

# Application for C-139 Basin Works of the District Permit

## PART I. GENERAL INFORMATION

Please use the booklet titled Guidebook for Preparing an Application for a C-139 Basin "Pollutant Source Control" Permit 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.

### GOVERNING BOARD ACTIONS

Applications for new, renewed, or modified General Permits or transfers of existing General Permits will not require District Governing Board action. All recommendations for denial of applications will require final action by the District Governing Board.

## SECTION 1. PERMIT INFORMATION

### TYPE OF PERMIT APPLICATION

This is an application for (Please check one box):

Permit Type	New	Renewal	Modification	Letter Modification	Transfer
General Permit	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> No Charge	<input type="checkbox"/> \$100.00

\*Please check if application is for any of the following:

<input type="checkbox"/>	Alternative BMP Plan (See Part IV Section 2)
<input type="checkbox"/>	Discharge Monitoring Plan (See Part V)
<input type="checkbox"/>	Optional Activities for Incentives ( See Part VI)
<input type="checkbox"/>	Water Quality Improvement Activities ( See Part VII)
<input type="checkbox"/>	Impracticability (See Part VIII)

### OTHER PERMITS FROM THIS DISTRICT

If the Best Management Practices Plan submitted as part of this application proposes activities that require a new District permit or a modification to an existing District permit, applications for the other permits shall be submitted concurrently with the Pollutant Source Control Permit application.

The following permit applications are being submitted concurrently (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
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If you 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.

### FOR DISTRICT USE ONLY

Application Number \_\_\_\_\_ Fee Code \_\_\_\_\_ Fee Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

<b>SECTION 2. APPLICANT INFORMATION</b>					
<b>Applicant (Responsible Entity)</b>			<b>Authorized agent (requires letter of authorization)</b>		
Name and Title			Name and Title		
Company Name			Company Name		
Address			Address		
City, State, Zip			City, State, Zip		
Telephone		Fax	Telephone		Fax
E-mail			E-mail		
<b>Co-Applicant (if applicable)</b>			<b>Authorized agent (requires letter of authorization)</b>		
Name and Title			Name and Title		
Company Name			Company Name		
Address			Address		
City, State, Zip			City, State, Zip		
Telephone		Fax	Telephone		Fax
E-mail			E-mail		
<b>SECTION 3. DRAINAGE INFORMATION</b>					
Please list proposed Permit Basins (as defined in subsection 40E-63.402(10), F.A.C.), types of discharges*, and drainage acreage. Attach documentation identifying ownership or controlling entity.					
Permit Basin	Discharge Type	Acreage Drained	Permit Basin	Discharge Type	Acreage Drained
<p>*Examples: Single/multiple pump structure, open culvert, weired culvert, open channel connection, overland flow, etc.</p>					

**SECTION 4. ADDITIONAL REQUIRED INFORMATION** (See guidebook for details.)

For each proposed Permit Basin submit and check that the following applicable items are attached:

- ☐ Description and documentation of legally responsible entities for site operations and permit compliance.
- ☐ Documentation verifying ownership of the parcels and/or structures.
- ☐ Written contracts, leases, or agreements with landowners, lessees or other entities, where applicable.
- ☐ Written contracts, agreements, or equivalent regarding BMP implementation, and use or operation of the parcels and/or structures. This includes copies of leases for existing lessees that are not co-applicants.
- ☐ Tax assessor's parcel identification numbers for all included parcels.
- ☐ A clear delineation of the property boundaries, drainage area, general direction of flow, inflow points, and off site discharge points/locations. Also, acreage contained in the permit application, including a map which is correlated with the list of parcel owners and lessees.
- ☐ Proposed Best Management Practices (BMP) Plan.
- ☐ For shared water management systems, an executed legally binding agreement or contract regarding construction, use, maintenance and operational criteria, and BMP implementation requirements.
- ☐ Permit Application Fee Check paid to the South Florida Water Management District.

