August 11, 2020

Ms. Cindy Mulkey
Office of Siting Coordination
Department of Environmental Protection
2600 Blair Stone Road, MS 5500
Tallahassee, FL 32399

Re: **Martin Plant – PPSA No. PA89-27**
Post-Certification Modification
Martin Plant Septic System

Dear Ms. Mulkey:

Florida Power & Light Company (FPL) is requesting a post-certification modification to the Site Certification for FPL's Martin Plant site, pursuant to rule 62-17.205(1)(A) F.A.C. The purpose of this modification is to obtain approval to install two new septic systems that will replace the two extended aeration package plants that will be taken down during the Units 1& 2 decommissioning (Attachment A).

Martin Plant Units 1 & 2 located outside the certified area have been retired and decommissioning of the units and their ancillary equipment is anticipated. Included in the planned decommissioning will be the removal of two sewage treatment plants that have serviced both the certified and uncertified components.

The decommissioning plan calls for the removal of the Unit 1 & 2 plant along with the South Sewage Plant that is located in the certified area. The South Sewage Plant handles waste water from Outfall D-06B and Martin Units 3, 4, and 8. This sewage plant is nearly 30 years old and is approaching the end of its designed service.

With consolidation and the implementation of new technologies the staffing level onsite has been reduced significantly. The treatment plant designed to process 5000 gallons a day now only handles an average flow of 1200 gallons per day which can more efficiently be handled by the strategically located septic systems.

Due to the age of the plant, and the reduced flow volumes, FPL is requesting approval to install two smaller septic systems to handle the waste flows from the certified site.

The proposed facilities will support the following locations (see Attachment B):

a. Units 3, 4, & 8 Drainfield will service the control room, service building, the lab, solar building and Martin 3/4 switchyard building.
b. Switchyard Drainfield will service the remote switchyard building located inside the 500kV switchyard.

Attached (Attachment C) for the two proposed septic systems are the State of Florida Department of Health;

- Onsite Sewage Treatment and Disposal System Applications for Construction Permit
- Applications for Onsite Sewage Treatment and Disposal System Operating Permit
- Onsite Sewage Treatment and Disposal System Site Evaluation and System Specifications
- Wastewater Calculations, and
- Construction Plans

No impact to the existing stormwater system is proposed as a result of these proposed septic improvements and there will be no increase to the site's impervious area.

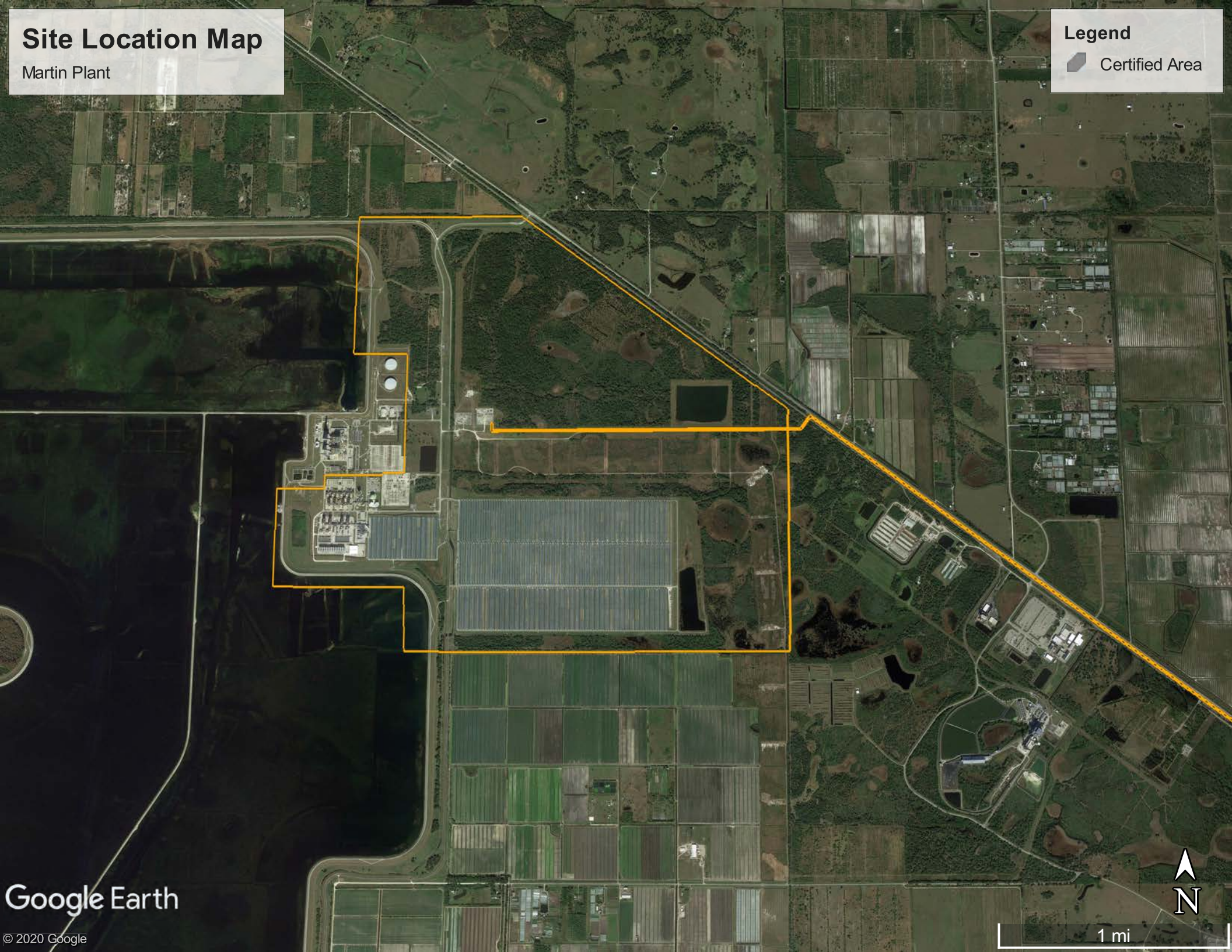
Thank you for your attention to and consideration of FPL's request to modify the Site Certification for the Martin Plant. If you have any questions regarding this submittal, please do not hesitate to contact me at 561-694-6388.

Sincerely,
Florida Power & Light Company

John T. Tessier
Environmental Services Manager

Attachment A

Martin Plant Aerials


Site Location Map
Martin Plant
Legend
Certified Area
Google Earth
© 2020 Google
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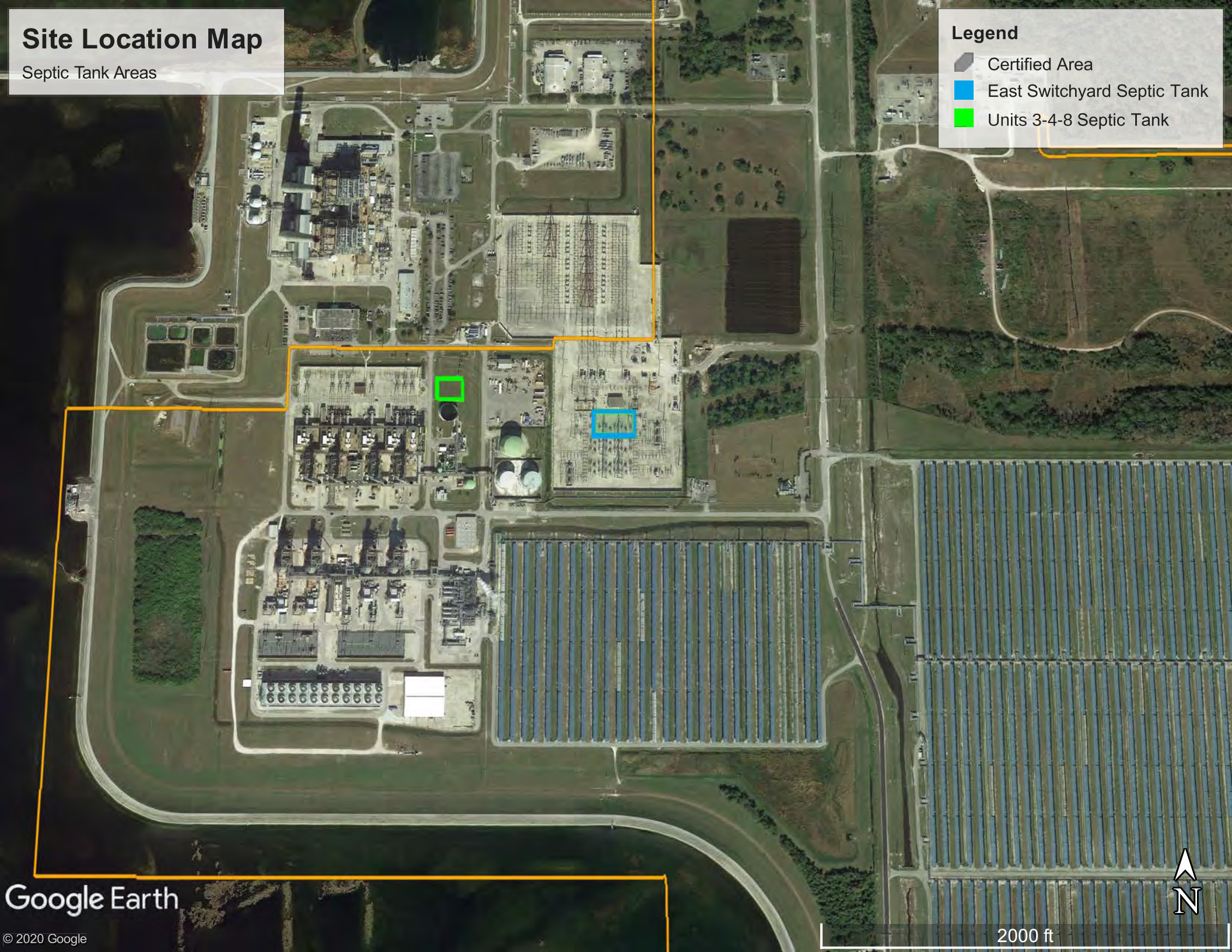

Site Location Map
Septic Tank Areas
Legend
Certified Area
East Switchyard Septic Tank
Units 3-4-8 Septic Tank
Google Earth
© 2020 Google
N
2000 ft

Attachment B1

Units 3-4-8 Septic Tank Plans

Attachment B2

East Switchyard Septic Tank Plans

Attachment C1

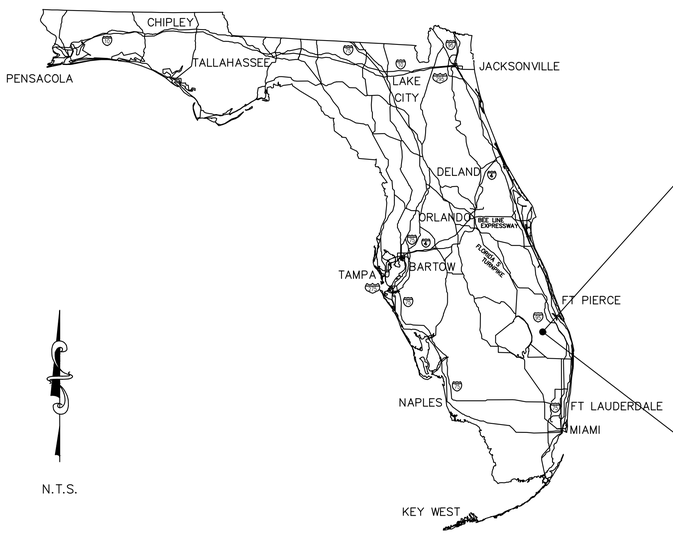
Units 3-4-8 Tank Department of Health Application

Attachment C2

East Switchyard Septic Tank Department of Health Application

FPL PMR OSTDS

UNITS 3, 4, & 8 CONSTRUCTION PLANS



N.T.S.

PROJECT LOCATION

SHEET INDEX

LOCATION MAP

NO SCALE

PROJECT LOCATED IN SECTION 29, TOWNSHIP 39 SOUTH, RANGE 38 EAST

VERTICAL DATUM: NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD88) (NGVD = NAVD + 1.27')

HORIZONTAL DATUM: NORTH AMERICAN DATUM OF 1983, FLORIDA STATE PLANES, EAST ZONE, U.S. FEET (NAD83)

Thomas Mueller, State of Florida, professional engineer, license no. 58119. This item has been electronically signed and sealed by Thomas Mueller, P.E. on February 3, 2020 using a SHA-1 authentication code. Printed copies of this document are not considered signed and sealed and the SHA -1 authentication code must be verified on any electronic copies.

811 Know what's below. Call before you dig.

PREPARED BY:

WGI

2035 Vista Parkway, West Palm Beach, FL 33411
Phone No. 866.909.2220 www.wginc.com
Cert No. 6091 - LB No. 7055

PREPARED FOR:

FLORIDA POWER AND LIGHT COMPANY
700 UNIVERSE BOULEVARD
JUNO BEACH, FL 33408
PH 561.694.4000

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119
February 3, 2020

WGI NO.: 3408.00
FPL PMR OSTDS

PERMIT SUBMITTAL

GENERAL NOTES

1. REGULATIONS – ALL CONSTRUCTION SHALL BE DONE IN A WORKMAN LIKE MANNER AND SHALL CONFORM TO ALL COUNTY, STATE AND FEDERAL REGULATIONS AND OR CODES INCLUDING BUT NOT LIMITED TO THE CURRENT MARTIN COUNTY AND FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (FDEP) LATEST REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL PERMITS AND LICENSES TO BEGIN WORK AND PAY ALL REQUIRED FEES ASSOCIATED WITH SAME.

2. STANDARD DETAILS AND SPECIFICATIONS – STATE, COUNTY, CITY, AND FPL CONSTRUCTION DETAILS AND SPECIFICATIONS SHALL BE APPLIED TO THE APPROPRIATE AREAS OF THE PLANS, GENERALLY DIFFERENTIATED BY PROPERTY OWNERSHIP LINES OR INTENT OF THE DESIGN. ANY CONFLICTS BETWEEN GOVERNING STANDARDS SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER.

3. DATUM – UNLESS OTHERWISE NOTED, ELEVATIONS SHOWN HEREON REFER TO NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD 88). HORIZONTAL DATA SHOWN HEREON REFERS TO N.A.D. 83 FLORIDA STATE PLANE EAST ZONE. ANY DISCREPANCY SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER BEFORE CONSTRUCTION BEGINS OR RESUMES. (NGVD = NAVD + 1.27')

4. CHANGES – ALL CHANGES SHALL BE SUBMITTED IN WRITING AND APPROVED BY THE OWNER PRIOR TO CONSTRUCTION.

5. GUARANTEE – THE CONTRACTOR SHALL GUARANTEE ALL WORK AND MATERIAL FOR A PERIOD OF ONE YEAR FROM THE DATE OF PROJECT ACCEPTANCE, DURING WHICH ALL FAULTY CONSTRUCTION AND/OR MATERIAL SHALL BE REPLACED AT THE CONTRACTORS EXPENSE.

6. SHOP DRAWINGS – PRIOR TO CONSTRUCTION, THE CONTRACTOR SHALL SUBMIT SHOP DRAWINGS TO THE OWNER AND ENGINEER FOR REVIEW AND APPROVAL. STRUCTURE SHOP DRAWINGS SHALL BE SIGNED AND SEALED BY A PROFESSIONAL STRUCTURAL ENGINEER REGISTERED IN THE STATE OF FLORIDA.

