

## STATEMENT OF INSPECTION REPORT

PERMIT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

INSPECTION DATE(S): \_\_\_\_\_

STORMWATER MANAGEMENT SYSTEM INSPECTION RESULTS: (CHECK ONE)

\_\_\_\_\_ I HEREBY VERIFY THAT I OR MY AUTHORIZED AGENT HAVE INSPECTED THE SYSTEM AT THE ABOVE REFERENCED PROJECT AND THAT IT APPEARS TO BE FUNCTIONING ACCORDING TO THE REQUIREMENTS OF THE PERMIT AND CHAPTER 40C-42, F.A.C. THE FOLLOWING NECESSARY MAINTENANCE WAS CONDUCTED:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I HEREBY CERTIFY THAT I OR MY AUTHORIZED AGENT HAVE INSPECTED THE SYSTEM AT THE ABOVE REFERENCED PROJECT AND THAT THE SYSTEM DOES NOT APPEAR TO BE FUNCTIONING IN COMPLIANCE WITH THE REQUIREMENTS OF THE PERMIT AND CHAPTER 40C-42, F.A.C. I UNDERSTAND THE FOLLOWING: (A) THAT MAINTENANCE IS REQUIRED TO BRING THE SYSTEM INTO COMPLIANCE, AND (B) IF MAINTENANCE MEASURES ARE NOT ADEQUATE TO BRING THE SYSTEM INTO COMPLIANCE, THE SYSTEM MAY HAVE TO BE REPLACED OR AN ALTERNATIVE DESIGN CONSTRUCTED SUBSEQUENT TO DISTRICT APPROVAL. I WILL CONDUCT THE FOLLOWING MAINTENANCE WITHIN 15 DAYS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY/AGENCY NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDRESS

WITHIN 30 DAYS OF INSPECTION OF THE SYSTEM, SUBMIT TWO COPIES OF THIS FORM TO:

DIVISION OF REGULATORY INFORMATION MANAGEMENT  
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
P.O. BOX 1429  
PALATKA, FL 32178-1429