



Notification of Availability of Record Drawings and Final Operation and Maintenance Manuals of an Advanced Treatment Water Facility

1. Instructions

- a. In accordance with subsection 62-565.590(1), and subsection 62-565.600(9), F.A.C., this form must be submitted to the Department at the Division of Water Resource Management, MS 3500, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400 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. 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. Facility Name: _____
- c. Contact Name: _____ d. Title _____
- e. Phone Number: _____ f. Email _____
- g. Address (Number and Street): _____
- h. City/Zip Code: _____

3. Description of facilities for which Record Drawings and 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 ¹)	_____ Date
_____ Name (please type)	_____ Company Name
_____ Florida Registration Number	_____ Company Street Address or P.O. Box
_____ Telephone No. (including area code)	_____ City/State/Zip Code
_____ Email	

b. 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
_____ Florida Registration Number	_____ Company Street Address or P.O. Box
_____ Telephone No. (including area code)	_____ City/State/Zip Code
_____ Email	

(Seal, Signature, Date, Registration No.)

¹ If signed by the authorized representative, attach a letter of authorization in accordance with Rule 62-565.400, F.A.C.