7. MAINTENANCE OF TRAFFIC (M.O.T.) – UNLESS OTHERWISE PERMITTED, THE CONTRACTOR SHALL MAINTAIN EXISTING PEDESTRIAN AND VEHICULAR TRAFFIC AND ACCESS AT ALL TIMES DURING CONSTRUCTION AND SHALL PROVIDE THE NECESSARY TEMPORARY PAVEMENT, BARRICADES, LIGHTING, SIGNS, FLAGMEN, ETC. FOR THE SAFETY OF THE PUBLIC. THE CONTRACTOR SHALL SUBMIT M.O.T. AND A.D.A. ACCESS PLANS TO THE OWNER AND VILLAGE OF INDIANTOWN FOR REVIEW AND APPROVAL OF WORK TO BE DONE WITHIN THEIR RIGHTS OF WAY. M.O.T. SHALL BE IN ACCORDANCE WITH A.D.A., M.U.T.C.D. AND F.D.O.T. INDEX SERIES 600.

8. RECORD DRAWINGS – THE CONTRACTOR SHALL SUBMIT RECORD DRAWINGS TO THE OWNER & ENGINEER FOR REVIEW AND APPROVAL. RECORD DRAWINGS MUST BE SIGNED AND SEALED BY A PROFESSIONAL SURVEYOR REGISTERED IN THE STATE OF FLORIDA AND BE REFERENCED TO THE DATUM SHOWN IN THE CONSTRUCTION PLANS. ANY UNMARKED UTILITIES ENCOUNTERED DURING CONSTRUCTION SHALL BE INCORPORATED INTO THE RECORD DRAWINGS. ALL UTILITIES MUST BE SHOWN IN THEIR AS–BUILT LOCATION.

9. RESPONSIBILITY – THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXISTING UTILITIES WHETHER SHOWN ON THE PLANS OR NOT. THE CONTRACTOR SHALL VERIFY THE LOCATION, SIZE AND MATERIAL OF ALL UTILITIES PRIOR TO THE COMMENCEMENT OF CONSTRUCTION. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE OWNER. THE APPROPRIATE UTILITY COMPANY SHALL BE NOTIFIED PRIOR TO ANY CONSTRUCTION IN OR AROUND THAT UTILITY. CALL "SUNSHINE STATE ONE CALL" AT 1–800–432–4770 PRIOR TO ANY EXCAVATION. THE ENGINEER AND OWNER SHALL BE HELD HARMLESS AGAINST ALL CLAIMS OR DAMAGES.

10. RESTORATION – THE CONTRACTOR SHALL IMMEDIATELY REPAIR AND RESTORE EXISTING SITE FEATURES INCLUDING PAVEMENT, DRIVEWAYS, PIPES, FENCES, TRAFFIC CONTROL DEVICES, MAILBOXES AND PROPERTY CORNERS DAMAGED AS A RESULT OF CONSTRUCTION ACTIVITIES. THE REPAIR AND RESTORATION SHALL CONFORM TO APPLICABLE STANDARDS AS GOVERNED.

11. OPEN TRENCHES – ALL OPEN TRENCHES AND HOLES SHALL BE PROPERLY MARKED AND BARRICADED TO ENSURE THE SAFETY OF VEHICULAR AND PEDESTRIAN TRAFFIC. NO OPEN TRENCHES OR HOLES SHALL BE LEFT OPEN DURING NIGHT TIME HOURS WITHOUT EXPRESSED PERMISSION FROM THE OWNER, ENGINEER AND REGULATING AGENCIES. ALL TRENCHES SHALL COMPLY WITH OSHA TRENCH SAFETY ACT PROVISIONS.

12. CONFLICTS – ANY CONFLICTING INFORMATION BETWEEN REGULATING AGENCIES AND THE CONSTRUCTION DOCUMENTS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE ENGINEER. AFFECTED CONSTRUCTION SHALL NOT COMMENCE OR RESUME UNTIL PERMISSION IS GRANTED BY THE ENGINEER OR OWNER.

13. FDOT INDEXES REFERENCED HEREIN REFER TO 2018 EDITION.

CLEARING AND GRUBBING

1. CLEARING – CLEARING SHALL BE LIMITED TO THE CONSTRUCTION AREA AND/OR AS DIRECTED BY THE ENGINEER OR OWNER AND APPROVED BY THE COUNTY.

2. DEBRIS REMOVAL – ALL DEBRIS SHALL BE REMOVED FROM THE SITE AND LEGALLY DISPOSED. ANY MATERIAL RETAINED ON–SITE FOR MORE THAN 30 DAYS SHALL BE STORED IN CONTAINERS APPROVED BY THE ENGINEER AND OWNER.

3. PROTECTION – THE CONTRACTOR SHALL BE RESPONSIBLE TO PROTECT ALL EXISTING BUILDINGS, UTILITIES, STRUCTURES THAT ARE ABOVE OR BELOW GROUND AND SHALL HOLD THE ENGINEER AND OWNER HARMLESS AGAINST ALL CLAIMS OR DAMAGES.

4. MUCK – ANY MUCK ENCOUNTERED WITHIN 10' OF THE PAVEMENT AND BUILDING AREAS SHALL BE REMOVED AND REPLACED WITH CLEAN FILL MATERIAL.

5. ALL FILL SHALL COMPLY WITH FPL CLEAN FILL SPECIFICATION, LATEST EDITION.

WATER AND SEWER NOTES

1. WATER MAIN SHALL CLEAR DRAINAGE MANHOLES AND INLETS BY A MINIMUM OF 5'.

2. WATER MAIN AND FITTINGS SHALL BE COLOR CODED IN ACCORDANCE WITH CHAPTER 62–555 OF THE F.A.C.

3. DETECTABLE MAGNETIC TAPE SHALL BE INSTALLED 12" ABOVE CROWN OF PIPE. TAPE OVER WATER MAIN SHALL BE BLUE. THE TAPE SHALL BE MAGNETIC AND MANUFACTURED BY THOR ENTERPRISES OR APPROVED EQUAL.

4. ELECTROMAGNETIC SENSOR (EMS) MARKERS SHALL BE PLACED ACCORDING TO THE STANDARD DETAIL AS WELL AS ALL CHANGES IN PIPE DIRECTION AND AT 500' (MAX) INTERVALS ALONG ENTIRE LENGTH.

5. PIPE JOINT DEFLECTIONS SHALL NOT EXCEED 75% OF THE MANUFACTURER'S RECOMMENDATION.

6. UNLESS CALLED FOR IN THE PLANS, ALL PIPES SHALL HAVE 36" MIN. COVER.

7. PRESSURE TEST CRITERIA SHALL CONFORM TO MARTIN COUNTY HEALTH DEPARTMENT CRITERIA. EACH SEGMENT SHALL BE TESTED FOR TWO (2) HOURS AT A MINIMUM PRESSURE OF 150 PSI IN ACCORDANCE WITH THE CURRENT AWWA C–600 STANDARD. UNLESS OTHERWISE NOTED IN THE PLANS, NO MORE THAN 2,500 FEET OF PIPE SHALL BE TESTED AT ONE TIME. THE MAXIMUM QUANTITY OF WATER THAT MUST BE SUPPLIED INTO THE TESTED PIPE TO MAINTAIN THE SPECIFIED PRESSURE SHALL NOT EXCEED 50% OF THE APPLICABLE AWWA C–600 STANDARD.

8. HORIZONTAL PIPE SEPARATION DIMENSIONS ARE FROM WALL TO WALL OF PIPES AND SHALL BE A MINIMUM OF 6'.

9. PRESSURE FITTINGS SHALL BE RESTRAINED PER DETAILS AND SPECIFICATIONS.

10. PVC PIPE WHERE SHOWN SHALL BE C–900 SDR–18. HDPE PIPE WHERE SHOWN SHALL BE C–900 DR–11 FUSIBLE HDPE PIPE.

11. ALL COMPONENTS OF SEPTIC SYSTEM SHALL BE BY PERMIT AND AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE 64E–6.

FIELD OBSERVATIONS AND TESTING

1. NOTIFICATION – THE CONTRACTOR SHALL NOTIFY THE OWNER, GOVERNMENT AND OTHER PERMITTING AGENCIES 48 HOURS PRIOR TO SCHEDULING FIELD OBSERVATIONS AND SHALL SUPPLY ALL EQUIPMENT NECESSARY TO TEST THE COMPLETED WORK. CALL "SUNSHINE ONE CALL" AT 1–800–432–4770 PRIOR TO ANY EXCAVATION.

2. THE UNDERGROUND CONTRACTOR SHALL SUBMIT ALL RECORD DATA, SIGNED AND SEALED BY A PROFESSIONAL SURVEYOR AND MAPPER REGISTERED IN THE STATE OF FLORIDA, TO THE OWNER FOR REVIEW AND APPROVAL PRIOR TO PAVEMENT RESTORATION (IF REQUIRED).

3. ALL TESTS SHALL BE SIGNED AND SEALED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE OF FLORIDA AND ARE TO BE PAID FOR BY THE CONTRACTOR.

4. THE BASE ROCK CHEMICAL AND SIEVE ANALYSIS AND THE ASPHALT MIX AND DESIGN CRITERIA SHALL BE SUBMITTED TO THE OWNER FOR REVIEW PRIOR TO CONSTRUCTION.

5. PROCTOR AND DENSITY TESTS FOR SUBGRADE AND BASE MATERIAL SHALL BE TAKEN AS DIRECTED BY THE ENGINEER. PAVING DENSITY TESTS SHALL BE TAKEN A MINIMUM OF ONE PER 500 S.Y.

6. DENSITY TEST FOR PIPE TRENCHES SHALL BE TAKEN AT THE PIPE SPRING–LINE AND AT MAXIMUM ONE FOOT (1') LIFTS AS MEASURED FROM THE TOP OF PIPE. THE TESTS SHALL BE TAKEN AT A MAXIMUM SPACING OF EVERY 300 FEET MEASURED FROM THE STRUCTURE OR AT LEAST ONE TEST AT THE CENTER OF THE PIPE SEGMENT BETWEEN TWO STRUCTURES IF LESS THEN 300 FEET. TESTS SHALL BE TAKEN ON ALL SIDES WITHIN FIVE FEET (5') OF EACH STRUCTURE. THE TEST LOCATION AT THE STRUCTURE SHALL BE ON ALTERNATING SIDES OF THE STRUCTURE WITH EACH LIFT TESTED. THE LOCATION AND DEPTH OF ALL TESTS SHALL BE CLEARLY INDICATED IN THE DESCRIPTION AREA ON THE TEST REPORT OR ILLUSTRATED IN A MAP.

7. TESTING – TEST RESULTS SHALL BE SUBMITTED TO THE OWNER FOR REVIEW AND APPROVAL. TESTING REQUIREMENTS SHALL INCLUDE, BUT MAY NOT BE LIMITED TO, BACKFILL DENSITY, PIPELINE INTEGRITY (HYDROSTATIC PRESSURE) AND ANY OTHERS REQUIRED BY THE ENGINEER, INDIANTOWN COMPANY OR PERMITTING AGENCIES.

EROSION CONTROL NOTES

1. SEQUENCE OF MAJOR SOIL DISTURBING ACTIVITIES – THE FOLLOWING SEQUENCE OF MAJOR ACTIVITIES SHALL BE FOLLOWED UNLESS THE CONTRACTOR CAN PROPOSE AN ALTERNATIVE THAT IS EQUAL TO OR EXCEEDS THE EROSION AND SEDIMENT CONTROL BEST MANAGEMENT PRACTICES DESCRIBED IN THIS DOCUMENT, AND IS APPROVED BY THE ENGINEER. THE DETAILED SEQUENCE FOR THE ENTIRE PROJECT CAN VARY SIGNIFICANTLY FROM CONTRACTOR TO CONTRACTOR. THE CONTRACTOR IS RESPONSIBLE FOR PROVIDING A DETAILED SEQUENCE OF CONSTRUCTION FOR ALL CONSTRUCTION ACTIVITIES IN ACCORDANCE WITH THE FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2) AND FDOT SPECIFICATION SECTION 104:

   A. PLACEMENT OF ALL EROSION CONTROL DEVICES.
   B. CLEARING AND GRUBBING
   C. EARTHWORK AND CONSTRUCTION ASSOCIATED WITH PROJECT.

2. EROSION AND SEDIMENT CONTROLS – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH THE FDEP NPDES REQUIREMENTS. THE GENERAL CONTROL PLAN FOR SITE ACTIVITIES IS AS FOLLOWS:

   A. INSTALL TYPE III SILT FENCE AT THE LIMITS OF CONSTRUCTION. ALL SILT FENCE WILL BE PLACED AT THE R/W LINE OR AT THE TOE OF SLOPES.

3. STABILIZATION PRACTICES – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH THE FDEP NPDES REQUIREMENTS.

   TEMPORARY: SOD, SEED, AND MULCH IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2) REQUIREMENTS.

   PERMANENT: ASPHALT OR CONCRETE SURFACE; SOD IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2). ALL STABILIZATION PRACTICES SHALL BE INITIATED AS SOON AS PRACTICABLE IN PORTIONS OF THE SITE WHERE CONSTRUCTION ACTIVITIES HAVE TEMPORARILY OR PERMANENTLY CEASED, BUT IN NO CASE MORE THAN FOURTEEN (14) DAYS AFTER THE CONSTRUCTION ACTIVITY IN THAT PORTION OF THE SITE HAS TEMPORARILY OR PERMANENTLY CEASED. THE CONTRACTOR IS ALSO RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2).

4. STRUCTURAL PRACTICES – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH FDEP NPDES REQUIREMENTS.

   TEMPORARY: SILT FENCE IN ACCORDANCE FDOT SPECIFICATION SECTION 104; INLET PROTECTION IN ACCORDANCE WITH FDOT STANDARD INDEX 104 AND AS SHOWN IN THE EROSION CONTROL PLAN. ALL SEDIMENT CONTROLS SHALL BE IN PLACE PRIOR TO ANY SOIL DISTURBING ACTIVITY UPSTREAM OF THE CONTROL.

5. APPROVED STATE AND LOCAL PLANS OR PERMITS – THIS PROJECT IS GOVERNED BY INDIANTOWN COMPANY, THE VILLAGE OF INDIANTOWN, FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, AND FLORIDA POWER AND LIGHT.

6. MAINTENANCE – FENCE – REPLACE WHEN DAMAGED OR AT ONE (1) YEAR INTERVALS IN ACCORDANCE WITH FDOT SPECIFICATION SECTION 102. (REMOVE SEDIMENT WHEN IT REACHES A HEIGHT OF 6").HAY BALES – REPLACE WHEN DAMAGED OR AT THREE (3) MONTH INTERVAL (REMOVE SEDIMENT WHEN IT REACHES 1/2 HEIGHT OF BALES).

7. INSPECTIONS – QUALIFIED PERSONNEL SHALL INSPECT THE FOLLOWING ITEMS AT LEAST ONCE EVERY SEVEN (7) CALENDAR DAYS AND WITHIN TWENTY–FOUR (24) HOURS OF THE END OF A STORM THAT IS 0.50 INCHES OR GREATER. WHERE SITES HAVE BEEN FINALLY STABILIZED, INSPECTIONS SHALL BE CONDUCTED AT LEAST ONCE EVERY MONTH AT:

   A. POINTS OF DISCHARGE TO WATERS OF THE UNITED STATES.
   B. POINTS OF DISCHARGE TO MUNICIPAL SEPARATE STORM SEWER SYSTEMS.
   C. DISTURBED AREAS OF THE SITE THAT HAVE NOT BEEN FINALLY STABILIZED.
   D. AREAS USED FOR STORAGE OF MATERIALS THAT ARE EXPOSED TO PRECIPITATION.
   E. STRUCTURAL CONTROLS.
   F. STORM WATER MANAGEMENT SYSTEMS.
   G. LOCATIONS WHERE VEHICLES ENTER OR EXIT THE SITE.

