

## 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: ()			
Florida Water Manageme knowledge, experience a being operated and main By:		it is my opinion bas mation that the belo	ed on my observations, w-ground facilities are
Signature of Engineer	Name (Pleas	e Type)	FL P.E. No.
(Affix Seal)	Company Name		
	Company Address		
	City, State, Zip		
	Phone: ()	Date:	