**SECTION 5. CERTIFICATION BY APPLICANT** (Responsible Entity)

I hereby certify that, to the best of my knowledge, the structures and project acreages listed in this application are owned or controlled by the applicant or participants, as applicable, and encompass the area referenced in this permit application. I also certify that, where applicable, the applicant or participants agree to participate in this permit application and to 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 included in this permit application, for South Florida Water Management District staff or their duly authorized agents, as provided for in subsection 40E-63.444(d), 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, verify 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

<b>PART II. PROPERTY INFORMATION</b> (To be completed for each proposed Permit Basin)					
<input type="checkbox"/> New Participant			<input type="checkbox"/> Change in Controlled Acreage		
<b>SECTION 1. OWNER/LESSEE INFORMATION</b>					
<b>Owner of Parcel/Permit Basin</b>			<b>Lessee of Parcel/Permit Basin</b>		
Name and Title			Name and Title		
Company Name			Company Name		
Address			Address		
City, State, Zip			City, State, Zip		
Telephone		Fax	Telephone		Fax
E-mail			E-mail		
<b>SECTION 2. INDIVIDUAL PARCEL/PERMIT BASIN INFORMATION</b> (To be completed for each parcel or proposed Permit Basin)					
Name of Parcel/Farm			Land Use		
*Tax Assessor's parcel identification number	Acres	Township	Range	Section(s)	County
		S	E		
		S	E		
		S	E		
		S	E		
Total Acreage		*Please use additional sheets if necessary			
<b>SECTION 3. CERTIFICATE OF PARTICIPATION</b> (Complete Part II for the applicant and/or each participant, as applicable.)					
<p>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 staff or their duly authorized agents, as provided for in subsection 40E-63.444(d), F.A.C., or as otherwise provided by the issued permit.</p>					
Type or print owner name			Type or print lessee name		
Signature of owner of parcel/Permit Basin (if not the owner verify below)			Signature of lessee of parcel/Permit Basin (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		

**PART III. REQUEST FOR C-139 BASIN PERMIT TRANSFER**

To qualify for a permit transfer, an action must be limited to changes in administrative information about a permittee. Any other changes or additions will require a permit modification.

**SECTION 1. PERMITTEE SECTION**

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

It is requested that the Permit identified above be transferred:

<b>F R O M</b>	Name and Title	<b>T O</b>	Name and Title
	Company Name		Company Name
	Address		Address
	Address		Address
	City, State, Zip		City, State, Zip
	Telephone		Telephone

The reason for this permit transfer:

☐ 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. TRANSFEREE SECTION** (Entity Receiving The Permit)

☐ An application fee of one hundred dollars (\$100.00) 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 practices remain 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 comply with the terms and conditions of the permit are applicable to me as the new permittee. I agree that any proposed modifications shall be applied for and approval obtained prior to such modifications.

\_\_\_\_\_  
Type or print owner name

\_\_\_\_\_  
Type or print lessee name

\_\_\_\_\_  
Signature of new owner of property  
(If not the new owner, I hereby certify that I am an authorized agent of the new owner, original authorization letter attached)

\_\_\_\_\_  
Signature of new lessee of parcel/Permit Basin  
(if applicable) (If not the new lessee, I hereby certify that I am an authorized agent of the new lessee, original authorization letter attached)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**Part IV: C-139 Basin BMP PLAN**
**SECTION 1: COMPREHENSIVE BMP PLAN** (Shaded cells indicate a BMP not applicable for a specific land use.)

BMP PLAN IMPLEMENTATION – 35 POINTS REQUIRED (Minimum 10 points Nutrient Control Practices, minimum 5 points in Particulate Matter and Sediment Controls, and minimum 5 points in Water Management Practices)