   ALL INSPECTIONS SHALL BE DOCUMENTED AND RETAINED ONSITE FOR INSPECTION BY PERMIT COMPLIANCE PERSONNEL. DAMAGED EROSION AND SEDIMENT CONTROL DEVICES FOUND DURING THESE INSPECTIONS SHALL BE REPAIRED WITHIN TWENTY–FOUR (24) HOURS OF THE INSPECTION AND COMPLETED WITHIN SEVENTY–TWO (72) HOURS.

ABBREVIATIONS

BFP	BACKFLOW PREVENTER
BLDG	BUILDING
BOT	BOTTOM OF PIPE
BV	BUTTERFLY VALVE
CAP	CORRUGATED ALUMINUM PIPE
CB	CATCH BASIN
CIP	CAST IRON PIPE
CO	CLEANOUT
CR	CURB RAMP
CS	CONTROL STRUCTURE
DBO	DESIGNED BY OTHERS
DCDA	DOUBLE CHECK DETECTOR ASSEMBLY
DIP	DUCTILE IRON PIPE
EL	ELEVATION
EOP	EDGE OF PAVEMENT
EX	EXISTING
FDC	FIRE DEPARTMENT CONNECTION
FF	FINISHED FLOOR
FH	FIRE HYDRANT
FL	FLANGE
GR	GRATE ELEVATION
GV	GATE VALVE
HC	HANDICAP ACCESSIBLE RAMP
HDPE	HIGH DENSITY POLYETHYLENE PIPE
HP	HIGH POINT
I	INLET
INV	INVERT
LME	LAKE MAINTENANCE EASEMENT
MH	MANHOLE
NAD	NORTH AMERICAN DATUM
NGVD	NATIONAL GEODETIC VERTICAL DATUM
PVC	POLYVINYL CHLORIDE
P/L	PROPERTY LINE
RCP	REINFORCED CONCRETE PIPE
RED	REDUCER
R/W	RIGHT OF WAY
RPZ	REDUCED PRESSURE ZONE
SW	SIDEWALK
SAN	SANITARY SEWER
SP	SAMPLE POINT
SS	SANITARY SERVICE
STM	STORM SEWER
SW	SIDEWALK
TOB	TOP OF BANK
TOP	TOP, TOP OF PIPE
TYP	TYPICAL
UE	UTILITY EASEMENT
VCP	VITRIFIED CLAY PIPE
YD	YARD DRAIN
WS	WATER SERVICE
WM	WATER MAIN

Know what's **below.** **Call** before you dig.

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NO.	DATE	DESCRIPTION	BY
		REVISIONS	

CAD DRAWFIELDCOV.DWG	
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119
2/3/2020

PROJECT: FPL PMR OSTDS

TASK: GENERAL NOTES

SHEET: 3

PROJECT: **FPL PMR OSTDS**

TASK: **WELL LOCATION PLAN**

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 59119

CAD	WELL LOCATION PLAN.DWG
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

REVISIONS

NO.	DATE	DESCRIPTION	BY

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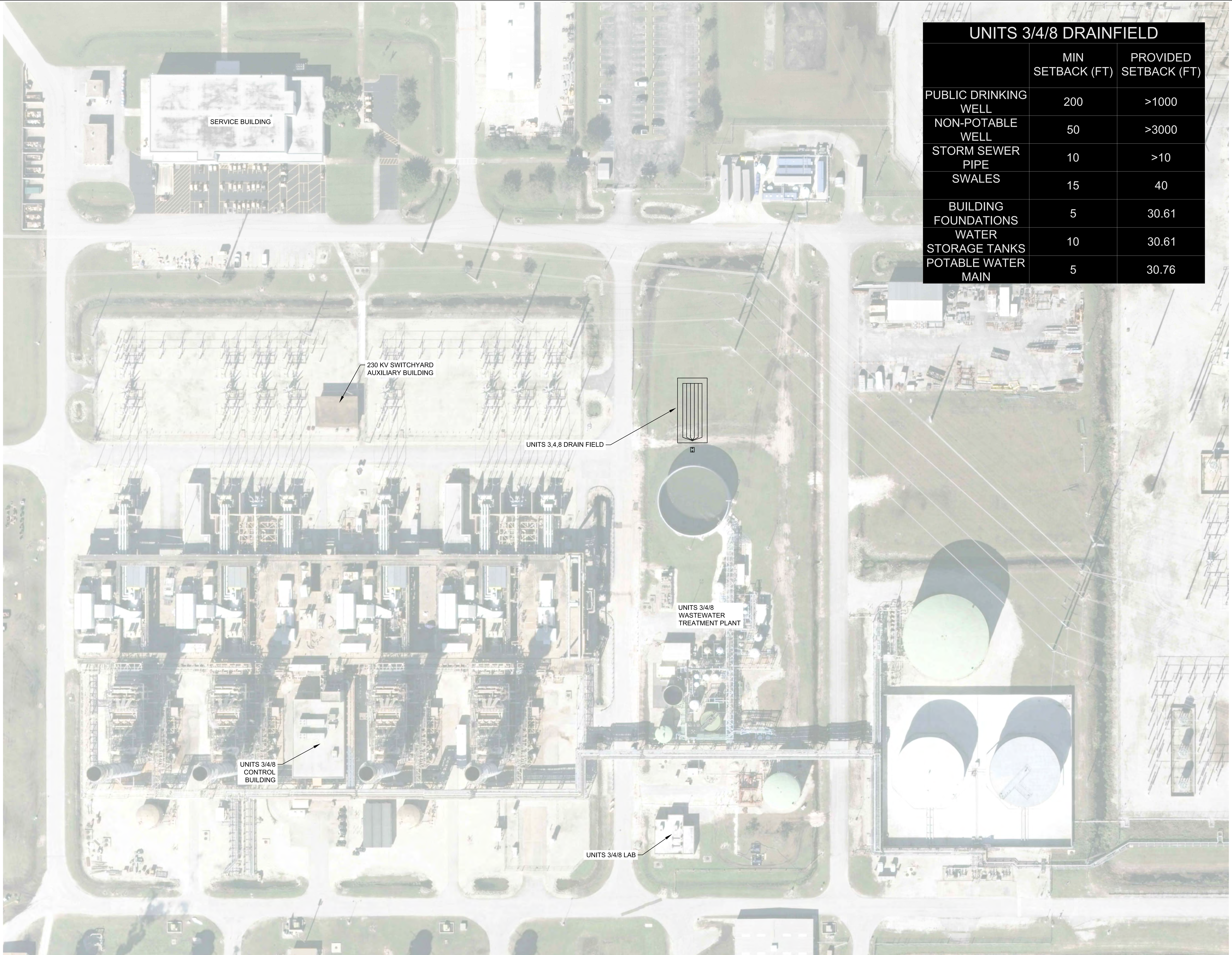

UNITS 3/4/8 DRAINFIELD		
	MIN SETBACK (FT)	PROVIDED SETBACK (FT)
PUBLIC DRINKING WELL	200	>1000
NON-POTABLE WELL	50	>3000
STORM SEWER PIPE	10	>10
SWALES	15	40
BUILDING FOUNDATIONS	5	30.61
WATER STORAGE TANKS	10	30.61
POTABLE WATER MAIN	5	30.76

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REVISIONS			
NO.	DATE	DESCRIPTION	BY

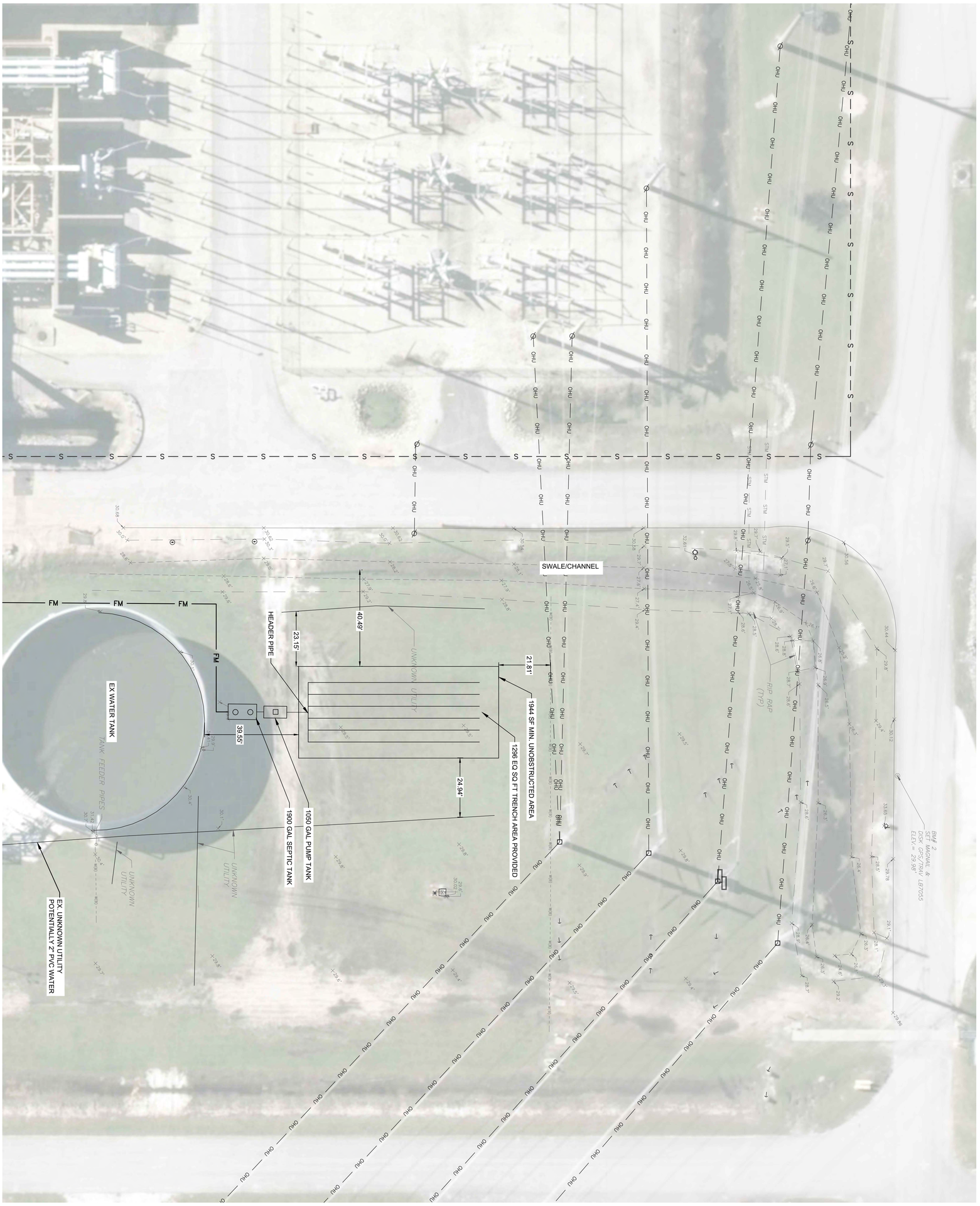
CAD	DRAINFIELD-PLAN UNITS 3-4 AND 8.DWG
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

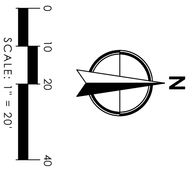
ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119

PROJECT: FPL PMR OSTDS

TASK: UNITS 3, 4, AND 8 DRAINAGE AREA

SHEET: 4





SHEET: 5

PROJECT: **FPL PMR OSTDS**

TASK: **UNITS 3,4, AND 8 DRAIFIELD PLAN**

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119

CAD	DRAINFIELD-DET- UNITS 3-4 AND 8.DWG
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 31, 2020

REVISIONS

NO.	DATE	DESCRIPTION	BY

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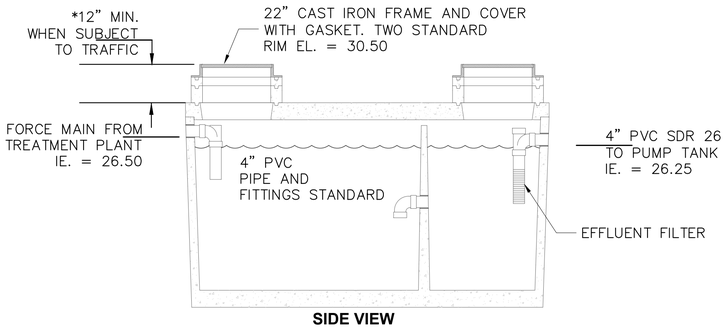
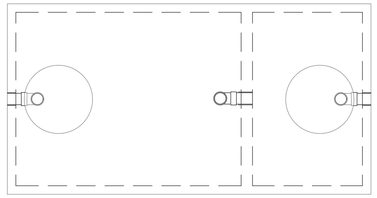
Phone No. 866.909.2220 www.wginc.com
Cert No. 6091 - LB No. 7055



SIDE VIEW

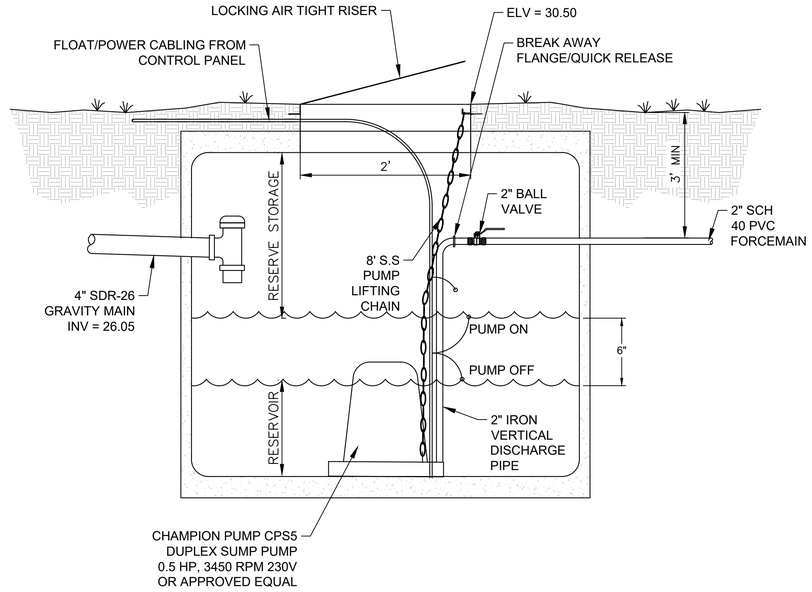


TOP VIEW (COVERS & RISERS REMOVED)

1. TANK SHALL HAVE A MINIMUM CAPACITY AS NOTED ON PLAN.
2. TANK DESIGNED FOR H-20 TRAFFIC WHEEL LOAD WITH DRY SOIL CONDITIONS – (WATER TABLE BELOW TANK.)
3. EXTERIOR AND INTERIOR CONCRETE SURFACES TO BE COATED WITH AN APPROVED BITUMINOUS MATERIAL.
4. SUITABLE NATIVE OR SUB-BASE SHALL BE PREPARED TO HANDLE ANTICIPATED LOADS. THE EXCAVATION SHALL BE BEDDED WITH SUITABLE GRANULAR MATERIAL AND SHALL BE COMPACTED TO 90% MAXIMUM DRY DENSITY, OR TO REQUIREMENTS OF THE PROJECT GEOTECHNICAL ENGINEER.
5. TANK SHALL BE DESIGNED, CONSTRUCTED AND STRUCTURALLY TESTED IN ACCORDANCE WITH LATEST VERSION OF THE FLORIDA ADMINISTRATIVE CODE (FAC), CHAPTER 64 E-6

