

## STATEMENT OF INSPECTION FOR PROPER OPERATION AND MAINTENANCE

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

2379 BROAD STREET • BROOKSVILLE, FL 34604-6899 (352) 796-7211 OR FLORIDA WATS 1 (800) 423-1476

Within 30 days after completion of the inspection for proper operation and maintenance, the operation and maintenance entity or its authorized agent must SEND THE ORIGINAL PLUS ONE COPY OF THIS FORM to the Southwest Florida Water Management District, 2379 Broad Street, Brooksville, Florida 34604-6899. Upon receipt, the District will review this statement and may inspect the system for compliance with the approved permit and as-built drawings.

## (1) SURFACE WATER MANAGEMENT SYSTEM INFORMATION:

Permit No.	County:			
Project Name:				
Permittee:				
City	State	Zip		
Telephone: ()				<del></del>
(2) I hereby certify that	t an inspection of the above-	-referenced	system was	perfor
	ind full lities are being operated and main			
knowledge, experience a being operated and main	nd any other available informatio tained as authorized.	in that the k	ociow-ground id	iciiitie:
being operated and main  By:	tained as authorized.		-	
being operated and main  By:	tained as authorized.		FL P.E	
being operated and main  By:	tained as authorized.		-	
being operated and main  By:	tained as authorized.		-	
being operated and main  By:	tained as authorized.		-	
being operated and main  By:	tained as authorized.		-	
By: Signature of Engineer  No. 63766	tained as authorized.		-	
By: Signature of Engineer  No. 63766	Name (Please Type Company Name  Company Address  City, State, Zip	pe)	FL P.E	
By: Signature of Engineer  No. 63766  STATE OF	tained as authorized.	pe)	FL P.E	