



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

## 1. Instructions

- 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.

## 2. Facility Information

- a. Permit Number \_\_\_\_\_
- b. Project/Facility Name \_\_\_\_\_
- c. Facility Identification Number \_\_\_\_\_
- d. Contact Name \_\_\_\_\_  
Number and Street \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

## 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**

a. Applicant or Authorized Representative

I certify that the statements made in this notification and all attachments are true, correct and complete to the best of my knowledge and belief. I agree to operate and maintain these facilities in such a manner as to comply with the provisions of Chapter 403, F.S., and all applicable rules of the Department. A copy of the record drawings or other plans, as applicable, showing the newly constructed facilities or modified portion of the existing facilities, as applicable, is available at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative<sup>1</sup> \_\_\_\_\_ Date

Name (Please Type) \_\_\_\_\_ Company Name \_\_\_\_\_  
Title \_\_\_\_\_ Company Address \_\_\_\_\_  
Phone \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
Email (optional): \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative<sup>1</sup> \_\_\_\_\_ Date

Name (Please Type) \_\_\_\_\_ Company Name \_\_\_\_\_  
Title \_\_\_\_\_ Company Address \_\_\_\_\_  
Phone \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
Email (optional): \_\_\_\_\_

c. Professional Engineer Registered in Florida

I certify that record drawings for the facilities have been reviewed by me or by individual(s) under my direct supervision for completeness and adequacy, and have been provided to the permittee. I further certify that the record drawings identify those substantial deviations noted above.

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

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

d. Professional Engineer Registered in Florida (For Domestic Wastewater Facilities Only)

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): \_\_\_\_\_