

## **Appendix D**

### **Project Acceptance Certificate**

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

|  |                |   |                        |            |
|--|----------------|---|------------------------|------------|
| <b>Toho Water Authority</b><br><br><b>Project Acceptance Certificate</b> |                | Project Name:   |                        |            |
|  |                | Project Number:   |                        |            |
|  |                | Project Location:   |                        |            |
| Project Owner:   |                | Project Type: Comm (    ), Other:<br>Residential: Single Family (    ), Multi-Family (    ) |                        |            |
| Engineer of Record:<br>Address:  |                | Utility Contractor:<br>Address:   |                        |            |
| Phone:   |                | Phone:  |                        |            |
| Fax:   |                | Fax:  |                        |            |
| Email:   |                | FL Underground License #:   |                        |            |
| <b>IMPACT FEES</b>   |                |   |                        |            |
| 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:     |
| <b>HYDRAULIC SHARES</b>  |                |   |                        |            |
| \$        /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#:           |              |
| <b>CONSTRUCTION PLAN REVIEW</b>                                   |                            |                      |              |
| 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 <sup>st</sup> Plan Submittal Received Date:                     |                            | Date Comments Sent:  | By:          |
| 2 <sup>nd</sup> Plan Submittal Received Date:                     |                            | Date Comments Sent:  | By:          |
| 3 <sup>rd</sup> 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:          |
| <b>TESTS / INSPECTIONS</b>  |                            |                      |              |
| 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:           |
| <b>WALK-THRU FINAL INSPECTION</b>                   |              |                   |                 |
| 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:               |                 |
| Comments:   |              |                   |                 |
|   |              |                   |                 |
| <b>ACCEPTANCE CHECKLIST</b>                         |              |                   |                 |
| 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:           |                                    |      |
| <b>***PROJECT ACCEPTED BY THE TOHO WATER AUTHORITY***</b><br><br><b>***All Applicable Acceptance Certificate Attachments for Water System Must be Present</b> |   |          |                  |                   |                |                                    |      |
| Partial Project Acceptance (Water Only)   | Signature of the Director (or Designee) _____ Date: _____ |          |                  |                   |                |                                    |      |
| Complete Project Acceptance:  | Signature of the Director (or Designee) _____ Date: _____ |          |                  |                   |                |                                    |      |