{PRIVATE }BMP	POINTS	SAND CANE	PASTURE	VEG.	SOD	CITRUS	OTHER
<b>NUTRIENT CONTROL PRACTICES</b>							
Nutrient Application Control	2 ½						
Nutrient Spill Prevention	2 ½						
Manage Successive Vegetable Planting	2 ½						
Plant Tissue Analysis	5						
Soil Testing	5						
Split Nutrient Application	5						
Slow Release Phosphorus Fertilizer	5						
Reduce Phosphorus Fertilization	5						
No Nutrients Imported via Direct Land Application	20						
No Nutrients Imported Indirectly through Cattle Feed	15						
Nutrient Management Plan	5-25						
<b>PARTICULATE MATTER AND SEDIMENT CONTROLS</b>							
Any 2	2 ½						
Any 4	5						
Any 6	10						
Any 8	15						
<b>WATER MANAGEMENT PRACTICES</b>							
Water Detention ½ inch	5						
1 inch	10						
Improvements to Water Management System Infrastructure to Further Increase Water Quality Treatment by Delayed or Minimized Discharge	5						
Low Volume Irrigation	5						
Approved & Operational Surface Water Reservoir (certified)	10-35						
Temporary Holding Pond (40E-400, F.A.C.)	15						
Overland Sheet Flow Over Entire Property	15						
No Point Discharge of Surface Water	15						
Tailwater Recovery System	10						
Precision Irrigation Scheduling	10						
Water Resources for Pastures	5						
<b>PASTURE MANAGEMENT</b>							
Restricted Placement of Feeders	2 ½						
Restricted Placement of Cowpens	2 ½						
Restricted Placement of Water	2 ½						
Provide Shade Structures away from Drainage	2 ½						
Low Cattle Density (1 head/2 acres)	5						
Restrict Cattle through Fencing of Canals	10						
<b>TOTALS (35 POINTS)</b>							

Incorporated by reference in subsection 40E-63.430(2), F.A.C.

## SECTION 2. ALTERNATIVE BMP PLAN

Please provide the information applicable to the selected alternative (I, II, III). Add sheets, as needed.

### I. ALTERNATIVE TYPE BMP

Description of BMP rationale and proposed effectiveness of the BMP

Detailed explanation of proposed BMP

Schedule for implementation of BMP

### PROPOSED VERIFICATION METHOD AND ASSOCIATED DOCUMENTATION

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Work Orders | <input type="checkbox"/> Maps                        | <input type="checkbox"/> Photographs             |
| <input type="checkbox"/> Receipts    | <input type="checkbox"/> Manufacturer Specifications | <input type="checkbox"/> Technical documentation |
| <input type="checkbox"/> Logs        | <input type="checkbox"/> Test Records                | <input type="checkbox"/> Other (explain below)   |

Please describe the method and how documentation will be used:

Training requirements/program description.

## SECTION 2. ALTERNATIVE BMP PLAN (CONTINUATION)

### II. ALTERNATIVE BMP POINTS PER CATEGORY

**SITE ASSESSMENT** (Assurance shall be provided that the alternative BMP Plan provides equivalent or greater reduction effectiveness than the standard approach.)

### III. ALTERNATIVE BMP DEMONSTRATION PROJECT

**SCOPE OF WORK** (at a minimum, the proposal shall contain the demonstration or research hypothesis, implementation, technical basis and scientific methods employed, performance indicators, reporting and schedule.)

**REMAINING BMP EQUIVALENT POINTS** (at a minimum, 10 points in the nutrient control practices category and 5 points in the water management practices category.)



<b>PART V. DISCHARGE MONITORING PLAN</b>				
MONITORING INFORMATION		<input type="checkbox"/> Optional		<input type="checkbox"/> Required (see part VIII)
<b>Control Structure Operator</b>		<b>Sample Collector</b>		
Name and Title		Name and Title		
Company Name		Company Name		
Address		QA Plan Holder (Name) & Field Sampling QA Plan Number		
Address		Address		
City, State, Zip		City, State, Zip		
Telephone	Fax	Telephone	Fax	
E-mail		E-mail		
<b>STRUCTURE IDENTIFICATION</b>				
Please indicate the Permit Basin name, type of discharge structure* and structure designation * (i.e. Single/multiple pump structure, open culvert, weired culvert, open channel connection, etc.) Check type of automatic sampler. Time Proportional/Time Weighted (TPTW) or Flow Proportional/Flow Weighted (FPFW).				
Permit Basin Name	Structure Type/Description	Structure Designation (for example, Station ID)	Sampling Method	
			TPTW	FPFW
<b>SAMPLING REQUIREMENTS</b>				
Please check that the following items have been installed or are included:				
<input type="checkbox"/> Description of Rainfall Collection Equipment	<input type="checkbox"/> Description of Staff Gauge Locations			
<input type="checkbox"/> Location of Rainfall Collection Equipment	<input type="checkbox"/> Sample Field Data Logs			
<input type="checkbox"/> Autosamplers	<input type="checkbox"/> Description of Backup Methodology, as applicable			
<input type="checkbox"/> Flow Calibrations	<input type="checkbox"/> Description of Flow Calculation Methodology			
<input type="checkbox"/> Description of Field Data				
<b>SAMPLING LABORATORY INFORMATION</b>				
Company Name		Contact		
Address		HRS Certification Number		
City, State, Zip		Additional Lab/Sampler Information		
Telephone	Fax			
E-mail				

