



15600 Jupiter Farms Road Jupiter, FL 33478 • 561-747-0550 • [www.sirwcd.org](http://www.sirwcd.org) • [sirwcd@sirwcd.org](mailto:sirwcd@sirwcd.org)

### District Roads Driveway Temporary Pipe Agreement

District Installation Date: \_\_\_\_\_

Palm Beach County Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Control Number & Installation Address: \_\_\_\_\_

Landowner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Indicate how many culverts you currently have: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Will a permanent culvert pipe be installed after the temporary pipe is removed?: Yes \_\_\_\_\_ No \_\_\_\_\_

#### \$250.00 for an 18-inch x 20-foot Temporary Pipe

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**Please read and initial each statement below. I agree to the following:**

- \_\_\_\_\_ This temporary pipe is available for construction purposes only. It will not be used as a permanent pipe.
- \_\_\_\_\_ I am responsible for keeping the temporary pipe clear of dirt/sediment and debris. If the ends get crushed, the temporary pipe must be replaced at my cost.
- \_\_\_\_\_ Random inspections will take place and if the ends are found to be blocked or crushed, the pipe will be removed without notice.
- \_\_\_\_\_ I am responsible for marking the requested location of the temporary pipe installation within my existing swale (e.g. flags, spray paint, landscape stakes, etc.) and that failure to do so will result in the installation being rescheduled to the next available date. Culverts must be set back five (5) feet or more away from the property line and a minimum of thirty-five (35) feet from the corner of the travel lane at a residential intersection.
- \_\_\_\_\_ The District will provide the temporary pipe for 365 days. After 365 days, the District office will contact me for the status of the work/permit and that failure to reply to the District's efforts to contact me will result in the District removing the temporary pipe without further notification.

**I agree to the terms and conditions set forth by South Indian River Water Control District.**

**Agreed (Landowner Signature):** \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

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For office use only:

Employee Initials & Date – Install Completed: \_\_\_\_\_

Employee Initials & Date – 365 Day Inspection Completed: \_\_\_\_\_

Employee Initials & Date – Removal Completed: \_\_\_\_\_