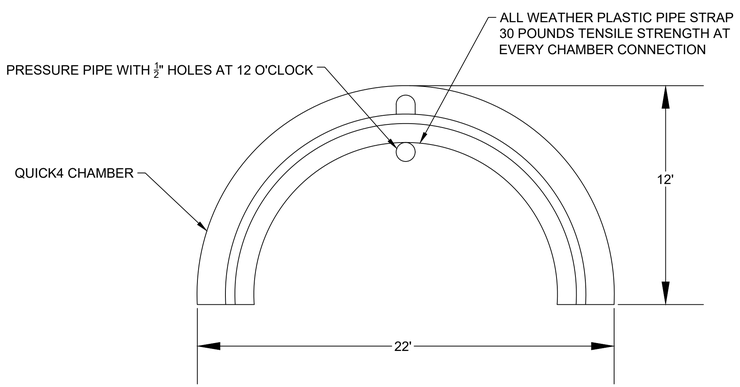
SEPTIC TANK

NOT TO SCALE



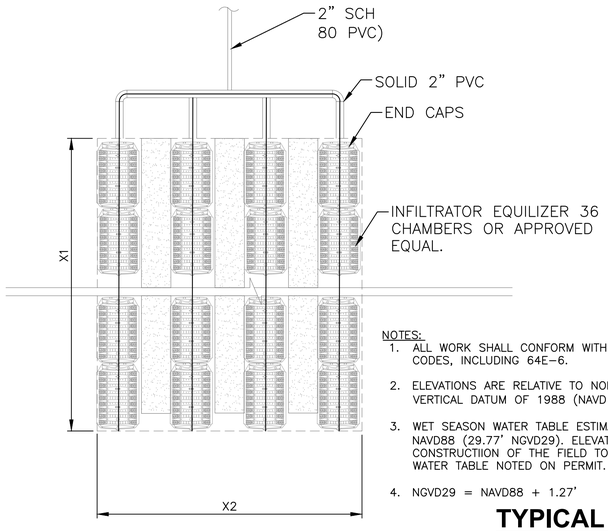
1050 GAL (MIN) PUMP TANK

NOT TO SCALE

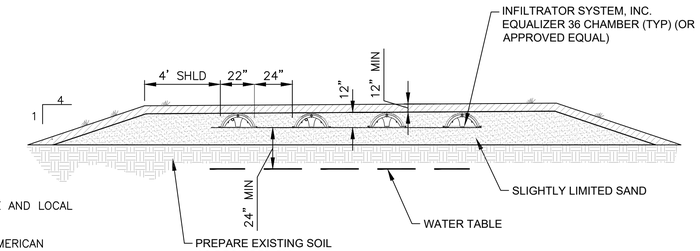


TYPICAL LOW PRESSURE DISTRIBUTION SYSTEM

NOT TO SCALE



NOTES:
1. ALL WORK SHALL CONFORM WITH STATE AND LOCAL CODES, INCLUDING 64E-6.
2. ELEVATIONS ARE RELATIVE TO NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD '88)
3. WET SEASON WATER TABLE ESTIMATED TO BE 26.50' NAVD88 (29.77' NGVD29). ELEVATIONS FOR CONSTRUCTIION OF THE FIELD TO BE BASED ON WATER TABLE NOTED ON PERMIT.
4. NGVD29 = NAVD88 + 1.27'



TYPICAL DRAINFIELD SECTION

NOT TO SCALE

DRAINFIELD	REQUIRED SIZE	NUMBER OF ROWS	NUMBER OF CHAMBERS PER ROW	PROVIDED SIZE	X1	X2
UNITS 3-4, AND 8	1260	6	18	1296	72	21

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Cert No. 6091 - LB No. 7055

REVISIONS

NO.	DATE	DESCRIPTION	BY

CAD DRAINFIELDDET-UNITS 3-4 AND 8.DWG
JOB NO. 3408.00
DRAWN BY NL
CHECK BY TM
DATE January 31, 2020

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119

PROJECT: FPL PMR OSTDS

TASK: UNITS 3,4, AND 8 DRAINFIELD DETAILS

SHEET: 6

FPL PMR OSTDS
PROJECT NUMBER 3408.00

Wastewater Calculations - Units 3, 4, and 8

Date: 12/09/2019

Flow			
Factories with Showers - 40 Employees (25 gpd/employee/8 hour shift)	**1000**	**gpd**	Table I - Chapter 64E-6
Minimum Design Flow	200	gpd	64E-6.008 (5)
Total	**1000**	**gpd**	
Drainfield Area			
Loading rate - Area Factor	0.8		Table III - Chapter 64E-6
Required Drainfield Area	**1250**	**sf**	
Required Unobstructed Area	1875	sf	
Required Septic Tank Volume	1900	gal	Table II - Chapter 64E-6
Required Pump Tank Volume	1050	gal	Table II - Chapter 64E-6
Equivalent area per chamber	12	sf	Infiltrator Quick 4 EQ36 (22"x48"x12")
Number of rows	6	qty	
Minimum number of chambers per row	17.4	qty	
Chambers per row provided	18	qty	
Trench Area Provided	1296	sf	
Unobstructed Area provided	>1875	sf	

Thomas Mueller, P.E. #58119

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FPL PMR OSTDS
PROJECT NUMBER 3408.00

Lift Station

Date: 01/31/2020

Switch Settings

Grade Elev.	30.50
Invert Elev.	26.05
Pumps Off Elev.	25.80
Lead On Elev.	25.30

Wetwell Storage (Gal/Ft.)

Inside Area	35	sf
Storage Volume	261.80	gal / ft

Pump Specifications

Pump:	Champion Pump CPS5
Number of Pumps	2

WETWELL CROSS-SECTIONAL AREA.....	35.00	SF	1050 Gal FL Septic Structure
D = RATED PUMP DELIVERY.....	60.00	GPM	***One pump operating***
d = SWITCH ON-OFF DISTANCE.....	0.50	FT.	
Q = INFLOW INTO WETWELL.....	**2.80**	GPM	Peak Factor = 4
V = WETWELL VOLUME.....	261.80	GAL/FT	

PUMP CYCLE TIME = (Vd/(D-Q))+(Vd/Q)=	49.04	MINUTES	(GREATER THAN 5 MINUTES)

Velocity

Flow Rate	60	***gpm***
Outfall Pipe Diameter	2	in
Velocity	6.05	fps

Champion Pump

CPS5

1/2HP
SUMP/EFFLUENT

Every pump tested in water to ensure pump meets peformance curve.

SSPMA CERTIFIED

FEATURES/BENEFITS

PERFORMANCE
Heads up to 28' TDH
Flows up to 85 GPM

MOTOR
High efficient, 115v or 230v, oil filled, permanent split capacitor motor with upper and lower ball bearings and thermal overload protection
- Constant bearing lubrication
- Maximum motor cooling
- Runs cooler and lasts longer
- Internal overload protection
- Quiet operation
- Fasteners and shaft made from rugged, corrosion resistant stainless steel

SEAL DESIGN
Type 21 inboard seal design with secondary exclusion seal
- Rotating components of seal are in the motor housing, being lubricated by the motor oil preventing foreign matter from wrapping around the seal components
- Seal will last longer if the pump runs dry
- Secondary exclusion seal keeps debris from entering the seal cavity

IMPELLER DESIGN
Non-clog style, cast-iron vortex impeller
- Designed to help reduce clogging by foreign material

POWER CORD
Sealed entry quick disconnect power cords
- Prevents water from entering the motor housing through a cut cord
- Easy to replace in the field
- Available in lengths up to 100'

SWITCH
Piggy-back switch design
- Defective switches can be diagnosed over the phone
- Pump can be operated manually or supplied with other piggy-back switches
- Switch can be replaced without having to replace the pump

APPLICATIONS

Basements, dewatering, septic systems and truck docks

1/2 HP submersible pumps that handle up to 1 1/4" solids with 2" discharge

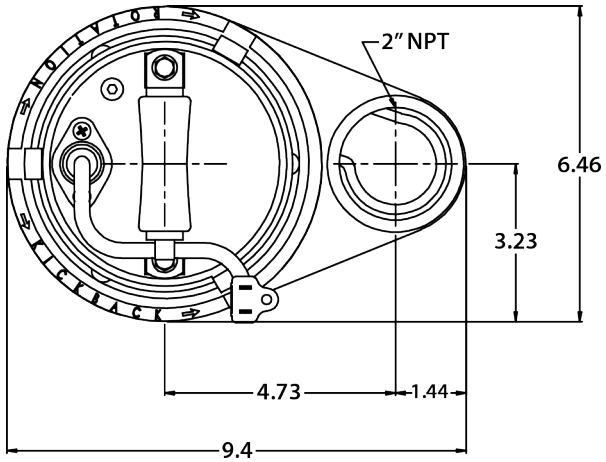
PERFORMANCE CURVE

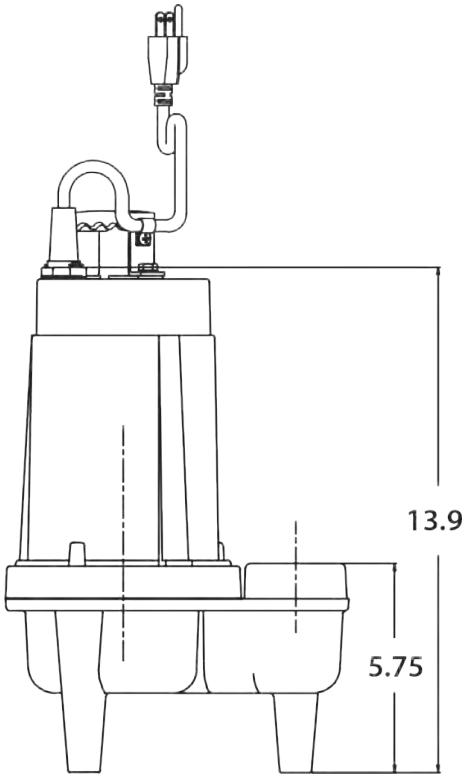
Champion Pump Company, Inc • P.O. Box 528 • Ashland, OH 44805
Phone 419-281-4500 • Fax 419-616-1100 • www.championpump.com

REV 0817

TECHNICAL DATA

DISCHARGE	2" NPT. vertical standard
SOLIDS HANDLING	1 1/4"
LIQUID TEMPERATURE	140 Degrees F. (Intermittent)
MOTOR HOUSING	Cast Iron
VOLUTE	Cast Iron
SEAL PLATE	Cast Iron
IMPELLER	Cast Iron / Vortex
SOLIDS HANDLING	1 1/4"
SHAFT	Stainless Steel
SHAFT SEAL (SINGLE SEAL)	Inboard mechanical with secondary exclusion V-Seal, carbon rotating face, ceramic stationary face, Buna-N elastomer, 300 series stainless steel hardware
BEARINGS (UPPER & LOWER)	Single row, ball, oil lubricated
HARDWARE	300 Series stainless steel
O-RINGS	Buna-N
CORD	10' Length standard. Up to 100' available. (UL/CUL) Listed 16 AWG, Type SJTW
MOTOR (SINGLE PHASE)	1/2 HP 3450 RPM, 60 Hz, NEMA L Includes overload protection in the motor, oil filled, class B permanent split capacitor
WEIGHT	39 lbs. (Manual)





MODEL(S) INFORMATION

MODEL	HP	VOLTS	PHASE	AMPS	CORD LENGTH	SWITCH
CPS5-11	1/2	115	1	8	10'	Manual
CPS5-12	1/2	115	1	8	20'	Manual
CPS5-13	1/2	115	1	8	30'	Manual
CPS5-15	1/2	115	1	8	50'	Manual
CPS5A-11	1/2	115	1	8	10'	Wide-Angle Float
CPS5A-12	1/2	115	1	8	20'	Wide-Angle Float
CPS5A-13	1/2	115	1	8	30'	Wide-Angle Float
CPS5V-11	1/2	115	1	8	10'	Vertical Float
CPS5V-12	1/2	115	1	8	20'	Vertical Float
CPS5V-13	1/2	115	1	8	30'	Vertical Float
CPS5-22	1/2	230	1	4	20'	Manual
CPS5A-22	1/2	230	1	4	20'	Wide-Angle Float
CPS5V-22	1/2	230	1	4	20'	Vertical Float

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FPL PMR OSTDS

SWITCHYARD CONSTRUCTION PLANS

PROJECT LOCATION

LOCATION MAP

NO SCALE

PROJECT LOCATED IN SECTION 29, TOWNSHIP 39 SOUTH, RANGE 38 EAST

SHEET INDEX

Thomas Mueller, State of Florida, professional engineer, license no. 58119. This item has been electronically signed and sealed by Thomas Mueller, P.E. on February 3, 2020 using a SHA-1 authentication code. Printed copies of this document are not considered signed and sealed and the SHA -1 authentication code must be verified on any electronic copies.

VERTICAL DATUM: NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD88) (NGVD = NAVD + 1.27')

HORIZONTAL DATUM: NORTH AMERICAN DATUM OF 1983, FLORIDA STATE PLANES, EAST ZONE, U.S. FEET (NAD83)

811 Know what's below. Call before you dig.

PREPARED BY:

WGI

2035 Vista Parkway, West Palm Beach, FL 33411
Phone No. 866.909.2220 www.wginc.com
Cert No. 6091 - LB No. 7055

PREPARED FOR:

FLORIDA POWER AND LIGHT COMPANY
700 UNIVERSE BOULEVARD
JUNO BEACH, FL 33408
PH 561.694.4000

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119
February 3, 2020

WGI NO.: 3408.00
FPL PMR OSTDS

PERMIT SUBMITTAL

Nathan Leach C:\pwworking\wgi\nathan.leach\d1159909\DRAINFIELD-COV.dwg ---- Plotted: 2/3/2020 9:58:45 AM Saved: 1/30/2020 12:39:24 PM

GENERAL NOTES

1. REGULATIONS – ALL CONSTRUCTION SHALL BE DONE IN A WORKMAN LIKE MANNER AND SHALL CONFORM TO ALL COUNTY, STATE AND FEDERAL REGULATIONS AND OR CODES INCLUDING BUT NOT LIMITED TO THE CURRENT MARTIN COUNTY AND FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (FDEP) LATEST REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL PERMITS AND LICENSES TO BEGIN WORK AND PAY ALL REQUIRED FEES ASSOCIATED WITH SAME.

2. STANDARD DETAILS AND SPECIFICATIONS – STATE, COUNTY, CITY, AND FPL CONSTRUCTION DETAILS AND SPECIFICATIONS SHALL BE APPLIED TO THE APPROPRIATE AREAS OF THE PLANS, GENERALLY DIFFERENTIATED BY PROPERTY OWNERSHIP LINES OR INTENT OF THE DESIGN. ANY CONFLICTS BETWEEN GOVERNING STANDARDS SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER.

3. DATUM – UNLESS OTHERWISE NOTED, ELEVATIONS SHOWN HEREON REFER TO NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD 88). HORIZONTAL DATA SHOWN HEREON REFERS TO N.A.D. 83 FLORIDA STATE PLANE EAST ZONE. ANY DISCREPANCY SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER BEFORE CONSTRUCTION BEGINS OR RESUMES. (NGVD = NAVD + 1.27')

4. CHANGES – ALL CHANGES SHALL BE SUBMITTED IN WRITING AND APPROVED BY THE OWNER PRIOR TO CONSTRUCTION.

5. GUARANTEE – THE CONTRACTOR SHALL GUARANTEE ALL WORK AND MATERIAL FOR A PERIOD OF ONE YEAR FROM THE DATE OF PROJECT ACCEPTANCE, DURING WHICH ALL FAULTY CONSTRUCTION AND/OR MATERIAL SHALL BE REPLACED AT THE CONTRACTORS EXPENSE.

