



**ST. JOHNS COUNTY UTILITY DEPARTMENT**  
**Connection Pressure Request**

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**POINT OF CONTACT**

Date: \_\_\_\_\_

Role of Requester

Homeowner  Engineer  Plumber  Contractor  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Project (if applicable): \_\_\_\_\_

**CONNECTION POINT INFORMATION**

Type of Pump Station

Private Residential  Private Commercial  SJCUD Owned  Other: \_\_\_\_\_

Address/Parcel ID/Description of Site Needing Service: \_\_\_\_\_

Site Map Attached

**NOTE:** The connection pressures provided will need to be re-evaluated one year from the date of receipt if connection is not made by that time. The pump station installation must be inspected (email [constructtech@sjcfl.us](mailto:constructtech@sjcfl.us) to schedule) and all necessary fees must be paid prior to activating your sewer service.

**ADDITIONAL INFORMATION** - Upon completion, e-mail to: [PressureRequests@sjcfl.us](mailto:PressureRequests@sjcfl.us). **Allow a minimum of five (5) business days for a response.**

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**Utilities**

1205 State Road 16, St. Augustine, FL 32084  
904.209.2700 | sjcfl.us