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

NOTICE OF INTENT TO IMPLEMENT
WATER QUALITY/QUANTITY BMPS
FOR FLORIDA EQUINE OPERATIONS

Rule 5M-14.004, F.A.C.

- Complete all sections of the Notice of Intent (NOI). Each NOI may list only properties that are within the same county and are owned or leased by the same person or entity, and on which applicable BMPs will be identified and implemented under this manual.
- Submit the NOI, along with the BMP Checklist, to the Florida Department of Agriculture and Consumer Services (FDACS), at the address below.
- Keep a copy of the NOI and the BMP checklist in your files as part of your BMP record keeping.

You can visit http://www.freshfromflorida.com/onestop/forms/01549.pdf to obtain an electronic version of this Notice of Intent to Implement (NOI) form.

If you would like assistance in completing this NOI form or the BMP Checklist, or with implementing BMPs, contact FDACS staff at (850) 617-1727 or AgBmpHelp@freshfromflorida.com.

Mail this completed form and the BMP Checklist to:
FDACS Office of Agricultural Water Policy
1203 Governor’s Square Boulevard, Suite 200
Tallahassee, Florida 32301

PERSON TO CONTACT

Name:__________________________________________________________
Business Relationship to Landowner/Leaseholder:__________________________
Mailing Address:___________________________________________________
City:________________________State:______Zip Code:_____________________
Telephone:_____________________FAX:_____________________________
Email:______________________________

☐ LANDOWNER OR ☐ LEASEHOLDER INFORMATION (check all that apply)

NOTE: If the Landowner/Leaseholder information is the same as the Contact Information listed above, please check: ☐ Same as above. If not, complete the information below.

Name:__________________________________________________________
Mailing Address:___________________________________________________
City:________________________State:______Zip Code:_____________________
Telephone:_____________________FAX:_____________________________
Email:______________________________
Complete the following information for the property on which BMPs will be implemented under this NOI. You may list multiple parcels if they are located within the same county and are owned or leased by the same person or entity.

Operation Name: ____________________________

County: ____________________________________________

Tax Parcel Identification Number(s) from County Property Appraiser
Please submit a copy of your county tax bill(s) for all enrolled property, with owner name, address, and the tax parcel ID number(s) clearly visible. If you cannot provide a copy of the tax bill(s), please write the parcel owner’s name and tax parcel ID number(s) below in the format the county uses. Attach a separate sheet if necessary (see form provided).

Parcel No.: Parcel Owner: ______________________________
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☐ Additional parcels are listed on separate sheet. (check if applicable)

Total # of acres of all parcels listed (as shown 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) ENROLLED UNDER THIS NOTICE OF INTENT.

PRINT NAME: ________________________________
(check all that apply) ☐ LANDOWNER ☐ LEASEHOLDER ☐ AUTHORIZED Agent (see below)*

* Relationship to Landowner or Leaseholder: ________________________________

SIGNATURE: ________________________________ DATE: ________________

NAME OF STAFF ASSISTING WITH NOI: ________________________________

NOTES:
1. You must keep records of BMP implementation, as specified in the BMP manual. All BMP records are subject to inspection.
2. You must notify FDACS if there is a full or partial change in ownership with regard to the parcel(s) enrolled under this NOI.
3. Please remember that it is your responsibility to stay current with future updates of this manual. Visit the following website periodically to check for manual updates: www.floridaagwaterpolicy.com

NAME OF STAFF ASSISTING WITH NOI: ________________________________

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3. Please remember that it is your responsibility to stay current with future updates of this manual. Visit the following website periodically to check for manual updates: www.floridaagwaterpolicy.com
## ADDITIONAL TAX PARCEL LISTINGS

**Operation Name:** 

**County:** 

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<th>Parcel No.</th>
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