Form 0779

Jan 2001

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| sflogo-bw-noborderPart I. General Information | | | | | | | | | | | |
| Guidance Please use the booklet titled Guidance for Preparing an Application for a “Works of the District” Permit in the Everglades Pursuant to Chapter 40E-63, F.A.C. to complete the applicable sections of this application. Please discuss any questions you may have with District staff prior to application submittal. Type of Permit Application This is an application for (Please check one box): | | | | | | | | | | | |
| new individual permit | | | | new master permit | | | | | | | |
| modification of an existing individual permit | | | | modification of an existing master permit | | | | | | | |
| renewal of an existing individual permit | | | | renewal of an existing master permit | | | | | | | |
| transfer of an existing individual permit | | | | transfer of an existing master permit | | | | | | | |
| Early Baseline option Please check here  if this is an application for the Early Baseline Option. (Final District action is required by December 1992 on a monitoring plan.) Relevant Sections and number of copies | | | | | | | | | | | |
|  | | |  | | | | Number of copies you must submit | | | | |
| If you are applying for a: ………………………………………. | | | You should fill out | | | | This completed form | | | Other items | |
| 1. new Individual Permit ………………………………………… | | | | | Part II | 4 | | | | 4 | |
| 1. modification of an existing Individual Permit ………………. | | | | | Part II | 4 | | | | 4 | |
| 1. renewal of an existing Individual Permit ……………………. | | | | | Part II | 4 | | | | 4 | |
| 1. transfer of an existing Individual Permit ……………………. | | | | | Part IV | 4 | | | | 4 | |
|  | | | | |  |  | | | |  | |
| 1. new Master Permit ……………………………………………. | | | | | Part III | 4 | | | | 4 | |
| 1. modification of an existing Master Permit ………………….. | | | | | Part III | 4 | | | | 4 | |
| 1. renewal of an existing Master Permit ……………………….. | | | | | Part III | 4 | | | | 4 | |
| 1. transfer of an existing Master Permit ……………………….. | | | | | Part IV | 4 | | | | 4 | |
| Signature and Fee All applicants must sign the Application Form in the place indicated. No application shall be considered filed until the appropriate application fee is submitted. Pre-Application Meetings Pre-application meetings with Works of the District Permitting Division staff are strongly recommended in order to assist you in submitting as complete an application as possible. Division staff will coordinate with appropriate District personnel in order to address any questions you may have.  (Continued on page 2) | | | | | | | | | | | |
| **For District USe Only** | | | | | | | | | | | |
| Application Number |  | Fee Paid | | |  | | | Receipt Number |  | |  |
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| sflogo-bw-noborderPart I. General Information (continued) Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Governing Board Actions Applications for new Individual or Master Works of the District Permits will require District Governing Board action, as will renewals and most modifications of existing Individual or Master Permits. Transfers of existing Individual or Master Permits will not require Governing Board action, unless modifications or renewals are simultaneously involved. General Permits granted by adoption of Rule Chapter 40E-63, F.A.C., Part I, require no further District action. Other Permits from this District If the Best Management Practices Plan submitted as part of this application proposes activities which require new or modified consumptive water use, surface water management, environmental resource, right-of-way, and/or well construction permits from the District, applications for the other permits shall be submitted concurrently with the Works of the District Permit application. Because of the inseparable nature of proposed activities related to a Works of the District Permit and those related to any other District permit, it is extremely unlikely that either this permit application or any other related District permit application will be considered complete until all necessary information for all the related applications has been provided.  The following permit application(s) is/are being submitted concurrently for activities associated with the proposed Best Management Plan(s) (please check any appropriate boxes): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surface Water Management / ERP | | | | | | Water Use | | | | | | | | | | | | | | | | | | | |
| Right-of-Way | | | | | | Well Construction | | | | | | | | | | | | | | | | | | | |
| If you have already applied for or obtained District permits covering any or all of the lands or activities in this present application, please list the District application or permit numbers below. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **sflogo-bw-noborderPart II. Individual Permit Application (New, Modification, or Renewal)**  Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 1. Structure Information and Certification | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure Name | | | | | | | | | | | | | Total acreage served by structure | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Total number of parcels served by structure | | | | | | | | | | | | |
| Structure Location | | | | | | | | | | | | | Section/Township/Range | | | | | | | | | | | | |
