

ST. JOHNS COUNTY UTILITY DEPARTMENT
20 - AFFIDAVIT - PRIVATE RESIDENTIAL PUMP STATION

Purpose & Application

The intent of this policy is to assist the customers in installing a proper sewage pumping system for a residential home. All piping, electric and pumping facilities located on the home residence's property will be the responsibility of the homeowner.

Applicable Standards

This design requirement applies to all private residential lift stations installed within the SJCUD Service Area. Lift station, piping, and controls must be designed and constructed in compliance with St. Johns Utility Design Standards and Specifications. All electrical shall be install according to County Building Code and installation shall be executed by Licensed Contractors that are in compliance with Florida Statue 489.105.3(m) or 489.105.3(n).

Design Basis

Residential pump stations shall be designed for a residence only. The pump shall be capable of handling the peak flow from the residence and the variable pressure conditions in the County Sewer system. To verify the pressures in any given area the Contractor shall contact the Utility Department prior to pump selection.

Approved Pumps

Typical residential pumps categorized as grinder or non-clog are desired, either pump is capable of handling solids. Septage or non-solids handling pumps are not recommended. Not all pumps are equal and the specific pump for your home should be selected by a professional. The pump selected must meet the flow and variable pressure conditions in the County sewer system. It is strongly recommended that the pump selection be submitted to SJCUD for review of general operational compatibility with the sewer system prior to installation. Appropriate pump selection and operational compatibility is the responsibility of the Contractor and Property Owner.

Applicable Utility Standards

- Install wet well top a minimum of 10 inches above the finish grade and surrounding grade.
- Install control panel a minimum of 5 feet from the edge of the wet well.
- Install a check valve and an isolation valve at the property line (owner side) adjacent to right-of-way or easement that connects to the service connection that SJCUD is providing.

Construction Inspection

The owner is responsible for contacting the Utility for an inspection upon completion of the installation of the lift station. A copy of the installed pump technical data, including the operating curve for the pump shall be submitted to the Utility prior to scheduling inspection to activate service. The Utility inspector will be verifying that the conditions listed above have been met prior to activating service. To schedule a private lift station inspection please call 904-209-2618.

Operation and Maintenance

The operation and maintenance of the residential pump station shall be the sole responsibility of the home owner. Sewage pumps are subject to failure as are all mechanical devices. Flushing items such as baby wipes, grease and elastic objects can severely impact the life and performance of the sewage pumps. SJCUD shall be notified if the pumps are ever replaced with a pump of a different make or model. Please contact SJCUD Engineering Department at 904-209-2672.

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Property Address: _____ Date: _____

System Pressure: Low: _____ ft. High: _____ ft. (Low: _____ psi High: _____ psi)

Pump Make & Model: _____

Date of SJCUD Inspection: _____

AFFIDAVIT FROM OWNER

Seeking Installation and Connection of a private lift station into, St. Johns County Utility Department (SJCUD) Sewer collection system

I hereby acknowledge that I will comply with all the above requirements of a residential lift station. I understand the cost involved with installing, operating and maintaining a private lift station. All onsite construction shall be performed by a licensed professional.

Print Name (property owner(s)): _____

Address: _____

City, State ZIP _____

Property ID Number (PIN): _____

Property Address: _____

City, State ZIP _____

Signature: Owner _____

In St. Johns County, Florida: The foregoing Instrument was Acknowledged Before me on
_____ 20 _____

Known Personally _____ or Identification _____

Type of Identification _____

Name of Notary, typed or print

Commission Expires

Signature of Notary

****In accordance with F.A.C. 64E-6.011, the septic system must be abandoned within 90 days of connection to central utilities. Please contact the Department of Health for an abandonment permit and for the procedure of septic abandonment. This note serves as a notice to the applicant and to the Department of Health that this property is connecting to central utilities.**