OPERATION AND MAINTENANCE INSPECTION CERTIFICATION

Instructions: Submit this form to the Agency within 30 days of completion of the inspection after any failure of a stormwater management system or deviation from the permit. This form may also be used to document inspections required under Section 12.4 of Applicant's Handbook Volume I, however submittal to the Agency is not required unless requested by the Agency.

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Pern	nit No.: Application No.: Date Issued:					
Iden	ification or Name of Stormwater Management System:					
Phas	e of Stormwater Management System (if applicable):					
Insp	ection Date:					
Insp	ection results: (check all that apply)					
	The undersigned hereby certifies that the works or activities are functioning in substantial conformance with the permit. This certification is based upon on-site observation of the system conducted by me or my designee under my direct supervision and my review of as-built plans.					
	The following maintenance was conducted since the last inspection (attach additional pages needed):	s if				
	The undersigned hereby certifies that I or my designee under my direct supervision has in this surface water management system and the system does not appear to be functioning substantial conformance with the permit. I am aware that maintenance or alteration is recording the system into substantial compliance with the terms and conditions of the permit. appropriate, I have informed the owner of the following: (a) The system does not appear to be functioning properly; (b) That maintenance or repair is required to bring the system into compliance; and (c) If maintenance or repair measures are not adequate to bring the system into compliance approval by the agency below.	g in quired to As diance,				
	The following components of the system do not appear to be functioning properly (attach additional pages if needed):					

Any components of the constructed system that are not in substantial conformance with the permitted system shall require a written request to modify the permit in accordance with the provisions of Rule 62-330.315, F.A.C. If such modification request is not approved by the agency below, the components of the system that are not in conformance with the permit are subject to enforcement action under Sections 373.119, .129, .136, and .430, F.S.













Name of Inspector:	Florida Registration Number:			
Company Name:				
Mailing Address:				
City:	State:		Zip Code:	
Phone:	Fax:	Ema	ail:	
Signature of Inspector			Date	
Report Reviewed b	y Permittee:			
Name of Permittee:				
Signature of Permittee	<u> </u>	Date		
Title (if any)				