| City, town, or village, if applicable | | | | | | | | | | | | | County(ies) | | | | | | | | | | | | |
| SFWMD Basin | | | | | | | | | | | | | Receiving District Work(s) | | | | | | | | | | | | |
| Owner of Structure | | | | | | | | | | | | | **Authorized agent (if applicable)** | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | Name | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | Address | | | | | | | | | | | | |
| City, state, zip | | | | | | | | | | | | | City, state, zip | | | | | | | | | | | | |
| Telephone (     ) | | | | | | | | | | | | | Telephone (     ) | | | | | | | | | | | | |
| Operator of Structure | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | Address | | | | | | | | | | | | |
| City, state, zip | | | | | | | | | | | | | Telephone (     ) | | | | | | | | | | | | |
| I hereby certify that, to the best of my knowledge, the structure listed above is owned or controlled by me and serves the area referenced in this permit application. I also certify that I will abide by the terms and conditions of the issued permit. In addition, I agree to provide entry at any time to the area owned or controlled by me, which is included in this permit application, for South Florida Water Management District inspectors or their duly authorized agents, as provided for in Chapter 40E-63.143(2)(e), F.A.C., or as otherwise provided by the issued permit. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Type or print owner name | | | | | | | | | |  |  | | | Type or print lessee name | | | | | | | | |  | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Signature of owner of structure (If not the owner,  certify below) | | | | | | | | |  | | | |  | Signature of lessee of structure (if applicable)  (If not the lessee, certify below) | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I am the authorized agent of the owner. | | | | | | | | | | | | | I hereby certify that I am the authorized agent of the lessee. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Type or print name and title | | | | | | | | | |  |  | | | Type or print name and title | | | | | | | | |  | |
| Signature | | |  | | | | | |  | | | | Signature | | | | |  | | | | |  | | |
| Date | | |  | | | | | |  | | | | Date | | | | |  | | | | |  | | |
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| sflogo-bw-noborderSection 2. Parcel Information and Certification\* Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participating owners/lessees | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Parcel/Farm | | | | | | | | | | | | | Parcel/Farm Acreage | | | | | | | | | | | | |
| City, town, or village (if applicable) | | | | | | | | | | | | | County(ies) | | | | | | | | | | | | |
| SFWMD Basin | | | | | | | | | | | | | Receiving District Work(s) | | | | | | | | | | | | |
| Owner of parcel/farm Name | | | | | | | | | | | | | **Lessee of parcel/farm (if applicable)**  Name | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | Address | | | | | | | | | | | | |
| City, state, zip | | | | | | | | | | | | | City, state, zip | | | | | | | | | | | | |
| Telephone (     ) | | | | | | | | | | | | | Telephone (     ) | | | | | | | | | | | | |
|  | |  | |  |  | |  |  | | | | | | | |  |  | |  |  |  |  |  | | |
|  | | Section(s) or Government Lot(s) | |  | \*Tax Assessor’s property control number | |  | Acres | | | | | | | |  | Township | |  | Range |  | County |  | | |
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| Certification | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that, to the best of my knowledge, the total acreage listed above is owned or controlled by me. I also certify that I will abide by the terms and conditions of the issued permit. In addition, I agree to provide entry at any time to the area which is described above and included in this permit application, for South Florida Water Management District inspectors or their duly authorized agents, as provided for in Chapter 40E-63.143(2)(e), F.A.C., or as otherwise provided by the issued permit. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type or print owner name | | | | | | | | | |  |  | | | Type or print lessee name | | | | | | | | |  | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Signature of owner of parcel/farm (If not the owner,  certify below) | | | | | | | | |  | | | |  | Signature of lessee of parcel/ farm (if applicable)  (If not the lessee, certify below) | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I am the authorized agent of the owner. | | | | | | | | | | | | | I hereby certify that I am the authorized agent of the lessee. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Type or print name and title | | | | | | | | | |  |  | | | Type or print name and title | | | | | | | | |  | |
| Signature | | |  | | | | | |  | | | | Signature | | | | |  | | | | |  | | |
| Date | | |  | | | | | |  | | | | Date | | | | |  | | | | |  | | |
| (\*: See bottom of page 5) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Participant**  **Change in Controlled acreage** | | | | | | | | | | | | | | | | | | | | | | | | | |

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| sflogo-bw-noborderSection 3. General Information Form 0779  Jan 2001 | |
| Project engineer or consultant | **Pre-application meetings (if applicable)\*** |
| Name of firm | Date(s) |
| Address | Location(s) |
| City, state, zip | Name(s) of key District staff |
| Telephone (     ) | Name(s) of project representative(s) |
| City, town, or village (if applicable) |  |
