



Form 0779  
Jan 2001

## SOUTH FLORIDA WATER MANAGEMENT DISTRICT

3301 Gun Club Road, West Palm Beach, FL 33406, [www.sfwmd.gov/ePermitting](http://www.sfwmd.gov/ePermitting)  
Telephone (561) 686-8800 Florida WATS 1-800-432-2045

### APPLICATION FOR A WORKS OF THE DISTRICT PERMIT

#### PART 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):

- |  |  |
|--|--|
| <input type="checkbox"/> new individual permit                         | <input type="checkbox"/> new master permit                         |
| <input type="checkbox"/> modification of an existing individual permit | <input type="checkbox"/> modification of an existing master permit |
| <input type="checkbox"/> renewal of an existing individual permit      | <input type="checkbox"/> renewal of an existing master permit      |
| <input type="checkbox"/> transfer of an existing individual permit     | <input type="checkbox"/> 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**

If you are applying for a: .....	You should fill out	Number of copies you must submit	
		This completed form	Other items
a. new Individual Permit .....	Part II	4	4
b. modification of an existing Individual Permit .....	Part II	4	4
c. renewal of an existing Individual Permit .....	Part II	4	4
d. transfer of an existing Individual Permit .....	Part IV	4	4
e. new Master Permit .....	Part III	4	4
f. modification of an existing Master Permit .....	Part III	4	4
g. renewal of an existing Master Permit .....	Part III	4	4
h. 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 \_\_\_\_\_



## PART I. GENERAL INFORMATION (continued)

### 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Surface Water Management / ERP | <input type="checkbox"/> Water Use         |
| <input type="checkbox"/> Right-of-Way                   | <input type="checkbox"/> 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.



## PART II. INDIVIDUAL PERMIT APPLICATION (NEW, MODIFICATION, OR RENEWAL)

### 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)
<b>Owner of Structure</b>	<b>Authorized agent (if applicable)</b>
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.

\_\_\_\_\_  
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 \_\_\_\_\_



## SECTION 2. PARCEL INFORMATION AND CERTIFICATION\*

### Participating owners/lessees

Name of Parcel/Farm	Parcel/Farm Acreage
City, town, or village (if applicable)	County(ies)
SFWMD Basin	Receiving District Work(s)
<b>Owner of parcel/farm</b>	<b>Lessee of parcel/farm (if applicable)</b>
Name	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
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____

### 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



### SECTION 3. GENERAL INFORMATION

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. <input type="checkbox"/> Proof of ownership of structure             | 2. <input type="checkbox"/> Proof of ownership of parcel(s)/farm(s)            |
| 3. <input type="checkbox"/> Proof of lease, if applicable, of structure | 4. <input type="checkbox"/> Proof of lease, if applicable of parcel(s)/farm(s) |

\* 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:



## SECTION 4. TECHNICAL INFORMATION

Please check that the following items are attached:

5. ☐ Aerial photograph(s) showing the boundary of the application area
6. ☐ Location map(s)
7. ☐ 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.
8. ☐ Best Management Practices (BMP) Plan, including the following:
  - a. ☐ proposed BMPs
  - b. ☐ description of nutrient recovery rationale
  - c. ☐ description of infrastructure
  - d. ☐ description of water management strategies
  - e. ☐ description of differences between existing and proposed practices
  - f. ☐ proposed education and training program
  - g. ☐ BMP Plan implementation schedule
  - h. ☐ models and documents
  - i. ☐ other phosphorous sources
  - j. ☐ any relationship to other District permits
9. ☐ Water quality monitoring plan, including the following:
  - a. ☐ description of monitoring program
  - b. ☐ description of monitoring sites
  - c. ☐ description of proposed sample collection methods and schedules
  - d. ☐ description of proposed sample handling and laboratory analyses
  - e. ☐ description of data management techniques and reporting schedule
  - f. ☐ description of data review procedures
  - g. ☐ description of backup plan
10. ☐ (Optional) Early Baseline Option information, including the following:
  - a. ☐ soil types
  - b. ☐ soil phosphorous levels
  - c. ☐ crops/land uses history
  - d. ☐ planned crops
  - e. ☐ acreage and rainfall collector
  - f. ☐ (if applicable) previous BMP information



