

APPENDIX D

PROJECT ACCEPTANCE CERTIFICATE TEMPLATE

All Pertinent Blocks Will Be Initialed And/Or Dated. Check Marks Shall Not Be Used.

<h2 style="margin: 0;">Toho Water Authority</h2> <h3 style="margin: 0;">Project Acceptance Certificate</h3>		Project Name:		
		Project Number:		
		Project Location:		
Project Owner:		Project Type: Comm (<input type="checkbox"/>), Other: Residential: Single Family (<input type="checkbox"/>), Multi-Family (<input type="checkbox"/>)		
Engineer of Record: Address: Phone: Fax: Email:		Utility Contractor: Address: Phone: Fax: FL Underground License #:		
IMPACT FEES				
Sewer Reservation	Calculated By:	GPD:	Amt:	Date Paid:
Sewer Impact	Calculated By:	GPD:	Amt:	Date Paid:
Sewer Connection	Calculated By:	GPD:	Amt:	Date Paid:
Water Reservation	Calculated By:	GPD:	Amt:	Date Paid:
Water Impact	Calculated By:	GPD:	Amt:	Date Paid:
Water Meter	Meter Size:	Amt:	Date Paid:	
Irrigation Meter	Meter Size:	Amt:	Date Paid:	
Line Extensions	Water:	Sewer:	Force Main:	Reuse:
HYDRAULIC SHARES				
\$ /Gallon Water	Calculated By:	\$ /Gallon Sewer	Calculated By:	
\$ /Gallon Force Main	Calculated By:	\$ /Gallon Reuse	Calculated By:	
Project Due Water Hydraulic Shares:			\$ /Gal.	Amt.:\$
Project Due Sewer Hydraulic Shares:			\$ /Gal.	Amt.:\$
Project Due Force Main Hydraulic Shares:			\$ /Gal.	Amt.:\$
Project Due Reuse Hydraulic Shares:			\$ /Gal.	Amt.:\$
Trunkline Agreement	No:	Yes:	FDEP Agreement Number:	
List of Trunklines Updated	N/A:	Yes:	By:	
Comments for Impact Fee Section:				

PERMITS

FDEP Sewer Permit No: CS49-		Date Rec:	Exp. Date:
Wastewater Treatment Facility:		Plant ID#:	
FDEP Water Permit No: WD49-		Date Rec:	Exp. Date:
Water Treatment Facility:		Plant ID#:	
CONSTRUCTION PLAN REVIEW			
Master Plan Concurrency Review	By:	Date:	
Backflow Preventor(s) Reviewed for Size, Type, and Approved Model	By:	Date:	N/A:
Industrial Waste Requirements Review	By:	Date:	N/A:
Type Required:	Grease Trap:	Size:	#Req:
	Gas/Oil:	Size:	#Req:
	Sand Interceptor/Mud Trap:	Size:	#Req:
1 st Plan Submittal Received Date:		Date Comments Sent:	By:
2 nd Plan Submittal Received Date:		Date Comments Sent:	By:
3 rd Plan Submittal Received Date:		Date Comments Sent:	By:
Reviewing Engineer:		Reviewing Inspector:	
Plans Approved	As Noted:	Date:	By:
Shop Dwg Submittal Approved	As Noted:	Date:	By:
Pre-construction Meeting	N/A:	Date:	By:
Meter Set Pre-construction Meeting	N/A:	Date:	By:
TESTS / INSPECTIONS			
Gravity Sewer Low Air Pressure Testing	N/A:	Witnessed By:	Date:
Gravity Sewer System Lamping Inspection	N/A:	Witnessed By:	Date:
Sanitary Sewer Manhole Inspection	N/A:	Witnessed By:	Date:
Industrial Waste Inspection:	N/A:	Inspected By:	Date:
Sizes for Traps -Type: [Other:]	Oil/Gas:	Sand Interceptor:	Grease Trap:
Lift Station Inspection and Start-up	N/A:	Inspected By:	Date:
Pumps and Controls Start-up	N/A:	Witnessed By:	Date:
Force main Hydrostatic Pressure Test	N/A:	Witnessed By:	Date:
Water Distribution System Hydrostatic Pressure Test	N/A:	Witnessed By:	Date:

Water Distribution System Disinfection	N/A:	Witnessed By:	Date:
Water Distribution System Bacteriological Sampling	N/A:	Performed By:	Date:
Water Meter Box Inspection	N/A:	Performed By:	Date:
Water Back-flow Preventor(s) Tested	N/A:	Performed By:	Date:
Reuse Distribution System Hydrostatic Pressure Test	N/A:	Witnessed By:	Date:
Reuse Distribution System Disinfection	N/A:	Witnessed By:	Date:
Reuse Distribution System Bacteriological Sampling	N/A:	Performed By:	Date:
Reuse Backflow Preventor(s) Tested	N/A:	Performed By:	Date:
Reuse Meter Box Inspection	N/A:	Performed By:	Date:

WALK-THRU FINAL INSPECTION

Water Distributions System	N/A:	OK:	See Punch List:
Sanitary Sewer Collection System	N/A:	OK:	See Punch List:
Sanitary Force Main System	N/A:	OK:	See Punch List:
Reuse Distribution System	N/A:	OK:	See Punch List:
Lift Station	N/A:	OK:	See Punch List:
Industrial Waste	N/A:	OK:	See Punch List:
Backflow Preventor(s)	N/A:	OK:	See Punch List:
Water Meter Boxes	N/A:	OK:	See Punch List:

Punch List	Yes:	No:
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Comments:

ACCEPTANCE CHECKLIST

Project Job File - Sub-Files All Present:

Finance:	Engineering:	Construction:	Permitting:	Contract/Agreement:	Acceptance:
Sub-Files Reviewed for Proper Document Insertion			By:	Date:	
Project Billings:		Project Billings:			
Date Paid:		Date Paid:			
Date Paid:		Date Paid:			
Date Paid:		Date Paid:			

Hydrant Meter Issued		Yes:	No:		
Hydrant Meter Returned		N/A:	Yes:	No w/Letter Stating Continued Use:	
Letter to FDEP Stating Connection to Existing Trunkline System		By:	Date:	N/A:	
Building or Lot Plan w/ List of Addresses		N/A:	Date:		
Density Test Reports	Sewer:	Water:	Reuse:	Force Main:	Lift Station:
Certification of Cost	Yes:	N/A:	Maintenance Bond	Yes:	N/A:
Easements Recorded	N/A:	By Plat:	Blanket Easement:	Legal Description:	
Developer Service Agreement	N/A:			Date Executed:	
Water Distribution System			Record Drawings:	CAD Disc:	N/A:
Reuse Distribution System			Record Drawings:	CAD Disc:	N/A:
Sanitary Sewer Collection System			Record Drawings:	CAD Disc:	N/A:
Sanitary Sewer Force Main System			Record Drawings:	CAD Disc:	N/A:
Lift Station			Record Drawings:	CAD Disc:	N/A:
FDEP Clearance For Use	Water:	N/A:	Sewer:	N/A:	
<p>***PROJECT ACCEPTED BY THE TOHO WATER AUTHORITY***</p> <p>***All Applicable Acceptance Certificate Attachments for Water System Must be Present</p>					
Partial Project Acceptance (Water Only)	Signature of the Director (or Designee) Date:				
Complete Project Acceptance:	Signature of the Director (or Designee) Date:				