| Please check that the following items are attached: |  |
| 1. Proof of ownership of structure | 1. Proof of ownership of parcel(s)/farm(s) |
| 1. Proof of lease, if applicable, of structure | 1. Proof of lease, if applicable of parcel(s)/farm(s) |
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|  | |
| **\*** Use extra sheets, if necessary, to provide parcel information and certification, or to describe either pre-application meetings or any other information provided with this application.  Please check if supplying extra sheets about:  Parcel information and certification  Meetings  Other information about: | |
| sflogo-bw-noborderSection 4. Technical Information Form 0779  Jan 2001 | |
| Please check that the following items are attached: |  |
| 1. Aerial photograph(s) showing the boundary of the application area  1. Location map(s)  1. Project map(s) showing the application area, including the area(s) where the BMP Plan will be implemented; and the applicable information enumerated in Part II Section 4 of the Guidance for Preparing an Application for a “Works of the District” Permit in the Everglades Pursuant to Chapter 40E-63 F.A.C.  1. Best Management Practices (BMP) Plan, including the following:  1. proposed BMPs  1. description of nutrient recovery rationale  1. description of infrastructure  1. description of water management strategies  1. description of differences between existing and proposed practices  1. proposed education and training program  1. BMP Plan implementation schedule  1. models and documents  1. other phosphorous sources  1. any relationship to other District permits  1. Water quality monitoring plan, including the following:  1. description of monitoring program  1. description of monitoring sites  1. description of proposed sample collection methods and schedules  1. description of proposed sample handling and laboratory analyses  1. description of data management techniques and reporting schedule  1. description of data review procedures  1. description of backup plan  1. (Optional) Early Baseline Option information, including the following:  1. soil types  1. soil phosphorous levels  1. crops/land uses history  1. planned crops  1. acreage and rainfall collector  1. (if applicable) previous BMP information | |
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| **sflogo-bw-noborderPart III. Master Permit Application (New, Modification, or Renewal)**  Form 0779  Jan 2001 | | | | | | | | |
| Section 1. General Information and Certification | | | | | | | | |
| Applicant | | | | | **Authorized agent (if applicable)** | | | |
| Name of entity or group of owners | | | | | Name | | | |
| Address | | | | | Address | | | |
| City, state, zip | | | | | City, state, zip | | | |
| Telephone (     ) | | | | | Telephone (     ) | | | |
| Engineer or consultant | | | | | **Pre-application meetings (if applicable)\*** | | | |
| Name | | | | | Date(s) | | | |
| Name of contact person | | | | | Location(s) | | | |
| Address | | | | | Name(s) of key District Staff | | | |
| City, state, zip | | | | | Name(s) of project representative(s) | | | |
| I hereby certify that, to the best of my knowledge, the structures and project acreages listed above are owned or controlled by the participants and encompass the area referenced in this master permit application. I also certify that the participants have agreed to participate in this master permit application and to abide by the terms and conditions of the issued master permit. In addition, I agree to provide entry at any time to the area which is included in this permit application, for South Florida Water Management District inspectors or their duly authorized agents, as provided for in Chapter 40E-63.143(2)(e), F.A.C., or as otherwise provided by the issued permit. | | | | | | | | |
|  | | | | |  | | | |
|  | Signature of applicant for master permit participants | | | | |  | | |
|  | | | | | | | | |
| I hereby certify that I am the applicant. | | | | | | | | |
|  | | | | |  | | | |
|  | Type or print name and title | | |  | | | | |
| Date | |  |  | |  | |  |  |
|  | | | | | | | | |
| **\*** Use extra sheets, if necessary, to describe pre-application meetings or structures/District works included in the Master Permit Application. Please check if supplying extra sheets about  meetings  structures/works | | | | | | | | |

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| sflogo-bw-noborderSection 2. Legal and Financial Information Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check that the following items are attached: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Description of legally responsible entity or group of owners  1. Copy of enabling legislation, if applicable  1. Copy of Articles of Incorporation, if applicable  1. Copy(ies) of interlocal or other agreements or contracts between or among local governments or other public entities, if applicable  1. Copy(ies) of agreements or contracts between or among private landowners or other private entities, if applicable  1. Copy(ies) of any temporary operating permits  1. Copy(ies) of any other relevant legal documents  1. Estimate of costs of all BMP related activities, including, but not limited to: operation and maintenance, monitoring, compliance with BMP and monitoring plans  1. Identification of funding sources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sflogo-bw-noborderSection 3. Structure and ParticiPant Information, and Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure(s) included in Master Permit Application | | | | | | | | | | | | | | District Work(s) included in Master Permit Application | | | | | | | | | | | | | | | | | | | |
