



**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:



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