



NOTICE OF INTENT TO USE GENERIC PERMIT FOR DISCHARGES FROM CONCRETE BATCH PLANTS (RULE 62-621.300(3), F.A.C.)

PART I - INSTRUCTIONS

This form is to be completed and submitted to the Department along with the information specified before use of the generic permit provided in Rule 62-621.300(3), F.A.C. The type of facility that qualifies for use of the generic permit, the conditions of the permit, and additional requirements to request coverage are specified in DEP Document 62-621.300(3)(a). Note that additional requirements for requesting coverage include submittal of the applicable general permit fee pursuant to Rule 62-4.050, F.A.C. You should familiarize yourself with the generic permit before completing this form.

**Please print or type information in the appropriate areas below.
Attach additional information on a separate sheet(s) as necessary.**

PART II - GENERAL INFORMATION

A. IDENTIFICATION NUMBER:

Enter the facility's DEP identification number below if known. If this is a new facility to which an I.D. number has not yet been assigned, leave this item blank.

Facility I.D. No.:

B. NAME OF FACILITY:

Facility Name:

C. FACILITY CONTACT:

1. Name and Title (Last, first, & title)	2. Phone (area code & no.)

D. FACILITY MAILING ADDRESS:

1. Street or P.O. Box:			
2. City or Town:	State:	Zip Code:	

E. FACILITY LOCATION:

1. Street, Route or Other Specific Identifier:			
2. County Name:	3. County Code (if known):		
4. City or Town:	5. State:	6. Zip Code:	
7. Latitude: ° ' "	8. Longitude: ° ' "		

F. OPERATOR INFORMATION:

The operator of the facility is the legal entity which controls the facility's operation. Provide the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility and the additional information requested below:

1. Name:		2. Is the name in F.1. the owner? Yes No	
3. Status of Operator: F = Federal; S = State; P = Private; O = Other; M = Public (other than F or S)	(code)	(specify)	4. Phone No.:
5. Street or P. O. Box:			
6. City or Town:	7. State:	8. Zip Code:	

G. INDIAN LAND: Is the facility located on Indian lands? Yes No

H. EXISTING ENVIRONMENTAL PERMITS:

Give the number of each presently effective permit related to this project below:

1. NPDES Permit No.	2. DEP IW Facility Permit No.	3. ERP Permit No.
4. DEP Air Pollution Permit No.	5. Other (specify)	6. Other (specify)

I. FACILITY STATUS: Is the facility new or existing as defined in Rule 62-621.300(3)(a), F.A.C.? New Existing

Date facility was or will be placed into operation: _____

If new, will the facility impact wetlands or be constructed in the areas described in condition I.A.2. of DEP Document 62-621.300(3)(a)? Yes No

J. WATER MANAGEMENT DISTRICT:

Indicate which Water Management District the facility is located in:

Northwest Florida
St. Johns River
South Florida

Southwest Florida
Suwannee River

K. MAP:

Submit with this notification form a topographic map showing the general location of the facility extending to at least one mile beyond the property boundaries. The map must show the outline of the facility and the location of any existing and proposed points of discharge. Show all public and private water supply wells and sink holes within 500 feet of the facility. Include all springs, rivers and other surface water bodies (including wetlands) in the map area.

PART III - SITE INFORMATION

A. SITE PLAN:

1. Submit with this notification form a scaled site plan(s) showing the following:
 - a. Property boundaries
 - b. Existing and proposed wastewater and stormwater management facilities (include location of all detention/retention facility inlets and outlets)
 - c. Locations of points of discharge and receiving waters for any off-site discharges (include estimates of tailwater elevations under design conditions for all points of discharge, and source or method of estimate)
 - d. Existing and proposed topography, drainage patterns and drainage basin boundaries
 - e. Existing and proposed pervious and impervious areas
 - f. Existing and proposed land use and cover

B. SOILS:

Submit with this notification form a U.S. Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) soils map delineating soil types of the project area and vicinity and/or soil boring data for wastewater and stormwater management facility locations.

C. WATER TABLE DATA:

Identify the normal and wet seasonal high water table elevations for the site. Include source or method of estimate.

