**N****OTICE OF INTENT**

**TO USE THE** **Generic NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (NPDES)** **Permit for Discharges of pollutants to Surface Waters of the State Generated by Experimental Technologies for Control of harmful algal blooms**

**DEP Form 62-621.300(9)(b)**

Effective Month Day, 2022

# **Part I**. Instructions

Pursuant to subsection 62-621.300(9) Florida Administrative Code (F.A.C.), this Notice of Intent (NOI) form shall be completed and submitted to the wastewater program at the appropriate District Office as part of the request for coverage under the Generic National Pollutant Discharge Elimination System Permit (NPDES) Permit For Discharges of Pollutants to Surface Waters of the State Generated By Experimental Technologies For Control of Harmful Algal Blooms at least30 days before the discharge is initiated. Applicants should be familiar with the rule, Generic Permit form and instructions before completing this NOI form. **Attach additional information on separate sheets as necessary.**

1. Submit this completed form, supporting documentation and the $500.00 application fee to the appropriate District Office. The address of the appropriate District Office can be located at: https: //floridadep.gov/districts. Electronic submittal is preferred and may be available at the DEP Business Portal http://www.fldepportal.com/go/. **All NOIs submitted after December 21, 2025 shall be submitted electronically.**
2. Checks should be payable to the Florida Department of Environmental Protection. **DEP will not process this form without the appropriate fee.**
3. If an item is not applicable to your project, indicate “NA” in the appropriate space provided.

# Part II. Facility (Site) Address

1. Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. County: \_\_\_\_­\_\_\_\_\_\_\_

3. Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. FL 6. Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Latitude: \_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″ 8. Longitude: \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″

9. Provide mailing address if different from the facility physical address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If records required in accordance with Part VII of DEP Document 62-621.300(1)(a), are kept off-site, please provide the physical address of site where records will be kept. **Note: location must be accessible by the Department.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part III. Facility Information

1. Facility Organization Formal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Indicate application type:

[ ]  New application

[ ]  Renewal of existing generic permit coverage.

Provide facility ID number (e.g. FLG000001). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Facility Classification
	1. Identify the primary North American Industry Classification System (NAICS) Code and corresponding Standard Industrial Classification (SIC) Code.

NAICS Code \_\_\_\_\_\_\_\_ Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIC Code \_\_\_\_\_\_\_ Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part IV. Facility Ownership

1. Type of Ownership:

 [ ] Federal [ ]  State [ ]  Public [ ]  Private [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The owner is: [ ]  An Individual [ ]  An Organization
3. Mailing Address (Street or P. O. Box.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. State: \_\_\_\_\_\_\_\_\_\_\_ 7. Zip Code: \_\_\_\_\_\_\_\_\_\_

8.  Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 9. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part V. Facility Operator

1. Is the facility owner also the permittee?

[ ]  Yes. Continue to Part VI.

[ ]  No. Complete operator information below.

1. Provide the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Operator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The operator is: [ ]  An Individual [ ]  An Organization
2. Mailing Address (Street or P. O. Box.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. State: \_\_\_\_\_\_\_\_\_\_\_ 7. Zip Code: \_\_\_\_\_\_\_\_\_\_

8. Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 9. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part VI. Facility Contact

Provide the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and who can be contacted by the Department if necessary.

1. Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Relationship to Facility (e.g. Owner, Operator, Main Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mailing Address (Street or P. O. Box.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.  City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. State: \_\_\_\_\_\_\_\_\_\_\_ 7. Zip Code: \_\_\_\_\_\_\_\_\_\_

8. Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 9. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part VII. Experimental Technologies

# Identify experimental technologies which will be used for red tide and blue-green algae control in waters of the State.

#  [ ] Biological [ ]  Chemical [ ]  Mechanical [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For each experimental technology identified above, attach a description of:
	1. All operations contributing to discharges of pollutants to surface waters of the State including but not limited to chemicals such as pesticides, algaecides and nutrient sequestration/removal products;
	2. The estimated average discharge flow generated by each experimental technology; and
	3. The treatment provided to the effluent prior to discharge.

# Part VIII. Harmful Algal Bloom Management Areas

1. Management Area Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Latitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
2. Longitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
3. Name of the receiving water body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the activity occur in or result in any of the exclusions listed in Rule 62-621.300(9)(c)2., F.A.C.

[ ]  Yes. **Discharge cannot be covered under this generic permit.**

[ ]  No. Continue to (e) below.

1. The receiving water body is:

[ ]  Predominately Fresh Waters

[ ]  Predominately Marine Waters

1. Facility Average Flow (Actual or Estimated) \_\_\_\_\_\_\_\_ MGD

2. Management Area Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Latitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
2. Longitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
3. Name of the receiving water body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Does the activity occur in or result in any of the exclusions listed in Rule 62-621.300(9)(c)2., F.A.C.

[ ]  Yes. **Discharge cannot be covered under this generic permit.**

[ ]  No. Continue to (e) below.

1. The receiving water body is:

[ ]  Predominately Fresh Waters

[ ]  Predominately Marine Waters

1. Facility Average Flow (Actual or Estimated) \_\_\_\_\_\_\_\_ MGD

3. Management Area Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Latitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
2. Longitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
3. Name of the receiving water body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Does the activity occur in or result in any of the exclusions listed in Rule 62-621.300(9)(c)2., F.A.C.

[ ]  Yes. **Discharge cannot be covered under this generic permit.**

[ ]  No. Continue to (e) below.

1. The receiving water body is:

[ ]  Predominately Fresh Waters

[ ]  Predominately Marine Waters

1. Facility Average Flow (Actual or Estimated) \_\_\_\_\_\_\_\_ MGD

4. Management Area Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Latitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
2. Longitude \_\_\_\_\_\_° \_\_\_\_\_\_′ \_\_\_\_\_\_\_\_″
3. Name of the receiving water body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the activity occur in or result in any of the exclusions listed in Rule 62-621.300(9)(c)2., F.A.C.

[ ]  Yes. **Discharge cannot be covered under this generic permit.**

[ ]  No. Continue to (e) below.

1. The receiving water body is:

[ ]  Predominately Fresh Waters

[ ]  Predominately Marine Waters

1. Facility Average Flow (Actual or Estimated) \_\_\_\_\_\_\_\_ MGD

# 5. Identify all listed state and federal threatened or endangered species at above identified locations.

# 6. Attach map(s) showing the algae control area(s) including all threatened or endangered species habitats and seagrass community.

# Part IX. Certifications1

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

Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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