

**CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR LOCAL GOVERNMENT**

\_\_\_\_\_, a unit of local government of the State of Florida, hereby certifies that it has unconditionally obligated itself to have the financial resources necessary to close, plug, and abandon its underground injection well(s) and related monitoring wells, as required by Chapter 62-528, Florida Administrative Code. It is further understood that the cost estimate to conduct plugging and abandonment, established on \_\_\_\_\_, shall be updated thirty (30) months after the date of permit issuance and this obligation shall incorporate accumulated inflation costs. An increase exceeding 10 percent compared with the amount stated below shall require submission of an updated certification form.

**Injection Wells and Monitoring Wells Covered By This Agreement:**  
(attach additional sheet if necessary)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Latitude/Longitude of Injection Well(s): \_\_\_\_\_

Current Permit Number: \_\_\_\_\_

Current Plugging and Abandonment Cost Estimate: \_\_\_\_\_  
(total for all injection and monitoring wells)

It is hereby understood that the cancellation of this certification may not take place without the prior written consent of the Secretary of the Florida Department of Environmental Protection.

\_\_\_\_\_  
(Signature)

NOTARY: See Next Page

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**Notary Form**

State of Florida

County of: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_,

(Name of person making statement)

Personally known to me

OR

Produced the following identification \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Apply Seal of Notary Public below - State of Florida