**MEMO TO FILE**

Date of Memo

Facility Name

Facility ID No.: FLXXXXX

Name County

Subject: Sanitary Sewer Overflow/Unauthorized Discharge

The Department acknowledges that NAME OF SYSTEM has reported Sanitary Sewer overflow(s)/Unauthorized Discharge(s) of XX gallons of raw/partially treated/fully treated wastewater during the Month/Quarter XX, 2020. The Department acknowledges receipt of the necessary information related to the spill(s). The Department is not initiating formal enforcement proceedings at this time; however, this memorandum does not preclude the referenced spill(s) from further action in the future in accordance with Sections 403.121, 403.131, 403.141 and 403.161, Florida Statutes.

Inspector Name

Title

District