



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.

(Affix Seal)

Company Name

This item has been digitally signed and sealed by Mark E. Schroder, PE on the date adjacent to the seal.

Company Address

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

City, State, Zip

Phone: (_____) _____ Date: _____