

## NOTIFICATION OF AVAILABILITY OF RECORD DRAWINGS AND FINAL OPERATION AND MAINTENANCE MANUALS

## 1. Instructions

2. Facility Information

City/State/Zip Code

Telephone

- a. In accordance with Rule 62-620.410, F.A.C., this form must be submitted to the appropriate Department district office or approved local program within six months after placing a newly constructed facility or modified portion of an existing facility into operation.
- b. Each applicable item must be completed in full. Where attached sheets or other technical documentation are used in lieu of the blank spaces provided, indicate appropriate cross-references in the spaces.
- c. Three (3) copies of this notification with supporting documentation shall be submitted with this form.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.

a.	Permit Number
b	Project/Facility Name
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c.	Facility Identification Number
d.	Contact Name
۵.	
	Number and Street

3. Description of facilities for which Record Drawings, and for domestic wastewater facilities final Operation and Maintenance Manuals, are available

4. Description of substantial deviations from the permit, approved Preliminary Design Report, and application materials

## 5. Certifications

9	Applicant	or Authorized	l Representative
a.	Addincant	or Aumorized	i Rebresemanye

	I certify that the statements made in this notification are the best of my knowledge and belief. I agree to operate comply with the provisions of Chapter 403, F.S., and a record drawings or other plans, as applicable, showing of the existing facilities, as applicable, is available at	e and maintain these facilities in sall applicable rules of the Departmenthe newly constructed facilities on	uch a manner as to ent. A copy of the r modified portion
	Signature of Applicant or Authorized Representati	ve <sup>1</sup> Da	nte
	Name (Please Type) Title Com	Company Namepany Address	
	Title Com Phone City/Sta Email (optional):	te/Zip Code	
b. Applicant or Authorized Representative (For Domestic Wastewater Facilities Only)  I certify that an appropriate final operation and maintenance manual for these domestic wastewater facilities, which has been examined by a professional engineer as certified below, is available and located at and can be submitted upon request.			lable and located at
	Signature of Applicant or Authorized Representati	ve <sup>1</sup> Da	ite
	Name (Please Type)	Company Name	
	Title Com	pany Address	
	Phone City/Sta Email (optional):	te/Zip Code	
c.	Professional Engineer Registered in Florida  I certify that record drawings for the facilities have bee supervision for completeness and adequacy, and have the record drawings identify those substantial deviation	been provided to the permittee.	
	Name (please type):  Company Name:  Company Address:  City/State/Zip Code: Phone Number  Email (optional):	_	gistration Number)
	Zimii (optionii).		

<sup>&</sup>lt;sup>1</sup> If signed by the authorized representative, attach a letter of authorization.

d.	Professional	Engineer P	Parietarad in	Florida (	For Domestic	Wastowator	Facilities	Onlw
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I certify that the final operation and maintenance manual for these domestic wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and maintained in accordance with this manual, will comply with all applicable statutes of the State of Florida and rules of the Department.

Name (please type):	
Company Name:	
Company Address:	
City/State/Zip Code:	
Phone Number	
	(Seal, Signature, Date, and Registration Number)
Email (optional):	