



# Town of Davie

## Private Lift Station Application

1. Please check all information for accuracy, make any changes needed and sign on the back.
2. If an item is not applicable indicate by noting "N/A".
3. Application must be returned to the Town of Davie Utilities within 30 days of receipt.

### Section 1: Applicant Information (Please print or type)

<b>Applicant:</b>	
<b>Facility Name:</b>	
<b>Lift Station Address (Street):</b>	
<b>Lift Station City, State, Zip:</b>	

<b>Mailing Address:</b>	
<b>Mailing City, State, Zip:</b>	

<b>Owner or Responsible Party:</b>	
<b>Telephone(s):</b>	
<b>Email address:</b>	

<b>2nd Party Contact:</b>	
<b>Telephone(s):</b>	
<b>Email address:</b>	

<b>Lift Station User</b> <i>(identify with a checkmark)</i>	<b>Identify types of use/number of services connected to the lift station</b>	
	<b>Office</b>	
	<b>Retail</b>	
	<b>Warehouse</b>	
	<b>Manufacturing</b>	
	<b>Residential</b>	
	<b>Other</b>	

**Section 2: Lift Station Service Area Description**

<b>Number of residences (e.g. homes, apts., condos) served by lift station:</b>	
<b>Number of commercial businesses served by lift station:</b>	
<b>Business Name(s):</b>	

**Section 3: Emergency Contact Information**

<b>Emergency Contact Name:</b>			
<b>Phone Number:</b>			
<b>Maintenance Service Contactor:</b>			
<b>7 days/24 Hour Contact:</b>			
<b>Email Address:</b>			
<b>Are records maintained onsite?</b>		<b>Property Managements Office</b>	
		<b>Control Panel</b>	

	<b>If "No"; Explain:</b>	
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**All Service/Maintenance/Repairs of wastewater collection-transmission systems shall be provided and located in a place protected from the weather.**

<b>Is the lift station maintained monthly?</b>		<b>If "No"; Explain:</b>	
<b>Town of Davie PLS Permit Posted</b>		<b>If "No"; Explain:</b>	
<b>Emergency Contact info Posted/correct?</b>		<b>If "No"; Explain:</b>	

**The Operation and Maintenance (O&M) manual shall be located at the pump station control panel protected from weather or readably available at the facility's office.**

	<b>Submit a copy with application</b>
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**Spill Control Plan/SORP Required:**

	<b>Yes</b>
	<b>No</b>

<b>Notification Process:</b>
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**As-builts Provided:**

	<b>Yes</b>
	<b>No</b>

**Rehabilitation of the Lift Station:**

	<b>Yes</b>
	<b>No</b>

<b>If Yes; Explain:</b>
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<b>Backup Power:</b>
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**Please provide a copy of a signed maintenance agreement valid through December, 2023. The contract must include at least a monthly maintenance inspection and provide for 24 hour/day-365 day/year emergency service to maintain the lift station in full operation conditions at all times. Both parties must notify the Town upon contract termination.**

### **Section 4: Applicant Comments**

**Please note any major changes to the Lift Station that occurred over the past year (e.g. new pump major renovations). Attach a separate sheet if necessary.**


### **Section 5: Statement by Applicant**

**I, the undersigned (owner or authorized representative) of the aforementioned lift station attest that the statement made in this renewal application are true, correct, and complete to the best of my knowledge and belief. I further certify that I have read, responded to, and understand my control, containment, cleaning, and sanitization responsibilities in the preventing of or to responding to a sewer spill. I further certify that I have read and understand my responsibilities in maintaining the collection system in a manner to minimize inflow and infiltration.**

**I agree to maintain and operate the facility in a manner to comply with all the provision of the Town of Davie Code of Ordinances.**

<b>Name</b>

<b>Title</b>

<b>Date</b>

<b>Signature</b>

**Permits are transferable; however, the current owner must request such a transfer prior to the sale or transfer of the property of the permit will be invalidated and a new permit application must be submitted.**

**Annual Permit fee: \$300**

**Violation per day: Waiver for first occurrence; fee of \$100**

**Per day for subsequent Non-compliance: Actual cost + %10**

**Please send completed application with supporting attachments (maintenance contract) to:**

**Town of Davie Utilities - Utilities Director  
c/o Utilities Compliance Manager**

**7351 SW 30th Street**

**Davie, Florida 33314**

**Payments must be made out to the Town of Davie via cashier check.**