

Guidance on Completion of the Notice of Intent (NOI)
for Chapter 62-621.300(8), FAC, for Mosquito Control Programs

DEP Form 62-621.300(8)(f), incorporated by reference in subsection 62-621.300(8), F.A.C., is to be submitted by each mosquito control district or program established under Chapter 388.021, F.S.

This document has been prepared as guidance to mosquito control districts as to how to complete this form.

GENERAL INFORMATION

1. Districts or programs that are organized under the authority of 388. 021, F.S. are required to complete this form as a condition of the Pesticide General Permit (Chapter 62-621.300 (8), F.A.C.). This form is the “Notice of Intent” (NOI) that a district or program will be making applications of pesticides to or over waters of the state and intends to be covered by the PGP.
2. The NOI has to be filed with the Florida Department of Environmental Protection (FDEP). The initial NOI has to be filed by October 31, 2011 according to the legal opinion recently released by DEP.
3. The NOI has to be renewed every five (5) years.
4. The fee for the NOI to be paid to FDEP is \$500. A single fee covers all the categories of pesticide application that the operator conducts. For example, if a mosquito control program also conducts aquatic weed control, the fee is still only \$500.

COMPLETING THE FORM

PART II of the Form – Coverage Status

1. Check the “new” box if this is the initial filing for the district.
 - a.If there is a change in Director, program name or boundaries of the district, file a new form and check “Change of Information”. There is no new fee if within 5 years of original filing of the NOI.
2. There is no “permit number” if this is the first filing of the NOI.

PART III of the Form – Pesticide Use Pattern

- Check Mosquitoes and Other Flying Insect Pests

- Check Aquatic Weeds and Algae if that is part of program
 - o Note that the total fee remains \$500 irrespective of how many categories are checked.

PART IV of the Form – Operator Information

1. Permittee name: Enter the Corporate Name of the mosquito control program or district, e.g. Florida Keys Mosquito Control District.
2. Title : Enter the name and title of mosquito control district or program Director
3. Phone number: Enter the public phone number for the headquarters of the program or district.
4. Fax number: Enter the public fax number for the headquarters of the program or district.
5. Email address: Enter the email address of the Director or other district official responsible for maintaining this permit.
- 6.– 8. Street address or P.O. box, City, ZIP code : Enter the street address of the headquarters of the program or district.

PART V of the form - Site information

1. Site Name – Enter the name of the district or program.
2. General Location Description: Enter the statement – “Boundaries of the District (or County) – see attached map”
3. a. Use Pattern: - Mosquitoes and Other Flying Insect Pests (add Aquatic Weed and Algae if appropriate).

b. Location – attach map of district or program boundaries

c. Receiving waters: Check “Coverage requested for all waters within location identified above”

PART VI – Record keeping location

Check box “same as permittee address” if address where records are kept is same as headquarters. Put address where operational records are kept if different from headquarters.

PART VII. Certifications

Independent Districts: Director of program should sign

For County programs: Directors should sign if authorized, otherwise appropriate county official