

Florida Department of Agriculture and Consumer Services Office of Agricultural Water Policy

NOTICE OF INTENT TO IMPLEMENT BEST MANAGEMENT PRACTICES Rule 5M-1.001(7), F.A.C.

Identify the best management practices (BMP) manual, interim measures, or applicable Department rule that you are enrolled/enrolling under:

FDACS-OAWP The Mayo Building 407 S. Calhoun St. MS-E1 Tallahassee, FL 32399 AgBMPhelp@FDACS.gov

| Check the | e box below if it applies to your operation: |
|--|--|
| | A National Pollutant Discharge Elimination System Permit (NPDES) has been issued for the subject parcel. Completion of a BMP Checklist or site visit for those areas of the subject parcel covered by the NPDES permit will not be required. All other information provided in this form is still required. The statu of enrollment in the BMP program for those areas subject to the NPDES permit will be based on compliance with the permit as determined by the issuin agency. Permit Number: |
| | A South Florida Water Management District Rule Chapter 40E-63, F.A.C. Permit has been issued for the subject parcel. Completion of a BMP Checklist of site visit for those areas of the subject parcel covered by the permit will not be required. All other information provided in this form is still required. The status of enrollment in the BMP program for those areas subject to the permit will be based on compliance with the permit as determined by the issuir agency. Permit Number: |
| | The subject parcel has a hemp license. Permit Number: |
| identify they are NOTE: E | sultation with Florida Department of Agriculture and Consumer Services (FDACS), complete this Notice of Intent (NOI) and each applicable BMP Checklis ying the BMPs currently in use or applicable to your property. The NOI may list multiple parcels only if all of the following apply: the parcels are contiguous re owned or leased by the same person or entity, the same type of operation is conducted on each included parcel, and are applying the same BMF Enrollment in the FDACS BMP program does not occur until the completion of a site visit by FDACS representatives to confirm the BMPs applicable to the property. |
| represe | form is being executed pursuant to an implementation verification site visit, the Producer acknowledges receipt of documentation provided by FDAC entatives identifying any new applicable BMPs, corrective or remedial actions required pursuant to Rule 5M-1, F.A.C., and/or recommended practice for implementation with cost share assistance. |
| | copy of the completed NOI and BMP Checklist in your files as part of your record keeping responsibilities. In all cases, the Landowner listed below will be do fithe completed enrollment and BMPs identified as applicable to the subject property. All information below is required for a valid submittal. |
| Produc | CER INFORMATION |
| Name: | |
| Busines | ss Relationship to Landowner: |
| Mailing | g Address: |
| | State:Zip Code: |
| Telepho | one:FAX: |
| Email: | |
| | |
| LANDOW | VNER INFORMATION |
| ☐ Same | If the Landowner is the same as the Producer listed above, please check: e as above. If not, complete the information below for each landowner if leased properties are involved. |
| Mailing | g Address: |
| City: | State:Zip Code: |
| Telepho | one:FAX: |
| Email:_ | |
| CONTAC | T INFORMATION |
| NOTE: Name:_ | If the Contact is NOT the Producer or Landowner listed above, please complete the information below. |
| Mailing | g Address: |
| _ | State: Zip Code: |
| Telepho | one:FAX: |
| Email:_ | |
| | |

contiguous, are owned or leased by the same person or entity, the same type of operation, and are applying the same BMPs. Landowners and producers may also include multiple parcels in one NOI if they are covered under one or more of the permits or instruments listed in Rule 5M-1.008(6)(a)-(c). Farm/Site/Operation Name: ___ Tax Parcel Identification Number(s) from county property appraiser: Please submit a copy of your county tax bill(s) or the property information sheet from the county property appraiser for each enrolled parcel, with owner name, mailing address, and the parcel ID number(s) clearly visible. Include each owner's phone number and email address if not already listed on the NOI. Attach a separate sheet if necessary (see form provided). Parcel Owner: Parcel No.: Parcel Owner: Parcel No.: Parcel Owner: Parcel No.: Parcel No.: Parcel Owner: Parcel Owner: Parcel No.: ☐ Additional parcels are listed on separate sheet. *(check if applicable)* Total # of acres of all parcels listed (as shown on property tax records): Total # of acres on which BMPs will be implemented under this NOI: ____ IN ACCORDANCE WITH SECTION 403.067(7)(c)2, FLORIDA STATUTES, I SUBMIT THE FOREGOING INFORMATION AND THE BMP CHECKLIST AS PROOF OF MY INTENT TO IMPLEMENT THE BMPS APPLICABLE TO THE PARCEL(S) IDENTIFIED IN THIS NOTICE OF INTENT. BY THE SIGNATURE BELOW, I CERTIFY THAT: 1) ALL THE INFORMATION ENTERED IS CORRECT; 2) THAT I HAVE ALL NECESSARY AUTHORITY TO SUBMIT THIS NOI FOR ALL THE PARCELS LISTED; AND 3) THAT I HAVE ALL NECESSARY AUTHORITY TO MAKE ANY COMMITMENTS RELATED TO ACTIONS DESCRIBED IN THE NOI OR BMP CHECKLIST. (check all that apply) \square Producer \square Landowner \square Authorized Agent (documentation required) NAME AND SIGNATURE OF FDACS STAFF OR CONTRACTOR ASSISTING WITH ENROLLMENT: Notes: You must keep records of BMP implementation, as specified in the BMP manual and Rule Chapter 5M-1. F.A.C. All BMP records are subject to inspection and include the verification of nutrient application rates. Notify FDACS if there is a full or partial change in ownership with regard to any of the parcel(s) identified in this NOI. Use form FDACS-2. 01985, Change Form to Notice of Intent, to record these changes. Remember that it is your responsibility to stay current with future updates of BMP manuals or rule changes. Visit the following website periodically to check for manual updates: https://www.fdacs.gov/Agriculture-Industry/Water/Agricultural-Best-Management-Practices.

Complete the following information for the property on which BMPs will be implemented under this NOI. You may list multiple parcels if they are

ADDITIONAL TAX PARCEL LISTINGS

| Operation Name: | | | |
|-----------------|---------------|--|--|
| County: | | | |
| Parcel No.: | Parcel Owner: | | |
| Parcel No.: | Parcel Owner: | | |
| Parcel No.: | Parcel Owner: | | |
| Parcel No.: | Parcel Owner: | | |
| Parcel No.: | Parcel Owner: | | |
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