4. Discharge attenuation (quantity) criteria used for design. (Describe and provide appropriate rule citation.):

5. Will a retention or wet detention system be utilized? Retention Wet Detention

6. Wet detention systems:

a. Sediment traps:

(1) Number used: _____

(2) Construction materials: _____

(3) Dimensions: _____

b. Off-line wet detention:

(1) Treatment volume: _____ acre-feet

(2) Type of drawdown device utilized: _____

(3) Type of overflow device utilized: _____

(4) Control elevation: _____

(5) Discharge point design tailwater elevation: _____

(6) Recovery time for one-half of treatment volume: _____ hours

(7) Permanent pool volume: _____ acre-feet

(8) Wet season (3-month) residence time of permanent pool: _____ days

(9) Permanent pool mean depth: _____ feet

(10) Permanent pool maximum depth: _____ feet

c. Final wet detention:

(1) Treatment volume: _____ acre-feet

(2) Type of drawdown device utilized: _____

(3) Type of overflow device utilized: _____

(4) Control elevation: _____

(5) Discharge point design tailwater elevation: _____

(6) Recovery time for one-half of treatment volume: _____ hours

(7) Permanent pool volume: _____ acre-feet

(8) Wet season (3-month) residence time of permanent pool: _____ days

(9) Permanent pool mean depth: _____ feet

(10) Permanent pool maximum depth: _____ feet

7. Retention systems:

a. Design storm information:

(1) Depth of design storm (i.e., 10-year, 24-hour storm event): _____ inches

(2) Source of design storm rainfall data: _____

b. Retention volume: _____ acre-feet

c. Retention facility bottom elevation: _____

d. Retention facility depth: mean depth _____ feet; maximum depth _____ feet

e. Retention volume recovery:

(1) (a) Design percolation rate: _____

(b) Method of determination: _____

(2) (a) Design evaporation rate: _____

(b) Method of determination: _____

(3) Retention volume recovery time: _____ days

C. EXISTING FACILITY TYPE I WASTEWATER SYSTEM:

(Complete this section for existing facilities.)

1. Average daily flow of produced Type I wastewater: _____ gallons/day

2. a. Type I area of site: _____ acres

b. Percent impervious: _____ %

3. Will a retention or wet detention system be utilized? Retention Wet Detention

f. Retention volume recovery:

(1) (a) Percolation rate: _____

(b) Method of determination: _____

(2) (a) Evaporation rate: _____

(b) Method of determination: _____

(3) Retention volume recovery time: _____ days

D. VEHICLE/EQUIPMENT WASHING CLOSED-LOOP RECYCLE SYSTEM:

(Complete this section if applicable.)

1. Describe the treatment/recycle system, including all activities contributing wastewater to the system:

2. Provide a line drawing of the system, including all unit processes. Indicate the size and capacity of all treatment units as well as the expected wastewater flow of the system. Indicate if there are any emergency discharge provisions and under what circumstances discharge would occur.

PART V - DISCHARGE INFORMATION

For new facilities, if Type I wastewater and non-contact stormwater will be discharged off-site, complete this part. For existing facilities, if Type I wastewater will be discharged off-site, complete this part.

A. OUTFALL LOCATION: For each outfall, list the latitude and longitude and name of the receiving water(s).

Outfall No.	Latitude			Longitude			Receiving Water Name
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	

B. RECEIVING WATERS:

1. For each surface water receiving discharge, supply the following information:

Receiving Water Name	Check One		Classification (See Ch. 62-302, F.A.C.)	Type of Receiving Water (ditch, canal, river, lake, etc.)
	Fresh	Salt or Brackish		

2. Are any of the receiving waters identified above designated Outstanding Florida Waters or Outstanding National Resource Waters? Yes No

PART VI - CERTIFICATIONS

A. PROFESSIONAL ENGINEER REGISTERED IN FLORIDA:

This is to certify the engineering features of this pollution control project have been designed/examined by me and found to be in conformity with modern engineering principles, applicable to the treatment and disposal of wastewater and stormwater. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department.

_____ Signature	_____ Company Name:
_____ Name (please type)	Address: _____
(Affix Seal)	_____ Florida Registration No.: _____
	Telephone No.: _____
	Date: _____
	Email (optional) _____

B. OWNER OR OPERATOR¹:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____ Name & Official Title (type or print):	_____ Signature
Address: _____	Date Signed: _____
_____ Telephone No.: _____	
Email (optional): _____	

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.