



WILTON SIMPSON  
COMMISSIONER

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

**NOTICE OF INTENT TO IMPLEMENT  
BEST MANAGEMENT PRACTICES**

Rule 5M-1.001(9), F.A.C.

FDACS-OAWP  
The Mayo Building  
407 S. Calhoun St.  
Tallahassee, FL 32399  
[AgBMPhelp@FDACS.gov](mailto:AgBMPhelp@FDACS.gov)

- **Select one action:** New Enrollment **OR** Implementation Verification Checklist Change for NOI No. \_\_\_\_\_
- Identify the best management practices (BMP) manual, interim measures, or applicable Department rule that you are enrolled/enrolling under:  
\_\_\_\_\_
- **Check the box below if it applies to your operation (check all that apply):**  
 A National Pollutant Discharge Elimination System permit for Concentrated Animal Feeding Operation (NPDES-CAFO) has been issued for the enrolled/enrolling parcel(s) in accordance with Chapter 62-670, F.A.C. Completion of a BMP Checklist or site visit for those areas of the enrolled/enrolling parcel(s) covered by the NPDES-CAFO permit will not be required. All other information provided in this form is still required. Permit Number(s): \_\_\_\_\_  
 A South Florida Water Management District Chapter 40E-63, F.A.C., permit has been issued for the enrolled/enrolling parcel(s). Completion of a BMP Checklist or 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. Permit Number(s): \_\_\_\_\_  
 Any of the enrolled/enrolling parcel(s) is subject to a Biosolids permit under Chapter 62-640, F.A.C., Permit Number: \_\_\_\_\_
- **For new enrollments**, consult with Florida Department of Agriculture and Consumer Services (FDACS), complete this **Notice of Intent** (NOI) and each applicable **BMP Checklist**, identifying the BMPs currently in use or applicable to the enrolled/enrolling parcel(s).
- **If this form is being executed pursuant to an implementation verification site visit, the signee acknowledges receipt of documentation provided by FDACS representatives identifying any new applicable BMPs.** Indicate sections of this form containing changes or updates (*check all that apply*):  
 CONTACT INFORMATION    ENROLLMENT AREA    PARCEL INFORMATION    BMP CHECKLIST
- Keep a copy of the completed **NOI** and **BMP Checklist** in your files as part of your record keeping responsibilities. In all cases, each parcel owner will be notified of the completed enrollment and BMPs identified as applicable to the enrolled/enrolling parcel(s).

**ENROLLING ENTITY INFORMATION: PLEASE INDICATE IF THE ENROLLMENT IS FOR A**      BUSINESS      LANDOWNER OR      PRIMARY PRODUCER

Check if this contact is exempt from public records in accordance with s. 119.071, F.S.  
 If checked, provide the provision granting the exemption (*required*): \_\_\_\_\_

Name: \_\_\_\_\_

Business Relationship to Landowner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT 1 INFORMATION (check all that apply)**

PRIMARY PRODUCER    SECONDARY PRODUCER   ENROLLED BUSINESS OWNER   LANDOWNER

AUTHORIZED AGENT   LEASEHOLDER   OTHER: \_\_\_\_\_

Same as above. If not, complete the information below for each landowner if leased properties are involved.

Check if this contact is exempt from public records in accordance with s. 119.071, F.S.  
 If checked, specify the provision providing the exemption (*required*): \_\_\_\_\_

Name: \_\_\_\_\_

Business Relationship to Landowner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT 2 INFORMATION** (check all that apply)

- PRIMARY PRODUCER     SECONDARY PRODUCER     ENROLLED BUSINESS OWNER     LANDOWNER
- AUTHORIZED AGENT     LEASEHOLDER    OTHER: \_\_\_\_\_

- Same as above. If not, complete the information below for each landowner if leased properties are involved.
- Check if this contact is exempt from public records in accordance with s. 119.071, F.S.  
If checked, specify the provision providing the exemption (required): \_\_\_\_\_

Name: \_\_\_\_\_

Business Relationship to Landowner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

- Additional contacts are listed on a separate sheet. (check if applicable)

**Complete the following information for the property on which BMPs will be implemented under this NOI.** The NOI may include multiple parcels if all the following apply: the parcels are owned or leased by the same person or entity, the same type of operation is conducted on each included parcel, the same BMPs are being applied and all the parcels are considered to be either within a BMAP area or outside of a BMAP area. Contiguous parcels are all considered to be within a BMAP area if any portion of any of the parcels is within a BMAP area. The NOI 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-1.001(9)a)-(b), F.A.C.

**County:** \_\_\_\_\_ **Farm/Site/Operation Name:** \_\_\_\_\_

**Tax Parcel Identification Number(s) from county property appraiser that make up the Enrollment Area:** 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.

|                   |                     |
|-------------------|---------------------|
| Parcel No.: _____ | Parcel Owner: _____ |
| Parcel No.: _____ | Parcel Owner: _____ |
| Parcel No.: _____ | Parcel Owner: _____ |
| Parcel No.: _____ | Parcel Owner: _____ |
| Parcel No.: _____ | Parcel Owner: _____ |

- Additional parcels are listed on a separate sheet. (check if applicable)
- Property Information sheet(s) are provided (check if applicable)

IN ACCORDANCE WITH SECTION 403.067(7)(C)2, FLORIDA STATUTES, I SUBMIT THE FOREGOING INFORMATION AND THE INDICATED BMP CHECKLIST(S), OR THE DOCUMENTATION REQUIRED BY 5M-1.004, F.A.C., FOR THE EQUIVALENT PROGRAMS LISTED IN RULE 5M-1.001(9) F.A.C., AS PROOF OF MY INTENT TO IMPLEMENT THE APPLICABLE BMPS IDENTIFIED IN THIS NOTICE OF INTENT ON THE AREA IDENTIFIED AS THE ENROLLMENT AREA. BY THE SIGNATURE BELOW, I CERTIFY THAT: 1) ALL THE INFORMATION ENTERED IS COMPLETE AND 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 INDICATED BMP CHECKLIST.

**PRINT NAME:** \_\_\_\_\_

(check all that apply)     PRIMARY PRODUCER     LANDOWNER     AUTHORIZED AGENT (documentation required)

**SIGNATURE:** \_\_\_\_\_    **DATE:** \_\_\_\_\_

**NAME OF FDACS STAFF OR CONTRACTOR ASSISTING WITH ENROLLMENT:** \_\_\_\_\_

**NOTES:**

1. 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 subject property.
2. 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.
3. Notify FDACS if there is a full or partial change in ownership regarding any of the parcel(s) identified in this NOI. Use the Request Change to Notice of Intent (FDACS-01985 Rev. 06/24, as incorporated in 5M-1.004, F.A.C.), to submit these changes.
4. 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>.