

**PASCO COUNTY UTILITIES
WASTEWATER SYSTEM
DRY LINE APPROVAL
LETTER OF UNDERSTANDING**

Name of Project:

Pasco County Project Number:

I have requested a "dry line" Collection/Transmission System Permit, DEP Form 62-604.300(8)(a), for my development because the proposed system will connect to utilities facilities not yet constructed and/or cleared by Pasco County or the Florida Department of Environmental Protection (FDEP) for use, or will connect to a proposed wastewater treatment plant for which a valid operating permit has not been issued. The "dry line" permit would allow the physical installation of the sewer collection/transmission system prior to having an approved connection to the existing utility system or allocation of treatment and disposal capacity at the proposed receiving wastewater treatment plant.

I understand that the issuance of the "dry line" Collection/Transmission System Construction Permit confers absolutely no right to any service connections now or in the future. I am requesting this "dry line" permit only for my own financial and logistic convenience and am willing to take the risk that the service connections may never be allowed. I acknowledge that I may be giving up legal rights by accepting this "dry line" permit, and that Pasco County and/or FDEP in no way recommend this course of action and have suggested that I seek consultation about its advisability and consequences.

With all the foregoing, I still wish to go ahead with the construction as set forth in my "dry line" permit application and conditions of approval.

Applicant's Signature

Name and Title (Please Type)

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared

(Name of Person)

who is personally known to me or who has produced

(Type of Identification)

and who executed the foregoing instrument and acknowledged before me that he/she executed same.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, A.D. 20____.

My Commission Expires:

Notary Public

(SEAL)