



**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: \_\_\_\_\_

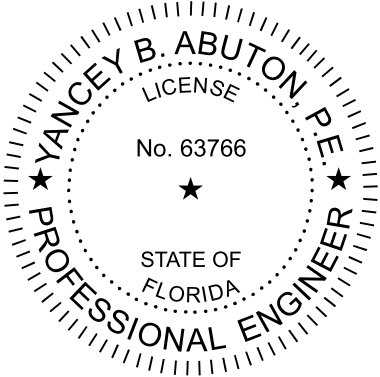
Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

(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.

By: \_\_\_\_\_  
Signature of Engineer                      Name (Please Type)                      FL P.E. No.



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

\_\_\_\_\_ Company Address

\_\_\_\_\_ City, State, Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_