| Total acreage within Master Permit | | | | | | | | | | | | | | Counties | | | | | | | | | | | | | | | | | | | |
| sflogo-bw-noborderParticipants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For new permit applications, please attach 4 copies of page 9 (Certification of Participation in a Works of the District Everglades Master Permit Application) for each participant in the Master Permit Application.  Total Number of Participants  Check here that the correct number of copies of page 9 is being submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Modifications or Renewals please attach 4 copies of page 9 (Certification of Participation in a Works of the District Everglades Master Permit Application) for each new participant whose controlled acreage has changed.  Total Number of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Participants | | | |  | | | Participants whose acreage has changed | | | | | | | | | | | |  | | | Total number of participants | | | | | | |  |  | | | |
| Check here that the correct number of copies of page 9 is being submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator of Structure | | | | | | | | | | | | | | **Acreage drained per applicant’s structures** | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | |  | | | Structure/entity | | | | | | |  | | Acreage | | | | |  | | |
| Address | | | | | | | | | | | | | |  | | |  | | | | | | |  | |  | | | | |  | | |
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| City, state, zip | | | | | | | | | | | | | |  | | |  | | | | | | |  | |  | | | | |  | | |
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| Telephone (     ) | | | | | | | | | | | | | |  | | |  | | | | | | | Total | |  | | | | |  | | |
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| sflogo-bw-noborderCertificate of Participation in a Works of the District Everglades Master Permit Application Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure/Entity name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of parcel/farm | | | | | | | | | | | | | | Parcel/farm acreage | | | | | | | | | | | | | | | | | | | |
| City, town, or village (if applicable) | | | | | | | | | | | | | | County(ies) | | | | | | | | | | | | | | | | | | | |
| SFWMD Basin | | | | | | | | | | | | | | Receiving District Work(s) | | | | | | | | | | | | | | | | | | | |
| Owner of parcel/farm Name | | | | | | | | | | | | | | **Lessee of parcel/farm (if applicable)**  Name | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | |
| City, state, zip | | | | | | | | | | | | | | City, state, zip | | | | | | | | | | | | | | | | | | | |
| Telephone (     ) | | | | | | | | | | | | | | Telephone (     ) | | | | | | | | | | | | | | | | | | | |
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|  | | Section(s) or Government Lot(s) | | |  | \*Tax Assessor’s property control number | |  | Acres | | | | | | | | |  | | Township | | |  | | Range | |  | County | | |  | | |
|  | |  | | |  |  | |  |  | | | | | | | | |  | |  | | |  | |  | |  |  | | |  | | |
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| Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that, to the best of my knowledge, the total acreage listed above is owned or controlled by me and encompasses the area referenced in this permit application. I also certify that I will abide by the terms and conditions of the issued permit. In addition, I agree to provide entry at any time to the area owned or controlled by me, which is described above and included in this permit application, for South Florida Water Management District inspectors or their duly authorized agents, as provided for in Chapter 40E-63.143(2)(e), F.A.C., or as otherwise provided by the issued permit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type or print owner name | | | | | | | | | | |  |  | | | Type or print lessee name | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Signature of owner of parcel/farm (If not the owner,  certify below) | | | | | | | | | |  | | | |  | Signature of lessee of parcel/ farm (if applicable)  (If not the lessee, certify below) | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I am the authorized agent of the owner. | | | | | | | | | | | | | | I hereby certify that I am the authorized agent of the lessee. | | | | | | | | | | | | | | | | | | | |
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|  | Type or print name and title | | | | | | | | | | |  |  | | | Type or print name and title | | | | | | | | | | | | | | | |  | |
| Signature | | |  | | | | | | |  | | | | Signature | | | | | | |  | | | | | | | | | |  | | |
| Date | | |  | | | | | | |  | | | | Date | | | | | | |  | | | | | | | | | |  | | |
| (\*: See bottom of page 5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Participant**  **Change in Controlled acreage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| sflogo-bw-noborderSection 4. Technical Information Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | |
| Please check that the following items are attached: | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Aerial photograph(s) showing the boundary of the application area  1. Location map(s)  1. Project map(s) showing the application area, including the area(s) where the BMP Plan will be implemented; and the applicable information enumerated in Part III Section 4 of the Guidance for Preparing an Application for a “Works of the District” Permit in the Everglades Pursuant to Chapter 40E-63 F.A.C.  1. Best Management Practices (BMP) Plan, including the following:  1. proposed BMPs  1. description of nutrient recovery rationale  1. description of infrastructure  1. description of water management strategies  1. description of differences between existing and proposed practices  1. proposed education and training program  1. BMP Plan implementation schedule  1. models and documents  1. other phosphorous sources  1. any relationship to other District permits  1. Water quality monitoring plan, including the following:  1. description of monitoring program  1. description of monitoring sites  1. description of proposed sample collection methods and schedules  1. description of proposed sample handling and laboratory analyses  1. description of data management techniques and reporting schedule  1. description of data review procedures  1. description of backup plan  1. (Optional) Early Baseline Option information, including the following:  1. soil types  1. soil phosphorous levels  1. crops/land uses history  1. planned crops  1. acreage and rainfall collector  1. (if applicable) previous BMP information | | | | | | | | | | | | | | | | | | | | | | |
| **sflogo-bw-noborderPart IV. Request for Permit Transfer (Individual or Master Permit)**  Form 0779  Jan 2001 | | | | | | | | | | | | | | | | | | | | | | |
| Section 1. Permit Information (to be completed by permittee) | | | | | | | | | | | | | | | | | | | | | | |
| **Permit Number:** | | | | |  | | | | | | Individual Permit | | | | | | | Master Permit | | | | |
| It is requested that the Permit identified above be transferred: | | | | | | | | | | | (Please check one) | | | | | | |  | | | | |
| **From** | | Name | | | | | | | | | **TO** | | Name | | | | | | | | | |
|  | | Address | | | | | | | | |  | | Address | | | | | | | | | |
|  | | Address | | | | | | | | |  | | Address | | | | | | | | | |
|  | | City, state, zip | | | | | | | | |  | | City, state, zip | | | | | | | | | |
|  | | Telephone | (     ) | | | | | | | |  | | Telephone | (     ) | | | | | | | | |
| The reason(s) for this permit transfer is (are): A copy of the instrument effectuating the transfer of ownership, lease, interest, or control of the property is attached. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  |  | | | | | | | | | | |  |  | |  |
|  | Type or print name and title | | | | | |  | Signature of permittee | | | | | | | | | | |  | Date | |  |
| Section 2. For Individual Permits (to be completed by transferee) | | | | | | | | | | | | | | | | | | | | | | |
| An application fee of two hundred dollars ($200.00) is attached.  A copy of the instrument establishing the applicant corporation, agency, etc. as a legal entity, if applicable, is attached.  I hereby certify that I understand and accept all terms and conditions of the permit and any subsequent modifications to date. I also certify that the land practice(s) remain(s) the same, and all conditions of the permit have been satisfied. I understand that all conditions of the permit remain applicable to me. I agree that any proposed modifications shall be applied for and approval obtained prior to such modifications. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | |  | | | | | | | | | |  |
|  | Type or print owner name and title | | | | | | | | |  | | Type or print lessee name and title | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Signature of new owner of property (If not the new owner, I hereby certify that I am an authorized agent of the new owner) | | | | | | | |  | | | Signature of new lessee of property (if applicable) (If not the new lessee, I hereby certify that I am an authorized agent of the new lessee) | | | | | | | | |  | |
|  |  | | | | | | | | |  | |  | | | | | | | | | |  |
|  | Date | | |  | | Telephone | | | |  | | Date | | |  | Telephone | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Address | | | | | | | | |  | | Address | | | | | | | | | |  |
| Section 3. For Master Permits (to be completed by transferee) | | | | | | | | | | | | | | | | | | | | | | |
| An application fee of five hundred dollars ($500.00) is attached.  A copy of the instrument establishing the applicant corporation, agency, etc. as a legal entity, if applicable, is attached.  I hereby certify that I understand and accept all terms and conditions of the permit and any subsequent modifications to date. I also certify that the land practice(s) remain(s) the same, and all conditions of the permit have been satisfied. I understand that all conditions of the permit, including the legal, financial, and institutional capability to carry out all acts necessary to the terms and conditions of the Master Permit, remain applicable to me. I agree that any proposed modifications shall be applied for and approval obtained prior to such modifications. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | |  | | |  | |  | | | | |  |
|  | Type or print name and title | | | | | | | | |  | | Date | | |  | | Telephone | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Signature of new authorized agent for Master Permit participants (I certify that I am an authorized agent of the participants) | | | | | | | |  | | | Address | | | | | | | | |  | |