## CENTRAL BROWARD WATER CONTROL DISTRICT STORMWATER CERTIFICATION REPORT

Submit two copies of this form to the Central Broward Water Control District		
PERMIT NUMBER:		
PROJECT NAME:		
PROJECT ADDRESS/LOCATION:		
INSPECTION DATE(S):		
INVENTORY OF STORMWATER MANAGEMENT FACILITY COMPONENT	S INSPECTED	
Component	Inspected	N/A
Wet detention/retention lake(s)/pond(s)		
Dry detention/retention area(s)		
Underground storage system(s)		
Exfiltration trench(es)		
Control structure(s) & outfall(s)		
Storm sewer(s) and drainage structure(s)		
Swales		
Perimeter berm or perimeter retaining wall		
All other pervious areas are stabilized/sodded		
Encroachments or trees/plants in CBWCD dedicated easements		
Other:		
Other:		
Other:		
The following maintenance was conducted since the last inspection (a needed):	attach additional	pages if

## CERTIFICATION STATEMENT BY FLORIDA LICENSED PROFESSIONAL ENGINEER

of the stormwater management system at the above	
FUNCTIONING IN CONFORMANCE with the paving, gra that no structural modifications have been made to the sys current time. I have prepared a list of necessary maintena	stem; and that the system is well maintained at the
I hereby certify that I, or my designee under my of the stormwater management system at the above re FUNCTIONING IN CONFORMANCE with the paving, gra I have prepared a list of deficiencies (attached), and have more as appropriate):	ding, and drainage plans approved by the District.
(A) that the system does not appear to be functio as determined by the District.	ning properly and that monitoring may be required
	system into compliance, and that if maintenance stem into compliance, the system may have to be d subsequent to District's approvals.
	n into compliance, and that if the repairs are not nce, the system may have to be replaced or an District's approvals.
Engineer's Name:	
Engineer's License Number	
Engineer's Email Address	
Company Name	
Company Engineering Business License No.	
Company Address	
City, State, Zip Code	Affix Signature, Date, and Seal
Telephone Number	
Report Reviewed by Owner/Permittee:	
Name of Owner/Permittee:	Title:
Signature of Owner/Permittee:	Date: