

**EXCEPTIONS REPORT FOR STORMWATER MANAGEMENT SYSTEMS  
OUT OF COMPLIANCE**

Project Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Inspection Date(s): \_\_\_\_\_

Item(s) Not In Compliance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Corrective Action(s) to Bring the System Into Compliance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Within 14 days of inspection of the system, submit two copies of this form to a local SJRWMD  
Service Center or: Department of Permit Data Services  
St. Johns River Water Management District  
PO Box 1429  
Palatka, FL 32178-1429