6. SHOP DRAWINGS – PRIOR TO CONSTRUCTION, THE CONTRACTOR SHALL SUBMIT SHOP DRAWINGS TO THE OWNER AND ENGINEER FOR REVIEW AND APPROVAL. STRUCTURE SHOP DRAWINGS SHALL BE SIGNED AND SEALED BY A PROFESSIONAL STRUCTURAL ENGINEER REGISTERED IN THE STATE OF FLORIDA.

7. MAINTENANCE OF TRAFFIC (M.O.T.) – UNLESS OTHERWISE PERMITTED, THE CONTRACTOR SHALL MAINTAIN EXISTING PEDESTRIAN AND VEHICULAR TRAFFIC AND ACCESS AT ALL TIMES DURING CONSTRUCTION AND SHALL PROVIDE THE NECESSARY TEMPORARY PAVEMENT, BARRICADES, LIGHTING, SIGNS, FLAGMEN, ETC. FOR THE SAFETY OF THE PUBLIC. THE CONTRACTOR SHALL SUBMIT M.O.T. AND A.D.A. ACCESS PLANS TO THE OWNER AND VILLAGE OF INDIANTOWN FOR REVIEW AND APPROVAL OF WORK TO BE DONE WITHIN THEIR RIGHTS OF WAY. M.O.T. SHALL BE IN ACCORDANCE WITH A.D.A., M.U.T.C.D. AND F.D.O.T. INDEX SERIES 600.

8. RECORD DRAWINGS – THE CONTRACTOR SHALL SUBMIT RECORD DRAWINGS TO THE OWNER & ENGINEER FOR REVIEW AND APPROVAL. RECORD DRAWINGS MUST BE SIGNED AND SEALED BY A PROFESSIONAL SURVEYOR REGISTERED IN THE STATE OF FLORIDA AND BE REFERENCED TO THE DATUM SHOWN IN THE CONSTRUCTION PLANS. ANY UNMARKED UTILITIES ENCOUNTERED DURING CONSTRUCTION SHALL BE INCORPORATED INTO THE RECORD DRAWINGS. ALL UTILITIES MUST BE SHOWN IN THEIR AS–BUILT LOCATION.

9. RESPONSIBILITY – THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXISTING UTILITIES WHETHER SHOWN ON THE PLANS OR NOT. THE CONTRACTOR SHALL VERIFY THE LOCATION, SIZE AND MATERIAL OF ALL UTILITIES PRIOR TO THE COMMENCEMENT OF CONSTRUCTION. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE OWNER. THE APPROPRIATE UTILITY COMPANY SHALL BE NOTIFIED PRIOR TO ANY CONSTRUCTION IN OR AROUND THAT UTILITY. CALL "SUNSHINE STATE ONE CALL" AT 1–800–432–4770 PRIOR TO ANY EXCAVATION. THE ENGINEER AND OWNER SHALL BE HELD HARMLESS AGAINST ALL CLAIMS OR DAMAGES.

10. RESTORATION – THE CONTRACTOR SHALL IMMEDIATELY REPAIR AND RESTORE EXISTING SITE FEATURES INCLUDING PAVEMENT, DRIVEWAYS, PIPES, FENCES, TRAFFIC CONTROL DEVICES, MAILBOXES AND PROPERTY CORNERS DAMAGED AS A RESULT OF CONSTRUCTION ACTIVITIES. THE REPAIR AND RESTORATION SHALL CONFORM TO APPLICABLE STANDARDS AS GOVERNED.

11. OPEN TRENCHES – ALL OPEN TRENCHES AND HOLES SHALL BE PROPERLY MARKED AND BARRICADED TO ENSURE THE SAFETY OF VEHICULAR AND PEDESTRIAN TRAFFIC. NO OPEN TRENCHES OR HOLES SHALL BE LEFT OPEN DURING NIGHT TIME HOURS WITHOUT EXPRESSED PERMISSION FROM THE OWNER, ENGINEER AND REGULATING AGENCIES. ALL TRENCHES SHALL COMPLY WITH OSHA TRENCH SAFETY ACT PROVISIONS.

12. CONFLICTS – ANY CONFLICTING INFORMATION BETWEEN REGULATING AGENCIES AND THE CONSTRUCTION DOCUMENTS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE ENGINEER. AFFECTED CONSTRUCTION SHALL NOT COMMENCE OR RESUME UNTIL PERMISSION IS GRANTED BY THE ENGINEER OR OWNER.

13. FDOT INDEXES REFERENCED HEREIN REFER TO 2018 EDITION.

CLEARING AND GRUBBING

1. CLEARING – CLEARING SHALL BE LIMITED TO THE CONSTRUCTION AREA AND/OR AS DIRECTED BY THE ENGINEER OR OWNER AND APPROVED BY THE COUNTY.

2. DEBRIS REMOVAL – ALL DEBRIS SHALL BE REMOVED FROM THE SITE AND LEGALLY DISPOSED. ANY MATERIAL RETAINED ON–SITE FOR MORE THAN 30 DAYS SHALL BE STORED IN CONTAINERS APPROVED BY THE ENGINEER AND OWNER.

3. PROTECTION – THE CONTRACTOR SHALL BE RESPONSIBLE TO PROTECT ALL EXISTING BUILDINGS, UTILITIES, STRUCTURES THAT ARE ABOVE OR BELOW GROUND AND SHALL HOLD THE ENGINEER AND OWNER HARMLESS AGAINST ALL CLAIMS OR DAMAGES.

4. MUCK – ANY MUCK ENCOUNTERED WITHIN 10' OF THE PAVEMENT AND BUILDING AREAS SHALL BE REMOVED AND REPLACED WITH CLEAN FILL MATERIAL.

5. ALL FILL SHALL COMPLY WITH FPL CLEAN FILL SPECIFICATION, LATEST EDITION.

WATER AND SEWER NOTES

1. WATER MAIN SHALL CLEAR DRAINAGE MANHOLES AND INLETS BY A MINIMUM OF 5'.

2. WATER MAIN AND FITTINGS SHALL BE COLOR CODED IN ACCORDANCE WITH CHAPTER 62–555 OF THE F.A.C.

3. DETECTABLE MAGNETIC TAPE SHALL BE INSTALLED 12" ABOVE CROWN OF PIPE. TAPE OVER WATER MAIN SHALL BE BLUE. THE TAPE SHALL BE MAGNETIC AND MANUFACTURED BY THOR ENTERPRISES OR APPROVED EQUAL.

4. ELECTROMAGNETIC SENSOR (EMS) MARKERS SHALL BE PLACED ACCORDING TO THE STANDARD DETAIL AS WELL AS ALL CHANGES IN PIPE DIRECTION AND AT 500' (MAX) INTERVALS ALONG ENTIRE LENGTH.

5. PIPE JOINT DEFLECTIONS SHALL NOT EXCEED 75% OF THE MANUFACTURER'S RECOMMENDATION.

6. UNLESS CALLED FOR IN THE PLANS, ALL PIPES SHALL HAVE 36" MIN. COVER.

7. PRESSURE TEST CRITERIA SHALL CONFORM TO MARTIN COUNTY HEALTH DEPARTMENT CRITERIA. EACH SEGMENT SHALL BE TESTED FOR TWO (2) HOURS AT A MINIMUM PRESSURE OF 150 PSI IN ACCORDANCE WITH THE CURRENT AWWA C–600 STANDARD. UNLESS OTHERWISE NOTED IN THE PLANS, NO MORE THAN 2,500 FEET OF PIPE SHALL BE TESTED AT ONE TIME. THE MAXIMUM QUANTITY OF WATER THAT MUST BE SUPPLIED INTO THE TESTED PIPE TO MAINTAIN THE SPECIFIED PRESSURE SHALL NOT EXCEED 50% OF THE APPLICABLE AWWA C–600 STANDARD.

8. HORIZONTAL PIPE SEPARATION DIMENSIONS ARE FROM WALL TO WALL OF PIPES AND SHALL BE A MINIMUM OF 6'.

9. PRESSURE FITTINGS SHALL BE RESTRAINED PER DETAILS AND SPECIFICATIONS.

10. PVC PIPE WHERE SHOWN SHALL BE C–900 SDR–18. HDPE PIPE WHERE SHOWN SHALL BE C–900 DR–11 FUSIBLE HDPE PIPE.

11. ALL COMPONENTS OF SEPTIC SYSTEM SHALL BE BY PERMIT AND AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE 64E–6.

FIELD OBSERVATIONS AND TESTING

1. NOTIFICATION – THE CONTRACTOR SHALL NOTIFY THE OWNER, GOVERNMENT AND OTHER PERMITTING AGENCIES 48 HOURS PRIOR TO SCHEDULING FIELD OBSERVATIONS AND SHALL SUPPLY ALL EQUIPMENT NECESSARY TO TEST THE COMPLETED WORK. CALL "SUNSHINE ONE CALL" AT 1–800–432–4770 PRIOR TO ANY EXCAVATION.

2. THE UNDERGROUND CONTRACTOR SHALL SUBMIT ALL RECORD DATA, SIGNED AND SEALED BY A PROFESSIONAL SURVEYOR AND MAPPER REGISTERED IN THE STATE OF FLORIDA, TO THE OWNER FOR REVIEW AND APPROVAL PRIOR TO PAVEMENT RESTORATION (IF REQUIRED).

3. ALL TESTS SHALL BE SIGNED AND SEALED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE OF FLORIDA AND ARE TO BE PAID FOR BY THE CONTRACTOR.

4. THE BASE ROCK CHEMICAL AND SIEVE ANALYSIS AND THE ASPHALT MIX AND DESIGN CRITERIA SHALL BE SUBMITTED TO THE OWNER FOR REVIEW PRIOR TO CONSTRUCTION.

5. PROCTOR AND DENSITY TESTS FOR SUBGRADE AND BASE MATERIAL SHALL BE TAKEN AS DIRECTED BY THE ENGINEER. PAVING DENSITY TESTS SHALL BE TAKEN A MINIMUM OF ONE PER 500 S.Y.

6. DENSITY TEST FOR PIPE TRENCHES SHALL BE TAKEN AT THE PIPE SPRING–LINE AND AT MAXIMUM ONE FOOT (1') LIFTS AS MEASURED FROM THE TOP OF PIPE. THE TESTS SHALL BE TAKEN AT A MAXIMUM SPACING OF EVERY 300 FEET MEASURED FROM THE STRUCTURE OR AT LEAST ONE TEST AT THE CENTER OF THE PIPE SEGMENT BETWEEN TWO STRUCTURES IF LESS THEN 300 FEET. TESTS SHALL BE TAKEN ON ALL SIDES WITHIN FIVE FEET (5') OF EACH STRUCTURE. THE TEST LOCATION AT THE STRUCTURE SHALL BE ON ALTERNATING SIDES OF THE STRUCTURE WITH EACH LIFT TESTED. THE LOCATION AND DEPTH OF ALL TESTS SHALL BE CLEARLY INDICATED IN THE DESCRIPTION AREA ON THE TEST REPORT OR ILLUSTRATED IN A MAP.

7. TESTING – TEST RESULTS SHALL BE SUBMITTED TO THE OWNER FOR REVIEW AND APPROVAL. TESTING REQUIREMENTS SHALL INCLUDE, BUT MAY NOT BE LIMITED TO, BACKFILL DENSITY, PIPELINE INTEGRITY (HYDROSTATIC PRESSURE) AND ANY OTHERS REQUIRED BY THE ENGINEER, INDIANTOWN COMPANY OR PERMITTING AGENCIES.

EROSION CONTROL NOTES

1. SEQUENCE OF MAJOR SOIL DISTURBING ACTIVITIES – THE FOLLOWING SEQUENCE OF MAJOR ACTIVITIES SHALL BE FOLLOWED UNLESS THE CONTRACTOR CAN PROPOSE AN ALTERNATIVE THAT IS EQUAL TO OR EXCEEDS THE EROSION AND SEDIMENT CONTROL BEST MANAGEMENT PRACTICES DESCRIBED IN THIS DOCUMENT, AND IS APPROVED BY THE ENGINEER. THE DETAILED SEQUENCE FOR THE ENTIRE PROJECT CAN VARY SIGNIFICANTLY FROM CONTRACTOR TO CONTRACTOR. THE CONTRACTOR IS RESPONSIBLE FOR PROVIDING A DETAILED SEQUENCE OF CONSTRUCTION FOR ALL CONSTRUCTION ACTIVITIES IN ACCORDANCE WITH THE FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2) AND FDOT SPECIFICATION SECTION 104:

   A. PLACEMENT OF ALL EROSION CONTROL DEVICES.
   B. CLEARING AND GRUBBING
   C. EARTHWORK AND CONSTRUCTION ASSOCIATED WITH PROJECT.

2. EROSION AND SEDIMENT CONTROLS – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH THE FDEP NPDES REQUIREMENTS. THE GENERAL CONTROL PLAN FOR SITE ACTIVITIES IS AS FOLLOWS:

   A. INSTALL TYPE III SILT FENCE AT THE LIMITS OF CONSTRUCTION. ALL SILT FENCE WILL BE PLACED AT THE R/W LINE OR AT THE TOE OF SLOPES.

3. STABILIZATION PRACTICES – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH THE FDEP NPDES REQUIREMENTS.

   TEMPORARY: SOD, SEED, AND MULCH IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2) REQUIREMENTS.

   PERMANENT: ASPHALT OR CONCRETE SURFACE; SOD IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2). ALL STABILIZATION PRACTICES SHALL BE INITIATED AS SOON AS PRACTICABLE IN PORTIONS OF THE SITE WHERE CONSTRUCTION ACTIVITIES HAVE TEMPORARILY OR PERMANENTLY CEASED, BUT IN NO CASE MORE THAN FOURTEEN (14) DAYS AFTER THE CONSTRUCTION ACTIVITY IN THAT PORTION OF THE SITE HAS TEMPORARILY OR PERMANENTLY CEASED. THE CONTRACTOR IS ALSO RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH FPL POWER DELIVERY CONSERVATION SPECIFICATIONS (D–2).

4. STRUCTURAL PRACTICES – THE CONTRACTOR IS RESPONSIBLE FOR DOCUMENTING THIS PORTION OF THE SWPPP IN ACCORDANCE WITH FDEP NPDES REQUIREMENTS.

   TEMPORARY: SILT FENCE IN ACCORDANCE FDOT SPECIFICATION SECTION 104; INLET PROTECTION IN ACCORDANCE WITH FDOT STANDARD INDEX 104 AND AS SHOWN IN THE EROSION CONTROL PLAN. ALL SEDIMENT CONTROLS SHALL BE IN PLACE PRIOR TO ANY SOIL DISTURBING ACTIVITY UPSTREAM OF THE CONTROL.

5. APPROVED STATE AND LOCAL PLANS OR PERMITS – THIS PROJECT IS GOVERNED BY INDIANTOWN COMPANY, THE VILLAGE OF INDIANTOWN, FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, AND FLORIDA POWER AND LIGHT.

6. MAINTENANCE – FENCE – REPLACE WHEN DAMAGED OR AT ONE (1) YEAR INTERVALS IN ACCORDANCE WITH FDOT SPECIFICATION SECTION 102. (REMOVE SEDIMENT WHEN IT REACHES A HEIGHT OF 6").HAY BALES – REPLACE WHEN DAMAGED OR AT THREE (3) MONTH INTERVAL (REMOVE SEDIMENT WHEN IT REACHES 1/2 HEIGHT OF BALES).

