

### AS-BUILT CERTIFICATION

PERMIT NUMBER: 155439-1

PROJECT NAME: Clermont Commerce Center

I HEREBY CERTIFY THAT ALL COMPONENTS OF THIS STORMWATER MANAGEMENT SYSTEM HAVE BEEN BUILT SUBSTANTIALLY IN ACCORDANCE WITH THE PERMITTED PLANS AND SPECIFICATIONS. THESE DETERMINATIONS HAVE BEEN BASED UPON ON-SITE OBSERVATION OF THE SYSTEM CONDUCTED BY ME OR BY MY AUTHORIZED AGENT.

*ML*

SIGNATURE

*Chad Linn*

NAME (Please Print)

*Engineer*

TITLE

*10/12/19*

DATE

*Linn Engineering*

COMPANY/AGENCY

*PO Box 140024*

COMPANY/AGENCY ADDRESS

*Orlando FL 32814*

CITY, STATE, ZIP CODE

*407-252-6433*

TELEPHONE NUMBER

WITHIN 30 DAYS OF COMPLETION OF THE SYSTEM, SUBMIT TWO COPIES OF THIS FORM TO:

DIVISION OF REGULATORY INFORMATION MANAGEMENT  
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
P.O. BOX 1429  
PALATKA, FL 32178-1429