



CITY OF SWEETWATER

PUBLIC WORKS DEPARTMENT

www.cityofsweetwater.gov (305) 455-6585

DEWATERING PERMIT APPLICATION

APPLICANT INFORMATION

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Office Phone:	Fax:	Cell Phone:	
Signature:			Date:

CONTRACTOR INFORMATION

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Office Phone:	Fax:	Cell Phone:	
Signature:			Date:

DEWATERING INFORMATION

Project Name:			
Address:			
City:	State:	Zip Code:	

PURPOSE OF DEWATERING :

Anticipated date of initial discharge:			
Anticipated date of discharge completion:			

EQUIPMENT TO BE USED:

LOCATION OF DISCHARGE POINT:

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Note: Engineering department will be contacted 48 hours in advance of dewatering activities. If, at any time, the City's stormwater system starts surcharge (overflow) due to dewatering activities, Contractor will stop dewatering immediately and inform the Engineering department immediately.

NAME OF BODY WATER AFFECTED:

SUBMITTAL CHECKLIST

<input type="checkbox"/> Explanation Letter About Work			
<input type="checkbox"/> DERM Class V Permit	<input type="checkbox"/> SFWMD Permit	<input type="checkbox"/> Other Permit _____	
<input type="checkbox"/> Plan/Sketch About the Proposal and Affected Drainage System			
<input type="checkbox"/> Sedimentation Tank Specifications	<input type="checkbox"/> Construction Site Erosion and Sediment Control Application		
<input type="checkbox"/> Pump System & Pump Rate			
<input type="checkbox"/> Detail (Drawing) on Turbidity Curtains or Barriers			
<input type="checkbox"/> MOT			
<input type="checkbox"/> Pubic Works Permit Application			