## PART VI. OPTIONAL ACTIVITIES FOR INCENTIVES

☐ Early Implementation of BMPs (Early BMPs)

☐ Demonstration Project with a Verification Plan

Please check and attach the following applicable items to the application:

### For Early BMPs:

☐ Description of the BMP or group of BMPs that will be implemented in addition to those required

☐ Specific methods for implementation and maintenance

☐ Proposed loading reduction levels with technical justification

☐ Implementation Schedule

### For Demonstration Project w/ Verification Plan

☐ Proposed Scope of Work (SOW) according to 40E-63.437(3)(a), F.A.C. requirements

☐ Assumed loading reduction levels with technical justification  
Verification Plan according to subsection 40E-63.461(4), F.A.C.

## PART VII. WATER QUALITY IMPROVEMENT ACTIVITIES (WQIA)

If the C-139 Basin is determined to be out of compliance and WQIA are required, please check one of the following options:

<input type="checkbox"/> WQIA with technical documentation supporting proposed total phosphorus removal efficiency	% Required total phosphorus removal efficiency	% Proposed total phosphorus removal efficiency	
<input type="checkbox"/> WQIA with Verification Plan	% Required total phosphorus removal efficiency	% Proposed total phosphorus removal efficiency	% Total phosphorus removal for Verification Plan
<input type="checkbox"/> WQIA with total phosphorus removal efficiency based on District criteria (see Guidebook for Preparing an Application for a C-139 Basin Pollutant Source Control Permit)	% Required total phosphorus removal efficiency	% Proposed total phosphorus removal efficiency	

**DETAILED DESCRIPTION OF THE PROPOSED IMPROVEMENTS TO THE BMP PLAN** (Based on the selected option. Add pages, as needed.)

<b>PART VIII. IMPRACTICABILITY</b>			<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<b>GENERAL INFORMATION</b>				
Please indicate the Permit Basin, acreage and land use for which additional water quality improvement activities are proposed to be impracticable*:				
Permit Basin Name*	Acreage	Land Use		
*Please use additional sheets if necessary				
<b>ACTIVITIES IMPLEMENTED IN THE PERMIT BASIN(S)</b>				
Provide a detailed description of all previously implemented and current activities, and evidence that no additional BMPs or refinements to the implementation methods can be reasonably accomplished*.				
<b>PROPOSED PERFORMANCE LEVELS</b>				
The proposed expected amount of phosphorus discharge from the Permit Basin(s) is:				
Permit Basin*	Annual Unit Area Loading Levels*	Basis for proposed levels*		
*Please add pages, as needed.				
<b>MONITORING PLAN AND HISTORIC WATER QUALITY DATA</b>				
Please check that the following items are attached:				
<input type="checkbox"/>	Part V – C-139 Basin Discharge Monitoring Plan of this application form			
<input type="checkbox"/>	Installation and implementation schedule			
<input type="checkbox"/>	Description of the monitoring program and monitoring sites			
<input type="checkbox"/>	Description of proposed sample collection methods and schedule.			
<input type="checkbox"/>	Description of backup plan			
<input type="checkbox"/>	Description of proposed sample handling and laboratory analyses			
<input type="checkbox"/>	Description of data review procedures			
<input type="checkbox"/>	Analysis of representative water quality data for the lands requesting impracticability (minimum of five years if renewal.)			