**MEMO TO FILE**

Date of Memo

Facility Name

Facility ID No.: FLXXXXX

Name County

Subject: Sanitary Sewer Overflow/Unauthorized Discharge

The Department acknowledges the Month XX, 2019 Sanitary Sewer overflow/Unauthorized Discharge of XX gallons of raw/partially treated/fully treated wastewater. Based on the information provided after the event, this action was determined to not have substantial impact to the environment and was appropriately addressed. Therefore, the Department is not initiating formal enforcement proceedings at this time. This memorandum does not preclude further action in accordance with Sections 403.121, 403.131, 403.141 and 403.161, Florida Statutes.

Inspector Name

Title

District