DATE

Name, Title

Company Name

Address

City, State Zip

Email

**Re: Compliance Assistance Offer**

**Facility Name; Facility ID No. FLXXXX**

**Sanitary Sewer Overflow(s) at XXX address &/or SWO#XX**

**(Blank) County**

Dear Mr./Ms. XX:

On Date, the Florida Department of Environmental Protection (“Department”) was notified by Blank (ex: State Watch Office (“SWO”)) that your facility, ####, had an unauthorized discharge(s) or unpermitted sanitary sewer overflow(s) (“SSO”) of approximately ### gallons in potential noncompliance with the requirements of Chapter 403, Florida Statutes (“Fla. Stat.”), and Rules 62-620 and 62-604, Florida Administrative Code (“Fla. Admin. Code”), which prohibits unauthorized discharges.

*[Option 1 – If additional Info is needed; Choose Applicable Portions]*

If you have not already notified the District office of the abnormal event and submitted the follow-up 5-day report as required by Rule 62-604, Fla. Admin. Code [or “The District office is in need of further information regarding the above referenced SSO(s)” if notification and 5-day report have been received but further info is needed], we request that you respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written or emailed response should:

* Provide the most current information regarding the specific SSO incident(s) stated above, including:
  + Final spill volume of the SSO
  + Description of surface water impacts 
    - Name of the receiving waterbody
    - Sampling results or explanation of why sampling was not conducted
    - Volume of the spill that reached surface waters, if any
  + Volume of the SSO recovered
  + Volume of the SSO that was not recoverable and why
  + Description of all impacts to the Municipal Separate Stormwater System (MS4), if the spill reached the system
  + Description of what happened to cause the SSO
  + Description of the actions taken to remediate the SSO
  + Description of the actions taken, or to be taken, to prevent future SSOs of this nature

It is the Department’s desire that you adequately address the aforementioned issues. Your failure to respond promptly may result in the initiation of formal enforcement proceedings.

*[Option 2 – All Information Received]*

The Department acknowledges receipt of the necessary information related to the spill. The Department may require formal enforcement on the SSO, pursuant to your permit conditions, Chapter 62-620, Fla. Admin. Code, and Chapter 403, Fla. Stat.

We request that you respond in writing within **15** days of receipt of this Compliance Assistance Offer. Please address your response and any questions to [Case Manager] of the XX District Office by phone at (XXX) XXX-XXXX or via e-mail at [Email Address]. We look forward to your cooperation with this matter.

Sincerely,

NAME

Environmental Manager

Compliance Assurance Program

Enclosures: (If needed, include enclosures below)

cc: Name

ec: Name / Email Address