisions of Chapter 403 Florida Statutes (F.S.) and applicable Department rules and that we have received a copy of the record drawings and O&M manual for this project and that these record drawings and O&M manual are available at the following location which is within the boundaries of the district office or delegated local program permitting the collection/transmission system:

300 West Plant Street, Winter Garden, FL 34787

Signed [Signature] Date 10/13/16  
Name Don Cochran Title Assistant Manager, Public Works  
Company Name City of Winter Garden  
Address 300 West Plant Street  
City Winter Garden State FL Zip 34787  
Telephone 407-656-4111 Fax \_\_\_\_\_ Email dcochran@cwgd.com

\* Attach a letter of authorization.

(3) Wastewater Facility Serving Collection/Transmission System

I, the undersigned owner or authorized representative\* of the City of Winter Garden Wastewater facility hereby certify that the above referenced facility has adequate reserve capacity to accept the flow from this project and will provide the necessary treatment and disposal as required by Chapter 403, F.S., and applicable Department rules. Also, I certify that any connections associated with this project to the above referenced facility, which we operate and maintain, have been completed to our satisfaction and we have received a copy of the record drawings for this project.

Signed [Signature] Date 10/13/16  
Name Don Cochran Title Assistant Manager, Public Works  
Address 300 West Plant Street  
City Winter Garden State FL Zip 34787  
Telephone 407-656-4111 Fax \_\_\_\_\_ Email dcochran@cwgd.com

\* Attach a letter of authorization.



### PART III - CERTIFICATIONS

(1) Collection/Transmission System Permittee

I, the undersigned owner or authorized representative\* of CalAtlantic Group (fka Ryland) and MI Homes certify that the engineer

has provided us a copy of the record drawings for this project and if there is not already an existing applicable operation and maintenance (O&M) manual, one has been prepared for the new or modified facilities.

Also, I certify that, if we will not be the owner of this project after it is placed into service, we have provided a copy of the above mentioned record drawings and a copy of the above mentioned O&M manual, if applicable, to the person or system that will be the owner of this project after it is placed into service.

Signed

Name David Byrnes

Date

Title Vice President

\* Attach a letter of authorization.

(2) Owner of Collection/Transmission System After it is Placed into Service

I, the undersigned owner or authorized representative\* of City of Winter Garden certify that we accept the project as constructed and will be the owner of this project after it is placed into service. I agree to report any abnormal events in accordance with Rule 62-604.550, F.A.C. and promptly notify the Department if we sell or legally transfer ownership of the collection/transmission system. Also I certify that we agree to operate and maintain the facilities in accordance with the provisions of Chapter 403 Florida Statutes (F.S.) and applicable Department rules and that we have received a copy of the record drawings and O&M manual for this project and that these record drawings and O&M manual are available at the following location which is within the boundaries of the district office or delegated local program permitting the collection/transmission system:

300 West Plant Street, Winter Garden, FL 34787

Signed

Name Don Cochran

Date

Title Assistant Manager, Public Works

Company Name City of Winter Garden

Address 300 West Plant Street

City Winter Garden

State

FL

Zip

34787

Telephone 407-656-4111

Fax

Email dcochran@cwgd.com

\* Attach a letter of authorization.

(3) Wastewater Facility Serving Collection/Transmission System

I, the undersigned owner or authorized representative\* of the City of Winter Garden Wastewater facility hereby certify that the above referenced facility has adequate reserve capacity to accept the flow from this project and will provide the necessary treatment and disposal as required by Chapter 403, F.S., and applicable Department rules. Also, I certify that any connections associated with this project to the above referenced facility, which we operate and maintain, have been completed to our satisfaction and we have received a copy of the record drawings for this project.

Signed

Name Don Cochran

Date

Title Assistant Manager, Public Works

Address 300 West Plant Street

City Winter Garden

State

FL

Zip

34787

Telephone 407-656-4111

Fax

Email dcochran@cwgd.com

\* Attach a letter of authorization.

(4) Professional Engineer Registered in Florida

I, the undersigned professional engineer registered in Florida, certify the following:

- that this project has been constructed in accordance with the construction permit and engineering plans and specifications or that, to the best of my knowledge and belief, any deviations from the construction permit and engineering plans and specifications will not prevent this project from functioning in compliance with Chapter 62-604, F.A.C.;
- that the record drawings for this project are adequate and include substantial deviations\*\* from the construction permit and engineering plans and specifications;
- that a copy of the record drawings has been provided to the permittee and to the wastewater treatment facility serving the collection/transmission system;
- that the O&M manual for this project has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended; and
- that, to the best of my knowledge and belief, appropriate leakage tests have been performed and the new or modified facilities met the specified requirements.

This certification is based upon on-site observation of construction conducted by me or by a project representative under my direct supervision and upon a review of shop drawings, test results/records, and record drawings performed by me or by a project representative under my direct supervision.

The following is a description and explanation of substantial deviations\*\* from the construction permit and engineering plans and specifications for the substantially completed portion of this project. (Attach additional sheets if necessary.)

No Deviations

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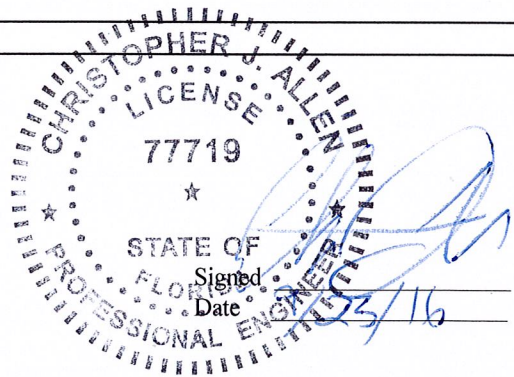
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Name Christopher J. Allen Florida Registration No. 77719  
Company Name Dewberry Engineers Inc.  
Address 800 North Magnolia Avenue, Suite 1000  
City Orlando State FL Zip 32803  
Telephone 321.354.9739 Fax (407) 649-8664 Email callen@dewberry.com

*\*\* Substantial deviations are construction deviations greater than 10% from plans and specifications and any deviations which fall below minimum standards established in Rule 62-604, F.A.C.*