



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form #: 62-701.900(31), F.A.C.
Form Title: Water Quality Monitoring Certification
Effective Date: January 6, 2010
Incorporated in Rule 62-701.510(9), F.A.C.

WATER QUALITY MONITORING CERTIFICATION

PART I GENERAL INFORMATION

(1) Facility Name _____
 Address _____
 City _____ Zip _____ County _____
 Telephone Number (_____) _____

(2) WACS Facility ID _____

(3) DEP Permit Number _____

(4) Authorized Representative's Name _____ Title _____
 Address _____
 City _____ Zip _____ County _____
 Telephone Number (_____) _____
 Email address (if available) _____

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submission of false information including the possibility of fine and imprisonment.

_____ (Date) _____ (Owner or Authorized Representative's Signature)

PART II QUALITY ASSURANCE REQUIREMENTS

Sampling Organization _____
 Analytical Lab NELAC / HRS Certification # _____
 Lab Name _____
 Address _____
 Phone Number (_____) _____
 Email address (if available) _____