7. INSPECTIONS – QUALIFIED PERSONNEL SHALL INSPECT THE FOLLOWING ITEMS AT LEAST ONCE EVERY SEVEN (7) CALENDAR DAYS AND WITHIN TWENTY–FOUR (24) HOURS OF THE END OF A STORM THAT IS 0.50 INCHES OR GREATER. WHERE SITES HAVE BEEN FINALLY STABILIZED, INSPECTIONS SHALL BE CONDUCTED AT LEAST ONCE EVERY MONTH AT:

   A. POINTS OF DISCHARGE TO WATERS OF THE UNITED STATES.
   B. POINTS OF DISCHARGE TO MUNICIPAL SEPARATE STORM SEWER SYSTEMS.
   C. DISTURBED AREAS OF THE SITE THAT HAVE NOT BEEN FINALLY STABILIZED.
   D. AREAS USED FOR STORAGE OF MATERIALS THAT ARE EXPOSED TO PRECIPITATION.
   E. STRUCTURAL CONTROLS.
   F. STORM WATER MANAGEMENT SYSTEMS.
   G. LOCATIONS WHERE VEHICLES ENTER OR EXIT THE SITE.

   ALL INSPECTIONS SHALL BE DOCUMENTED AND RETAINED ONSITE FOR INSPECTION BY PERMIT COMPLIANCE PERSONNEL. DAMAGED EROSION AND SEDIMENT CONTROL DEVICES FOUND DURING THESE INSPECTIONS SHALL BE REPAIRED WITHIN TWENTY–FOUR (24) HOURS OF THE INSPECTION AND COMPLETED WITHIN SEVENTY–TWO (72) HOURS.

ABBREVIATIONS

BFP	BACKFLOW PREVENTER
BLDG	BUILDING
BOT	BOTTOM OF PIPE
BV	BUTTERFLY VALVE
CAP	CORRUGATED ALUMINUM PIPE
CB	CATCH BASIN
CIP	CAST IRON PIPE
CO	CLEANOUT
CR	CURB RAMP
CS	CONTROL STRUCTURE
DBO	DESIGNED BY OTHERS
DCDA	DOUBLE CHECK DETECTOR ASSEMBLY
DIP	DUCTILE IRON PIPE
EL	ELEVATION
EOP	EDGE OF PAVEMENT
EX	EXISTING
FDC	FIRE DEPARTMENT CONNECTION
FF	FINISHED FLOOR
FH	FIRE HYDRANT
FL	FLANGE
GR	GRATE ELEVATION
GV	GATE VALVE
HC	HANDICAP ACCESSIBLE RAMP
HDPE	HIGH DENSITY POLYETHYLENE PIPE
HP	HIGH POINT
I	INLET
INV	INVERT
LME	LAKE MAINTENANCE EASEMENT
MH	MANHOLE
NAD	NORTH AMERICAN DATUM
NGVD	NATIONAL GEODETIC VERTICAL DATUM
PVC	POLYVINYL CHLORIDE
P/L	PROPERTY LINE
RCP	REINFORCED CONCRETE PIPE
RED	REDUCER
R/W	RIGHT OF WAY
RPZ	REDUCED PRESSURE ZONE
SW	SIDEWALK
SAN	SANITARY SEWER
SP	SAMPLE POINT
SS	SANITARY SERVICE
STM	STORM SEWER
SW	SIDEWALK
TOB	TOP OF BANK
TOP	TOP, TOP OF PIPE
TYP	TYPICAL
UE	UTILITY EASEMENT
VCP	VITRIFIED CLAY PIPE
YD	YARD DRAIN
WS	WATER SERVICE
WM	WATER MAIN

Know what's **below.** **Call** before you dig.

WGI®
2035 Vista Parkway, West Palm Beach, FL 33411
Phone No. 866.909.2220 www.wginc.com
Cert No. 6091 - LB No. 7055

NO.	DATE	DESCRIPTION	BY
		REVISIONS	

CAD DRAWFIELDCOV.DWG	
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119
2/3/2020

PROJECT: FPL PMR OSTDS

TASK: GENERAL NOTES

SHEET: 3

PROJECT: **FPL PMR OSTDS**

TASK: **WELL LOCATION PLAN**

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 59119

CAD	WELL LOCATION PLAN.DWG
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

REVISIONS

NO.	DATE	DESCRIPTION	BY

WGI
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Phone No. 866.909.2220 www.wginc.com
Cert No. 6091 - LB No. 7055

SWITCHYARD DRAINFIELD

	MIN SETBACK (FT)	PROVIDED SETBACK (FT)
PUBLIC DRINKING WELL	200	>2200
NON-POTABLE WELL	50	>2300
STORM SEWER PIPE	10	>10
SWALES	15	327
BUILDING FOUNDATIONS	5	16.72
WATER STORAGE TANKS	10	>10
POTABLE WATER MAIN	5	>5

N

0 30 60 120
SCALE: 1" = 60'

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Cert No. 6091 - LB No. 7055

NO.	DATE	DESCRIPTION	BY

REVISIONS

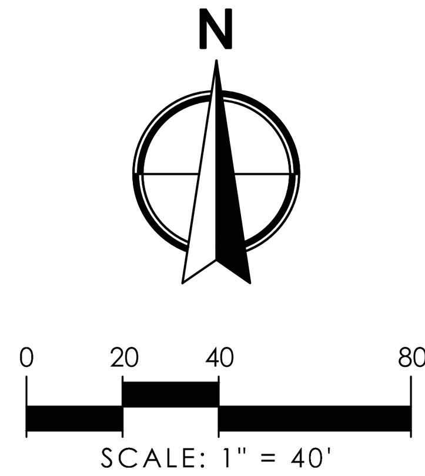
CAD DRAINFIELD-PLAN SWITCHYARD.DWG
JOB NO. 3408.00
DRAWN BY NL
CHECK BY TM
DATE January 30, 2020

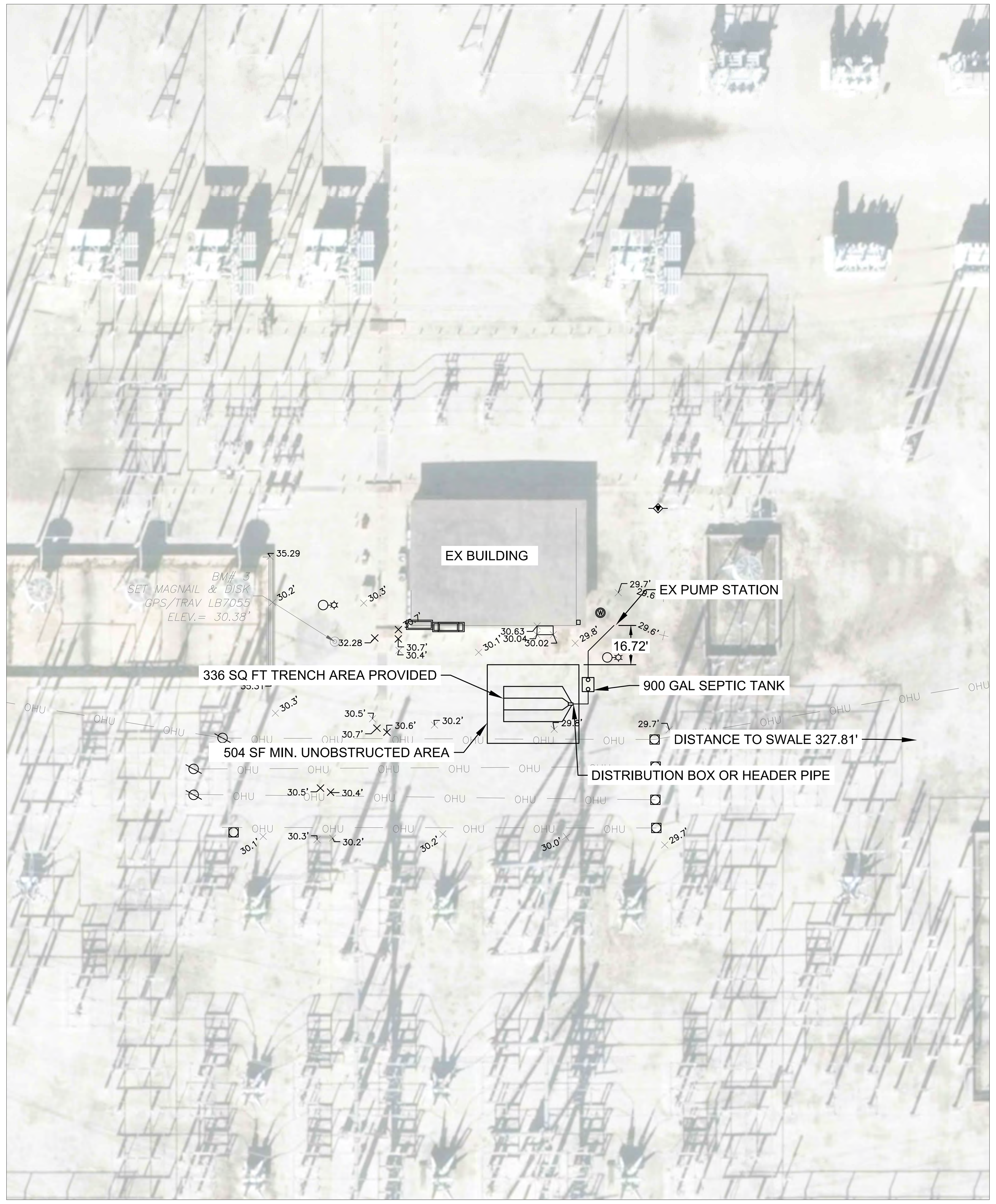
ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119