## PART III. MASTER PERMIT APPLICATION (NEW, MODIFICATION, OR RENEWAL)

### SECTION 1. GENERAL INFORMATION AND CERTIFICATION

<b>Applicant</b>	<b>Authorized agent (if applicable)</b>
Name of entity or group of owners	Name
Address	Address
City, state, zip	City, state, zip
Telephone (      )	Telephone (      )
<b>Engineer or consultant</b>	<b>Pre-application meetings (if applicable)*</b>
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



## SECTION 2. LEGAL AND FINANCIAL INFORMATION

Please check that the following items are attached:

1. ☐ Description of legally responsible entity or group of owners
2. ☐ Copy of enabling legislation, if applicable
3. ☐ Copy of Articles of Incorporation, if applicable
4. ☐ Copy(ies) of interlocal or other agreements or contracts between or among local governments or other public entities, if applicable
5. ☐ Copy(ies) of agreements or contracts between or among private landowners or other private entities, if applicable
6. ☐ Copy(ies) of any temporary operating permits
7. ☐ Copy(ies) of any other relevant legal documents
8. ☐ Estimate of costs of all BMP related activities, including, but not limited to: operation and maintenance, monitoring, compliance with BMP and monitoring plans
9. ☐ Identification of funding sources

## SECTION 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

### Participants

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

City, state, zip

Telephone (      )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Certificate of Participation in a Works of the District Everglades Master Permit Application

### Structure/Entity name:

Name of parcel/farm	Parcel/farm acreage
City, town, or village (if applicable)	County(ies)
SFWMD Basin	Receiving District Work(s)
<b>Owner of parcel/farm</b>	<b>Lessee of parcel/farm (if applicable)</b>
Name	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
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____

### 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.

\_\_\_\_\_  
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



## SECTION 4. TECHNICAL INFORMATION

Please check that the following items are attached:

11. ☐ Aerial photograph(s) showing the boundary of the application area
12. ☐ Location map(s)
13. ☐ 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.
14. ☐ Best Management Practices (BMP) Plan, including the following:
  - k. ☐ proposed BMPs
  - l. ☐ description of nutrient recovery rationale
  - m. ☐ description of infrastructure
  - n. ☐ description of water management strategies
  - o. ☐ description of differences between existing and proposed practices
  - p. ☐ proposed education and training program
  - q. ☐ BMP Plan implementation schedule
  - r. ☐ models and documents
  - s. ☐ other phosphorous sources
  - t. ☐ any relationship to other District permits
15. ☐ Water quality monitoring plan, including the following:
  - h. ☐ description of monitoring program
  - i. ☐ description of monitoring sites
  - j. ☐ description of proposed sample collection methods and schedules
  - k. ☐ description of proposed sample handling and laboratory analyses
  - l. ☐ description of data management techniques and reporting schedule
  - m. ☐ description of data review procedures
  - n. ☐ description of backup plan
16. ☐ (Optional) Early Baseline Option information, including the following:
  - g. ☐ soil types
  - h. ☐ soil phosphorous levels
  - i. ☐ crops/land uses history
  - j. ☐ planned crops
  - k. ☐ acreage and rainfall collector
  - l. ☐ (if applicable) previous BMP information



## PART IV. REQUEST FOR PERMIT TRANSFER (INDIVIDUAL OR MASTER PERMIT)

### SECTION 1. PERMIT INFORMATION (to be completed by permittee)

Permit Number: \_\_\_\_\_

☐ Individual Permit  
(Please check one)

☐ Master Permit

It is requested that the Permit identified above be transferred:

FROM	TO
Name	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