



DISPOSAL OF FRESH CITRUS FRUIT WASH WATER GENERAL PERMIT NOTIFICATION FORM (RULE 62-660.806, F.A.C.)

PART I – INSTRUCTIONS

This form is to be completed and submitted to the Department along with the information specified **at least 30 days before use of this general permit**. The type of facility that qualifies for a general permit and the conditions of the permit are specified in Rule 62-660.806, F.A.C. You should familiarize yourself with this rule 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 – FACILITY STATUS

- A. Is this NOI part of a new request for General Permit coverage or a renewal of an existing permit?
 New (Complete all parts of this form) Renewal (See questions II.B. and II.C. below)
- B. Was the facility in operation prior to May 10, 2005?
 Yes No
- C. Are modifications, as defined in Rule 62-620.200, F.A.C., which may require a permit revision, or expansion altering the permitted design of the facility being requested or have been made during the current term of coverage?
 Yes (Complete all parts of this form)
 No (Complete Parts III and VI of this form, and initial the statement below.)
_____ I hereby certify by signing Part VI of this form that no modifications and/or expansion to the facility is planned or has been made during the current term of coverage.

PART III – GENERAL INFORMATION

A. PERMIT NUMBER (if known):

DEP Permit No.:

B. NAME OF FACILITY:

Facility Name:

C. FACILITY CONTACT:

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Phone No.:		
4. Email Address:		
5. Street or P.O. Box:		
6. City or Town:	7. State:	8. Zip Code:

G. MAP:

Submit with this notification form a U.S. Geological Survey Quadrangle topographic map showing the general location of the land application site extending to at least one mile beyond the property boundaries. Show all public and private potable water supply wells and sink holes within one-half mile of the land application site. Include all springs, rivers and other surface water bodies (including wetlands) in the map area.

PART IV – SITE INFORMATION

A. SITE PLAN:

1. Submit with this notification form a scaled site plan of the facility showing the following:
 - a. Property boundaries
2. Submit with this notification form a scaled site plan(s) of the land application site showing the following:
 - a. Existing and proposed wash water management and disposal;
 - b. Existing and proposed topography, drainage patterns and drainage basin boundaries; and
 - c. 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. Tables from the NRCS describing the physical and chemical properties of the soils shall also be submitted.

C. WATER TABLE DATA:

1. Normal seasonal high water table elevation: _____
Source from which data was obtained: _____
2. Wet seasonal high water table elevation: _____
Wet season months: _____
Source from which data was obtained: _____
3. Unsaturated depth to seasonal high water table: _____

In accordance with Rule 62-660.806(5)(c), F.A.C., if the minimum unsaturated depth to the water table is less than 18 inches, a copy of the percolation tests shall be made available to the Department upon request for coverage under this General Permit.

PART V – TREATMENT SYSTEM DESIGN INFORMATION

A. FACILITY OPERATION:

1. Months during which the facility is operated: _____
2. Number of days of operation/year: _____
3. Average Daily Production Rate _____ citrus boxes/day
Maximum Daily Production Rate _____ citrus boxes/day
4. Average wash water volume generated per day: _____ (MGD)

PART VI – STATEMENT BY PERMITTEE

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 fine and imprisonment for knowing violations. I agree to maintain and operate the facility as described above and to notify the Department promptly if there are any significant deviations from the design or plans submitted with this notice.

Signature of Owner or Authorized Representative*

Date Signed

Name and Official Title (type or print)

Telephone No.:

Email Address:

*Attach a letter of authorization.

PART VII – CERTIFICATION BY ENGINEER

This is to certify that the engineering features of this pollution control facility have been designed or examined by me and found to be in conformity with sound engineering principles applicable to the treatment and disposal of the pollutants specified in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facility, when properly maintained and operated, will comply with the provisions of Rule 62-660.80X, F.A.C., and all applicable statutes of the State of Florida and rules of the Department.

Name (please type) _____

Company Name: _____

Address: _____

Signature: _____

Date: _____

Florida Registration No.: _____

Telephone: _____

Email Address _____

(Affix seal)