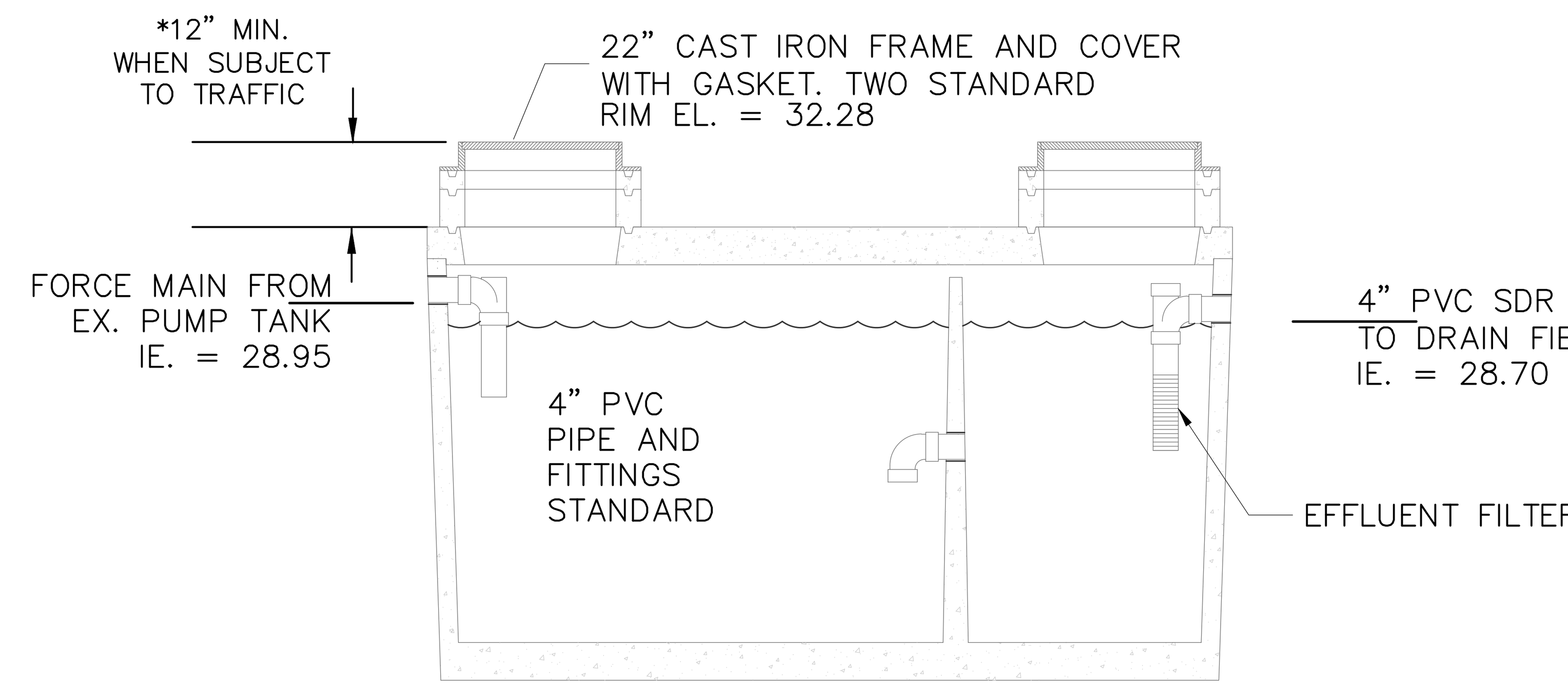
PROJECT: FPL PRM OSTDS

TASK: SWITCHYARD DRAINAGE AREA

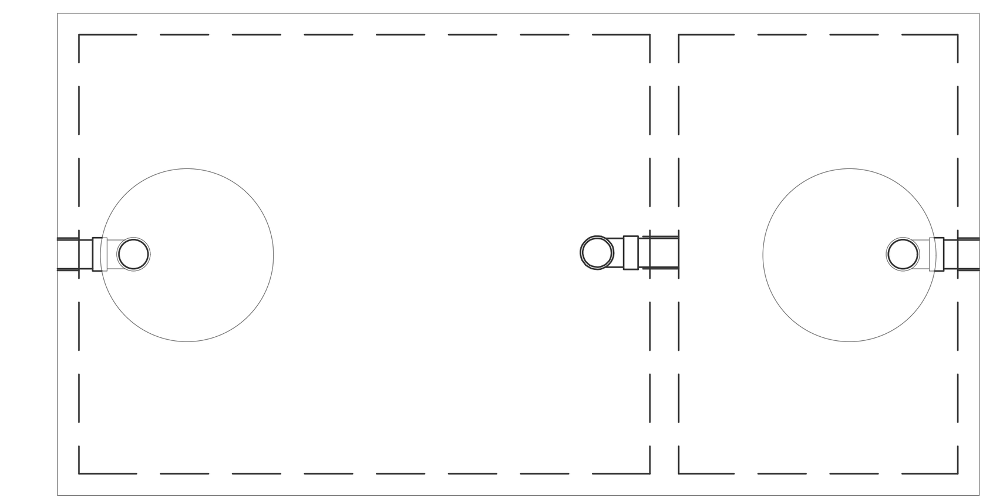
SHEET: 4







SIDE VIEW

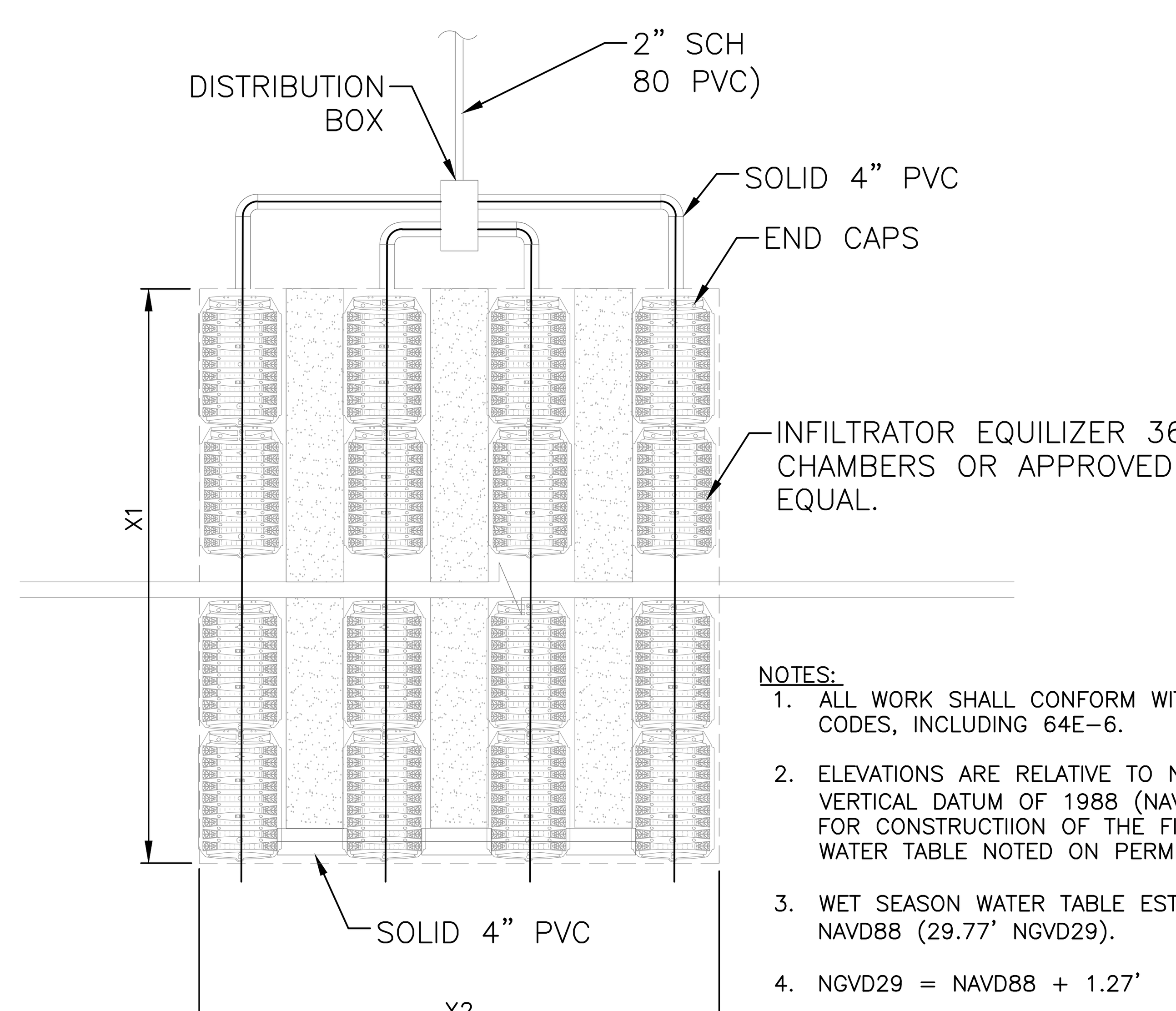


TOP VIEW (COVERS & RISERS REMOVED)

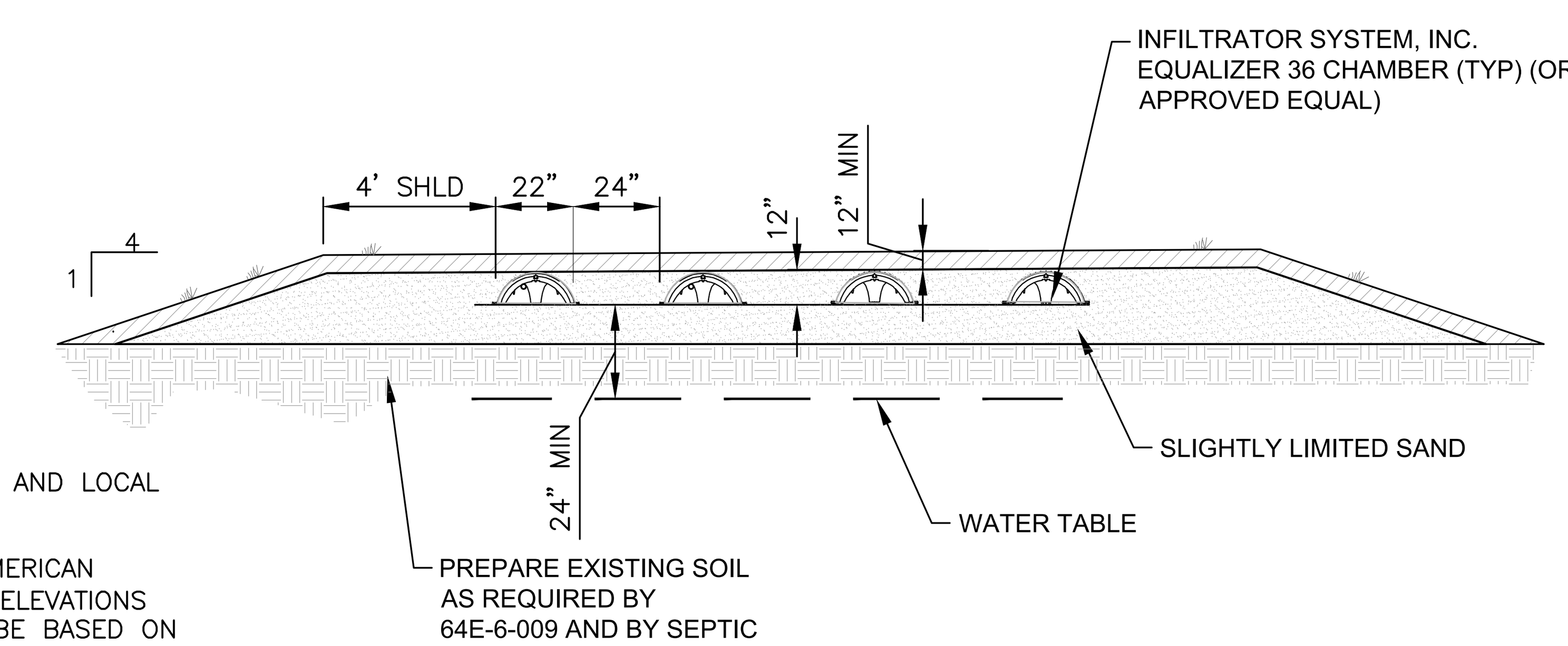
1. TANK SHALL HAVE A MINIMUM CAPACITY AS NOTED ON PLAN.
2. TANK DESIGNED FOR H-20 TRAFFIC WHEEL LOAD WITH DRY SOIL CONDITIONS – (WATER TABLE BELOW TANK.)
3. EXTERIOR AND INTERIOR CONCRETE SURFACES TO BE COATED WITH AN APPROVED BITUMINOUS MATERIAL.
4. SUITABLE NATIVE OR SUB-BASE SHALL BE PREPARED TO HANDLE ANTICIPATED LOADS. THE EXCAVATION SHALL BE BEDDED WITH SUITABLE GRANULAR MATERIAL AND SHALL BE COMPACTED TO 90% MAXIMUM DRY DENSITY, OR TO REQUIREMENTS OF THE PROJECT GEOTECHNICAL ENGINEER.
5. TANK SHALL BE DESIGNED, CONSTRUCTED AND STRUCTURALLY TESTED IN ACCORDANCE WITH LATEST VERSION OF THE FLORIDA ADMINISTRATIVE CODE (FAC), CHAPTER 64 E-6

SEPTIC TANK

NOT TO SCALE



NOTES:
1. ALL WORK SHALL CONFORM WITH STATE AND LOCAL CODES, INCLUDING 64E-6.
2. ELEVATIONS ARE RELATIVE TO NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD '88). ELEVATIONS FOR CONSTRUCTIION OF THE FIELD TO BE BASED ON WATER TABLE NOTED ON PERMIT.
3. WET SEASON WATER TABLE ESTIMATED TO BE 26.50' NAVD88 (29.77' NGVD29).
4. NGVD29 = NAVD88 + 1.27'



TYPICAL DRAINFIELD SECTION

NOT TO SCALE

DRAINFIELD	REQUIRED SIZE	NUMBER OF ROWS	NUMBER OF CHAMBERS PER ROW	PROVIDED SIZE	X1	X2
SWITCHYARD	300	4	7	336	28	14

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Cert No. 6091 - LB No. 7055

REVISIONS

NO.	DATE	DESCRIPTION	BY

CAD	DRAINFIELD-DET-SWITCHYARD.DWG
JOB NO.	3408.00
DRAWN BY	NL
CHECK BY	TM
DATE	January 30, 2020

ENGINEER OF RECORD
THOMAS MUELLER, PE
PE# 58119

PROJECT: FPL PMR OSTDS

TASK: SWITCHYARD DRAINFIELD AND DETAILS

SHEET: 5

FPL PMR OSTDS
PROJECT NUMBER 3408.00

Wastewater Calculations - Switchyard

Date: 12/09/2019

Flow			
Factories with Showers - 5 Employees (25 gpd/employee/8 hour shift)	**125**	**gpd**	Table I - Chapter 64E-6
Minimum Design Flow	200	gpd	64E-6.008 (5)
Total	**200**	**gpd**	
Drainfield Area			
Loading rate - Area Factor	0.8		Table III - Chapter 64E-6
Required Drainfield Area	**250**	**sf**	
Required Unobstructed Area	375	sf	
Required Septic Tank Volume	900	gal	Table II - Chapter 64E-6
Equivalent area per chamber	12	sf	Infiltrator Quick 4 EQ36 (22"x48"x12")
Number of rows	4	qty	
Minimum number of chambers per row	5.2	qty	
Chambers per row provided	7	qty	
Trench Area Provided	336	sf	
Unobstructed Area provided	>375	sf	

Thomas Mueller, P.E. #58119

Thomas Mueller, State of Florida, professional engineer, license no. 58119. This item has been electronically signed and sealed by Thomas Mueller, P.E. on February 3, 2020 using a SHA-1 authentication code. Printed copies of this document are not considered signed and sealed and the SHA -1 authentication code must be verified on any electronic copies.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Florida Power & Light Co. - Martin Plant

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 21900 SW Warfield Blvd, Indiantown, FL 34956

==========

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

==========

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: Unrecorded PLATTED: N/A

PROPERTY ID #: 30-39-38-000-000-00010-3 ZONING: A-2 I/M OR EQUIVALENT: [Yes]

PROPERTY SIZE: 1548.89 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [✓]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Yes] DISTANCE TO SEWER: >10,000 FT

PROPERTY ADDRESS: 21900 SW Warfield Blvd, Indiantown, FL 34956

DIRECTIONS TO PROPERTY: 2.8 miles NW of SW Silver Fox Lane / SW Fox Brown Road on Warfield Blvd to SW FP&L Access Road. 1.9 miles south on SW FP&L Access Road to Septic Fields.

BUILDING INFORMATION [ ] RESIDENTIAL [✓] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Electrical Plant Unit 3,4 & 8	N/A	N/A	40 Employees @ 25 gpd / 8 hour shift
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 4/01/2020

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
TELEPHONE:	Telephone number for applicant or agent.
MAILING ADDRESS:	P.O. box or street, city, state and zip code mailing address for applicant or agent.
LOT, BLOCK, SUBDIVISION:	Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.
DATE OF SUBDIVISION:	Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.
PROPERTY ID#:	27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.
ZONING:	Specify zoning and whether or not property is in I/M zoning or equivalent usage.
PROPERTY SIZE:	Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.
WATER SUPPLY:	Check private or public <= 2000 gallons per day or public > 2000 gallons per day.
SEWER AVAILABILITY:	Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.
PROPERTY ADDRESS:	Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
DIRECTIONS:	Provide detailed instructions to lot or attach an area map showing lot location.
BUILDING INFORMATION:	Check residential or commercial.
TYPE ESTABLISHMENT:	List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.
NO. BEDROOMS:	Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.
BUILDING AREA:	Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.
BUSINESS ACTIVITY:	For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.
FIXTURES:	Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
SIGNATURE / DATE:	Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are with 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

Units 3, 4 & 8

APPLICANT: Florida Power & Light Co. - Martin Plant **AGENT:** _____

LOT: _____ **BLOCK:** _____ **SUBDIVISION:** Unrecorded

PROPERTY ID #: 30-39-38-000-000-00010-3 [Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE,OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [ ] YES [✔] NO NET USABLE AREA AVAILABLE: >1,000 **ACRES**
TOTAL ESTIMATED SEWAGE FLOW: 1,000 **GALLONS PER DAY** [OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: >2,500,000 **GALLONS PER DAY** [2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: >1,875 **SQFT UNOBSTRUCTED AREA REQUIRED:** >1,875 **SQFT**

BENCHMARK/REFERENCE POINT LOCATION: BM#2 Magnail and disk LB7055 South edge of road north of drainfield (29.98')
ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES / FT] [ABOVE / BELOW] **BENCHMARK/REFERENCE POINT**

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: >75 **FT DITCHES/SWALES:** 40.49 **FT NORMALLY WET? [| YES [✔] NO**
WELLS: PUBLIC: 1,550 **FT LIMITED USE:** >3,000 **FT PRIVATE:** >3,000 **FT NON-POTABLE:** 3,080 **FT**
BUILDING FOUNDATIONS: 30.6 **FT PROPERTY LINES:** >3,000 **FT POTABLE WATER LINES:** 30.8 **FT**

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [✔] NO 10 YEAR FLOODING? |] YES |✔] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ **FT MSL/NGVD SITE ELEVATION:** _____ **FT MSL/NGVD**

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

OBSERVED WATER TABLE: _____ **INCHES** [ABOVE / BELOW] **EXISTING GRADE. TYPE:** [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ **INCHES** [ABOVE / BELOW] **EXISTING GRADE**
HIGH WATER TABLE VEGETATION: [ ] YES [ ] NO MOTTLING: [ ] YES [ ] NO DEPTH: _____ **INCHES**

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ **DEPTH OF EXCAVATION:** _____ **INCHES**
DRAINFIELD CONFIGURATION: [ ] TRENCH [ ] BED [ ] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ **DATE:** _____

INSTRUCTIONS:

PERMIT #:	Permit tracking number assigned by County Health Department.
APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
LOT, BLOCK,SUBDIVISION:	Lot, block, and subdivision for lot.
PROPERTY ID#:	27 character number for property (property appraiser ID # or section/township/range/parcel number).
PROPERTY SIZE:	Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.
SEWAGE FLOW:	Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
UNOBSTRUCTED AREA:	Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
BENCHMARK INFORMATION:	Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
MINIMUM SETBACKS:	Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
FLOOD INFORMATION:	Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
SOIL PROFILE INFORMATION:	Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
WATER TABLE:	Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
SOIL TEXTURE:	Record soil texture or loading rate for system sizing.
DEPTH OF EXCAVATION:	If applicable record depth of excavation required. Record "NA" if not applicable.
DRAINFIELD CONFIGURATION:	Check drainfield configuration required. If other, specify type.
ADDITIONAL CRITERIA:	Record any additional remarks pertinent to site or installation. Ex. Dosing required.
SITE EVALUATED BY:	Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET

ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____

BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-]- SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C.
New:_____ Amended:_____ Renewal:_____
Aerobic:_____ Commercial:_____ Industrial/Manufacturing:_____

Application/Permit Number _____

Units 3,4, and 8

GENERAL INFORMATION

Property Owner Florida Power and Light Company
Work Telephone 561-694-4000 Home phone: _____
Address of Owner: 700 Universe Boulevard City: Juno Beach State FL Zip 33408
Owner's Agent: _____
Agent's Address: _____ City: _____ State _____ Zip _____
Agent's Phone: _____ Property Street Address: _____
City: _____ State _____ Zip _____
Section:____ Township:____ Range:____ Parcel:_____ Lot:____ Block:____ Subdivision:_____ Unit:____

EXISTING SYSTEM INFORMATION

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment and Disposal System Construction Permit Number (if known):_____
Septic Tank(s)/Aerobic Unit 1900 gallons Grease Trap(s)_____gallons Dosing Tank 1050 gallons
Drainfield size is 1260 square feet installed in a: standard subsurface X filled_____ mound system_____
The drainfield layout is in trenches X absorption bed_____other_____ (describe) _____
Onsite Well? Yes X No_____ System Setback to Wells >1500 ft. Lot Size >1875 Square Feet
Estimated sewage flow into system 1000 Gallons/Day Based on 64E-6 Table 1
Number of (businesses) or dwellings (circle one) which are being served by this onsite sewage disposal system _____
Additional Comments: Service building, 230 kV Switchyard auxiliary building, control building, and lab.

COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. Electric Service - Power Generation
What is the zoning designation for the property? - A2, GI _____ Give a description of the zoning and examples of approved businesses in this type of zoning: Power Generation

AEROBIC TREATMENT UNIT

Date of aerobic system installation approval:_____/_____/_____ Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes_____ No_____ Aerobic Unit Manufacturer: _____
Type of Aerobic Unit: _____ Class I:_____ Class II:_____ Above 1500 Gallon Capacity:_____
Construction/Installation Permit Number:_____ Are multiple aerobic units used on the site: Yes_____ No_____
Is there an active service agreement on the aerobic treatment unit? Yes_____ No_____ Please Attach a Copy of the Agreement
If yes, when does the service agreement expire? _____/_____/_____
Who is the authorized service company providing maintenance to your unit?
Company Name_____ Phone Number_____
Address_____ City_____ State_____ Zip_____

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature _____ Date 4 / 01 / 2020

Application Status:
Disapproved: _____ Date ____/____/____ Reason: _____

By: _____ Title: _____ _____ CHD
Approved: ____ Date____/____/____
By: _____ Title: _____ _____ CHD

BUSINESS SURVEY
AN ATTACHMENT TO DH 4081
ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New: _____ Application/Permit Number _____
Renewal:_____
Change of Tenancy/Amendment:_____

Please provide the following information regarding your business facilities and the activities which will take place on site.

Business Name Florida Power and Light Company Occupational License #:_____
Business Owner's Name_____
Business Mailing Address 700 Universe Boulevard Telephone 561-694-4000
City Juno Beach State FL Zip 33408
Street Address of Business_____ Unit Number_____
City_____ State_____ Zip_____

How many employees will use this facility 40 Hours of operation 24 hours/da
What type and number of sanitary facilities will be available at this location: Anticipated flow: 1600 gpd Based on 64E-6 Table 1
Toilets 8 Urinals 4 Hand Washing Sinks 8 Utility Sinks 1
Showers 8 Floor Drains 2 Equipment Drains(Describe) N/A
2-Compartment Sinks_____ 3-Compartment Sinks N/A
Laundry Facilities 1 Garbage Grinder/Disposal N/A
Commercial Dish Machines (heat sanitizing) N/A (chemical sanitizing) N/A
Can Washing Facilities N/A Other(Describe)_____

Completely describe the activities which will take place at your business location (i.e. types of waste generated, volume of raw materials handled, amount of wastes generated, equipment used in the process):
Power Generation: Supplying power to South Florida using Natural Gas, Diesel, and Solar Energy.

List any chemical compounds routinely used in your business: Attach Material Safety Data Sheets for Compounds Used or Stored

Name	Gal or lbs./Month	Amt. on hand	Storage Method	Disposal Method	SIC Code
Diesel Fuel #2	2,000	3.2 Million	Tank	Fuel / Recycle	4911
Dow Therm A - Heating Fluid	<80	700 Kgal	Tank/Vessel	Recycle	4911
Lube Oil - GST 32	200	56.8 Kgal	Tank	Recycle	4911

Please list licensed waste haulers removing wastes from your site.

Company Name	Type of Waste Removed
Waste Management Company	Municipal Solid Waste - Trash
JAM Environmental	Used oil
Chemical Waste Management	Solid oily waste

Describe how emergencies, such as spills, will be handled at this site:
Emergency Action Plan in place to handle all emergency situations

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. Information contained herein is an accurate reflection of the activities which will be allowed on this site. I also agree to perform any testing as may be required by this permit, and collection & analysis of samples will be done at my own expense by a state certified laboratory. I also agree to notify the county health department of the change in any material fact used to determine the issuance of this permit.

Business Owner or Agent's Signature:_____ Date 4/01/2020

Property Owner or Agent's Signature:_____ Date_____

TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT:

Will monitoring be required: Yes____ No____ Sample location_____ Compounds to be examined: _____
Is DER/ County Haz Waste review required: Yes____ No____ Monitoring Frequency_____

Survey disapproved _____ Date:____/____/____ Reason_____

Survey approved: ____ By:_____ Title_____ _____ CHD Date:____/____/____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Florida Power & Light Co. - Martin Plant

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 21900 SW Warfield Blvd, Indiantown, FL 34956

==========

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: Unrecorded PLATTED: N/A

PROPERTY ID #: 30-39-38-000-000-00010-3 ZONING: A-2 I/M OR EQUIVALENT: [Yes]

PROPERTY SIZE: 1548.89 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [✓]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Yes] DISTANCE TO SEWER: >10,000 FT

PROPERTY ADDRESS: 21900 SW Warfield Blvd, Indiantown, FL 34956

DIRECTIONS TO PROPERTY: 2.8 miles NW of SW Silver Fox Lane / SW Fox Brown Road on Warfield Blvd to SW FP&L Access Road. 1.9 miles south on SW FP&L Access Road to Septic Fields.

BUILDING INFORMATION [ ] RESIDENTIAL [✓] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Electrical Plant Switchyard	N/A	N/A	5 Employees @ 25 gpd / 8 hour shift
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 4/1/2020

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
TELEPHONE:	Telephone number for applicant or agent.
MAILING ADDRESS:	P.O. box or street, city, state and zip code mailing address for applicant or agent.
LOT, BLOCK, SUBDIVISION:	Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.
DATE OF SUBDIVISION:	Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.
PROPERTY ID#:	27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.
ZONING:	Specify zoning and whether or not property is in I/M zoning or equivalent usage.
PROPERTY SIZE:	Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.
WATER SUPPLY:	Check private or public <= 2000 gallons per day or public > 2000 gallons per day.
SEWER AVAILABILITY:	Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.
PROPERTY ADDRESS:	Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
DIRECTIONS:	Provide detailed instructions to lot or attach an area map showing lot location.
BUILDING INFORMATION:	Check residential or commercial.
TYPE ESTABLISHMENT:	List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.
NO. BEDROOMS:	Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.
BUILDING AREA:	Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.
BUSINESS ACTIVITY:	For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.
FIXTURES:	Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
SIGNATURE / DATE:	Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are with 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

Switchyard

APPLICANT: Florida Power & Light Co. - Martin Plant **AGENT:** _____

LOT: _____ **BLOCK:** _____ **SUBDIVISION:** Unrecorded

PROPERTY ID #: 30-39-38-000-000-00010-3 [Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE,OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [ ] YES [✔] NO NET USABLE AREA AVAILABLE: >1,000 **ACRES**
TOTAL ESTIMATED SEWAGE FLOW: 1,000 **GALLONS PER DAY** [OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: >2,500,000 **GALLONS PER DAY** [2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: >1,875 **SQFT UNOBSTRUCTED AREA REQUIRED:** >1,875 **SQFT**

BENCHMARK/REFERENCE POINT LOCATION: BM#2 Magnail and disk LB7055 South edge of road north of drainfield (29.98')
ELEVATION OF PROPOSED SYSTEM SITE IS _____ **[** INCHES / FT **] [** ABOVE / BELOW **] BENCHMARK/REFERENCE POINT**

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: >75 **FT DITCHES/SWALES:** 40.49 **FT NORMALLY WET? [| YES [✔] NO**
WELLS: PUBLIC: 1,550 **FT LIMITED USE:** >3,000 **FT PRIVATE:** >3,000 **FT NON-POTABLE:** 3,080 **FT**
BUILDING FOUNDATIONS: 30.6 **FT PROPERTY LINES:** >3,000 **FT POTABLE WATER LINES:** 30.8 **FT**

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [✔] NO 10 YEAR FLOODING? |] YES |✔] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ **FT MSL/NGVD SITE ELEVATION:** _____ **FT MSL/NGVD**

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

OBSERVED WATER TABLE: _____ **INCHES [**ABOVE / BELOW **] EXISTING GRADE. TYPE: [** PERCHED / APPARENT **]**
ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ **INCHES [**. ABOVE / BELOW **] EXISTING GRADE**
HIGH WATER TABLE VEGETATION: [ ] YES [ ] NO MOTTLING: [ ] YES [ ] NO DEPTH: _____ **INCHES**

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ **DEPTH OF EXCAVATION:** _____ **INCHES**
DRAINFIELD CONFIGURATION: [ ] TRENCH [ ] BED [ ] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ **DATE:** _____

INSTRUCTIONS:

PERMIT #:	Permit tracking number assigned by County Health Department.
APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
LOT, BLOCK,SUBDIVISION:	Lot, block, and subdivision for lot.
PROPERTY ID#:	27 character number for property (property appraiser ID # or section/township/range/parcel number).
PROPERTY SIZE:	Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.
SEWAGE FLOW:	Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
UNOBSTRUCTED AREA:	Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
BENCHMARK INFORMATION:	Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
MINIMUM SETBACKS:	Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
FLOOD INFORMATION:	Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
SOIL PROFILE INFORMATION:	Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
WATER TABLE:	Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
SOIL TEXTURE:	Record soil texture or loading rate for system sizing.
DEPTH OF EXCAVATION:	If applicable record depth of excavation required. Record "NA" if not applicable.
DRAINFIELD CONFIGURATION:	Check drainfield configuration required. If other, specify type.
ADDITIONAL CRITERIA:	Record any additional remarks pertinent to site or installation. Ex. Dosing required.
SITE EVALUATED BY:	Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET

ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____

BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-]- SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C.
New:_____ Amended:_____ Renewal:_____
Aerobic:_____ Commercial:_____ Industrial/Manufacturing:_____

Application/Permit Number _____

Switchyard

GENERAL INFORMATION

Property Owner Florida Power and Light Company
Work Telephone 561-694-4000 Home phone: _____
Address of Owner: 700 Universe Boulevard City: Juno Beach State FL Zip 33408
Owner's Agent: _____
Agent's Address: _____ City: _____ State _____ Zip _____
Agent's Phone: _____ Property Street Address: _____
City: _____ State _____ Zip _____
Section:____ Township:____ Range:____ Parcel:_____ Lot:____ Block:____ Subdivision:_____ Unit:____

EXISTING SYSTEM INFORMATION

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment and Disposal System Construction Permit Number (if known):_____
Septic Tank(s)/Aerobic Unit 900 gallons Grease Trap(s)_____gallons Dosing Tank_____gallons
Drainfield size is 300 square feet installed in a: standard subsurface X filled_____ mound system_____
The drainfield layout is in trenches X absorption bed_____other_____ (describe) _____
Onsite Well? Yes X No_____ System Setback to Wells >2200 ft. Lot Size >375 Square Feet
Estimated sewage flow into system 200 Gallons/Day Based on 64E-6 min Design Flows
Number of businesses or dwellings (circle one) which are being served by this onsite sewage disposal system _____
Additional Comments: 500 KV Switchyard Auxiliary Building

COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. Power Plant Operation

What is the zoning designation for the property? A2, GI Give a description of the zoning and examples of approved businesses in this type of zoning: Power Generation

AEROBIC TREATMENT UNIT

Date of aerobic system installation approval:_____/_____/_____ Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes_____ No_____ Aerobic Unit Manufacturer: _____
Type of Aerobic Unit: _____ Class I:_____ Class II:_____ Above 1500 Gallon Capacity:_____
Construction/Installation Permit Number:_____ Are multiple aerobic units used on the site: Yes_____ No_____
Is there an active service agreement on the aerobic treatment unit? Yes_____ No_____ Please Attach a Copy of the Agreement
If yes, when does the service agreement expire? _____/_____/_____
Who is the authorized service company providing maintenance to your unit?
Company Name_____ Phone Number_____
Address_____ City_____ State_____ Zip_____

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature: _____ Date 4 / 01 / 2020

Application Status:
Disapproved: _____ Date ____/____/____ Reason: _____

By: _____ Title: _____ _____ CHD
Approved: ____ Date____/____/____
By: _____ Title: _____ _____ CHD

BUSINESS SURVEY
AN ATTACHMENT TO DH 4081
ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New: _____ Application/Permit Number _____
Renewal:_____
Change of Tenancy/Amendment:_____

Please provide the following information regarding your business facilities and the activities which will take place on site.

Business Name Florida Power and Light Company Occupational License #:_____
Business Owner's Name_____
Business Mailing Address 700 Universe Boulevard Telephone 561-694-4000
City Juno Beach State FL Zip 33408
Street Address of Business_____ Unit Number_____
City_____ State_____ Zip_____

How many employees will use this facility 5 Hours of operation _____
What type and number of sanitary facilities will be available at this location: Anticipated flow: 200 gpd Based on 64E-6
Toilets 2 Urinals 1 Hand Washing Sinks 2 Utility Sinks N/A
Showers N/A Floor Drains 1 Equipment Drains(Describe) N/A
2-Compartment Sinks N/A 3-Compartment Sinks N/A
Laundry Facilities N/A Garbage Grinder/Disposal N/A
Commercial Dish Machines (heat sanitizing) N/A (chemical sanitizing) N/A
Can Washing Facilities N/A Other(Describe)_____

Completely describe the activities which will take place at your business location (i.e. types of waste generated, volume of raw materials handled, amount of wastes generated, equipment used in the process):
Power Generation: Supplying power to South Florida using Natural Gas, Diesel, and Solar Energy.

List any chemical compounds routinely used in your business: Attach Material Safety Data Sheets for Compounds Used or Stored

Name	Gal or lbs./Month	Amt. on hand	Storage Method	Disposal Method	SIC Code
Diesel Fuel #2	2,000	3.2 Million	Tank	Fuel / Recycle	4911
Dow Therm A - Heating Fluid	<80	700 Kgal	Tank / Vessel	Recycle	4911
Lube Oil - GST 32	200	56.8 Kgal	Tank	Recycle	4911

Please list licensed waste haulers removing wastes from your site.

Company Name	Type of Waste Removed
Waste Management Company	Municipal Solid Waste - Trash
JAM Environmental	Used oil
Chemical Waste Management	Solid oily waste

Describe how emergencies, such as spills, will be handled at this site:
Emergency Action Plan in place to handle all emergency situations

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. Information contained herein is an accurate reflection of the activities which will be allowed on this site. I also agree to perform any testing as may be required by this permit, and collection & analysis of samples will be done at my own expense by a state certified laboratory. I also agree to notify the county health department of the change in any material fact used to determine the issuance of this permit.

Business Owner or Agent's Signature:_____ Date 4/1/2020

Property Owner or Agent's Signature:_____ Date_____

TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT:

Will monitoring be required: Yes____ No____ Sample location_____ Compounds to be examined: _____
Is DER/ County Haz Waste review required: Yes____ No____ Monitoring Frequency_____

Survey disapproved _____ Date:____/____/____ Reason_____

Survey approved: _____ By:_____ Title_____ _____ CHD Date:____/____/____

DH 4081A, 10/96 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.003, FAC