



**Notice of Intent (NOI) to Comply with the
Terms of the Generic Permit for Pollutant
Discharges to Surface Waters of the State
From the Application of Pesticides
(Rule 62-621.300(8), F.A.C.)**

Keep a copy as a record of permit coverage. Submit this form to:

Florida Department of Environmental Protection
Bob Martinez Center
Industrial Wastewater Section
2600 Blair Stone Road, Mail Station 3545
Tallahassee, Florida 32399-2400

PART I. INSTRUCTIONS

This Notice of Intent (NOI) form shall be completed and submitted to the Department as part of the request for coverage under the Generic Permit for Pollutant Discharges to Surface Waters of the State From the Application of Pesticides, paragraph 62-621.300(8)(e), F.A.C.

Please familiarize yourself with the rule, generic permit document and attached instructions before completing this NOI form. **Attach additional information on a separate sheet(s) as necessary.**

1. Two copies of this completed form and supporting documentation shall be submitted to the Department of Environmental Protection (DEP) along with the \$500 application and surveillance fee (Rule 62-621.300, F.A.C.). Checks should be made payable to the Florida Department of Environmental Protection. **This NOI will not be processed without submittal of the \$500 fee.**
2. All information shall be typed or printed in ink. Where attached sheets (or other supporting documentation) are used in place of the blank spaces provided, indicate appropriate cross-references on the form. If an item is not applicable to your project, indicate "NA" in the appropriate space provided.

PART II. COVERAGE STATUS

Please mark whether this is the first time requesting coverage under this Generic Permit or if this is a change of information for a discharge already covered under this Generic Permit. If this is a change of information, please supply the NPDES permit number for the discharge.

| | |
|--|--|
| 1. Is this application for new coverage, change of information or for renewal of coverage under the generic permit? | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Information |
| 2. If this application is for renewal of coverage under the generic permit, please provide the FLG Identification Number | FLG No: |

PART III. PESTICIDE USE PATTERN

This permit is available for pollutant discharges to waters of the state from the application of (1) biological pesticides and (2) chemical pesticides which leave a residue for following pesticides use patterns. Check all that apply:

| | |
|--|--------------------------|
| Permit Application Type (Pesticide Use Pattern(s)) | |
| Mosquito and Other Flying Insects Pest Control | <input type="checkbox"/> |
| Aquatic Weeds and Algae Control | <input type="checkbox"/> |
| Aquatic Nuisance Animal Control | <input type="checkbox"/> |
| Forest Canopy or Other Area Wide Pest Control | <input type="checkbox"/> |

NOTE: The total fee is \$500, regardless of how many pesticide use patterns/application types are checked and includes a surveillance fee. ONLY those entities listed in paragraph 62-621.300(8)(b), F.A.C., are required to submit this NOI.

PART IV. OPERATOR INFORMATION:

The operator is any entity involved in the application of a pesticide that results in a discharge of pollutants to surface waters of the State that meets either or both of the following criteria:

1. The entity has control over the financing for, or the decision to perform pesticide applications that result in discharges, including the ability to modify those decisions;
2. The entity has day-to-day control of or performs activities that are necessary to ensure compliance with the permit (e.g., they are authorized to direct workers to carry out activities required by the permit or perform such activities themselves); or
3. The Permittee.

NOTE: The Permittee is any person obtaining coverage under the generic permit for pollutant discharges to surface waters of the state from the application of pesticides, whether or not they are required to submit an NOI pursuant to section I.C. of this generic permit.

| | | | |
|-----------------------------|--|---------------------------|--|
| 1. Permittee Name: | | 2. Title: | |
| 3. Phone No.: () - | | 4. Fax No.: () - | |
| 5. Email Address: | | | |
| 6. Street or P. O. Box: | | | |
| 7. City or Town: | | 8. Zip Code: | |

PART V. PESTICIDE TREATMENT AREA INFORMATION

1. Site Name (for example: county name, WMD boundary, Mosquito Control Program area, geographic area, etc):

2. General Location Description (including GPS coordinates or Lat/Long if known):

3. For each pesticide treatment area, provide the following

a. Use pattern _____

b. Location (attach one of the following):

- Map showing pesticide application area, or
- Description of pesticide application

c. Receiving Waters (check one):

- Coverage requested for all waters within location identified above
 Coverage requested for all waters within location identified above except for:

 Coverage requested specifically for the following waters within location identified above:

NOTE: Attach additional pages if needed.

PART VI. RECORDKEEPING LOCATION REQUIREMENTS

Records of all data, including reports and documents, used to complete this application shall be kept at the location indicated in the table below for at least 3 years and be made available for inspection.

Location of NPDES Records for this permit (complete information on the following table):

| | |
|--|-----------|
| <input type="checkbox"/> Same as permittee address | |
| <input type="checkbox"/> Other: (if checked, complete address information below) | |
| Street Address: | |
| Phone No.: () - | County: |
| City or Town: | Zip Code: |

PART VII. CERTIFICATIONS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and 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 fines and imprisonment for knowing violations. I agree to maintain and operate the activities as described above and to notify the Department promptly if there are any significant deviations from the information submitted with this notice.

Printed Name

Signature

Telephone No.

Date signed

Email Address