

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:		
Address:		
City		
Telephone: ()		
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(2) I hereby certify that an inspection of the above-referenced system was performed on______ and further certify based on my observations that all above-ground facilities are being operated and maintained as authorized by the Southwest Florida Water Management District. I further state that it is my opinion based on my observations, knowledge, experience and any other available information that the below-ground facilities are being operated and maintained as authorized.

Signature of Engineer	Name (Please Type)	FL P.E. No.
B. ABUT	Company Name	
No. 63766	Company Address	
STATE OF	City, State, Zip	
SONAL EN	Phone: ()Date:	

Form No. LEG-R.044.00 (4/09)

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Rule 40D-4.351(3), F.A.C.