



**NOTICE OF INTENT
TO USE THE NPDES GENERIC PERMIT FOR DISCHARGES
FROM PETROLEUM CONTAMINATED SITES
DEP Form 62-621.300(1)(b)
Effective, Month, Date, Year**

Part I. Instructions

This Notice of Intent (NOI) form shall be completed and submitted to the wastewater program at the appropriate District Office as part of the request for coverage under the NPDES Generic Permit for Discharges from Petroleum Contaminated Sites subsection 62-621.300(1), F.A.C, at least thirty 30 days before the discharge is initiated. Applicants should be familiar with the rule, Generic Permit form and instructions before completing this NOI form. **Attach additional information on separate sheets as necessary.**

1. Submit this completed form, supporting documentation and the \$100.00 application fee to the appropriate District Office. The address of the appropriate District Office can be located at: <https://floridadep.gov/districts>. Electronic submittal is preferred and is available at the DEP Business Portal <http://www.fldepportal.com/go/>. **All NOIs submitted after December 21, 2020 shall be submitted electronically.**
2. Checks should be payable to the Florida Department of Environmental Protection. **DEP will not process this form without the appropriate fee.**
3. If an item is not applicable to your project, indicate "NA" in the appropriate space provided.

Discharges from pump tests to characterize the aquifer that last for eight (8) hours or less, are covered under the NPDES Generic Permit for Discharges from Petroleum Contaminated Sites without the need to submit a request for coverage to the Department provided the permittee has data indicating that only contamination from petroleum fuels is present at the site. See DEP Form 62-621.300(1)(a), effective *Month, Day, Year* for applicable effluent limitations and monitoring requirements.

Part II. Facility Address

1. Facility Name: _____ 2. County: _____
3. Physical Address: _____
4. City or Town: _____ 5. FL 6. Zip Code: _____
7. Latitude: _____° _____' _____" 8. Longitude: _____° _____' _____"
9. Provide mailing address if different from the facility physical address.

10. If records required in accordance with Part VII of DEP Document 62-621.300(1)(a), are kept off-site, please provide the physical address of site where records will be kept. **Note: location must be accessible by the Department.**

Part III. Facility Information

1. Facility Organization Formal Name: _____
2. Indicate application type:
 - New application
 - Renewal of existing generic permit coverage
 Provide facility ID number (e.g. FLG910001). _____
3. Facility Classification
 - (a) Identify (select one) the primary North American Industry Classification System (NAICS) Code and corresponding Standard Industrial Classification (SIC) Code.

(1) Establishments (Gasoline stations, Truck stops, Marine service stations) engaged in retailing automotive fuels (e.g., diesel fuel, gasohol, gasoline)

NAICS Code 447110 - Gasoline Stations with Convenience Stores
SIC Code 5541 - Gasoline Service Station

NAICS Code 447190 - Gasoline stations without convenience stores
SIC Code 5541 - Gasoline Service Station

(2) Aviation

NAICS Code 488190 - Other Support Activities for Air Transportation
SIC Code 4581 - Airports, Flying Fields, and Airport Terminal Services

(b) Indicate additional NAICS Code and SIC Code, if applicable

NAICS Code _____ Description _____
SIC Code _____ Description _____

Part IV. Facility Ownership

1. Type of Ownership:

Federal State Public Private Other (specify) _____

2. Owner name: _____

3. The owner is: An Individual An Organization

4. Mailing Address (Street or P. O. Box.): _____

5. City or Town: _____ 6. State: _____ 7. Zip Code: _____

8. Phone No.: _____ - _____ - _____ 9. Email Address: _____

Part V. Facility Operator

1. Is the facility owner also the permittee?

Yes. Continue to Part VI.
 No. Complete operator information below.

2. Provide the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Operator name: _____

3. The operator is: An Individual An Organization

4. Mailing Address (Street or P. O. Box.): _____

5. City or Town: _____ 6. State: _____ 7. Zip Code: _____

8. Phone No.: _____ - _____ - _____ 9. Email Address: _____

Part VI. Facility Contact

Provide the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and who can be contacted by the Department if necessary.

1. Contact Name: _____ 2. Contact Title: _____

3. Relationship to Facility (e.g. Owner, Operator, Main Contact): _____

4. Mailing Address (Street or P. O. Box.): _____

5. City or Town: _____ 6. State: _____ 7. Zip Code: _____

8. Phone No.: _____ - _____ - _____ 9. Email Address: _____

Part VII. Outfall Location

- 1. Outfall Number _____
 - (a) Latitude _____° _____' _____"
 - (b) Longitude _____° _____' _____"
 - (c) Name of the receiving water body: _____
- 2. Outfall Number _____
 - (a) Latitude _____° _____' _____"
 - (b) Longitude _____° _____' _____"
 - (c) Name of the receiving water body: _____
- 3. The receiving water body is: Predominately Fresh Waters Predominately Marine Waters
- 4. Facility Average Flow (Actual or Estimated) _____ MGD
- 5. Attach map showing the facility and discharge location.

Part VIII. Duration of Discharge (Complete Section A or Section B as Applicable)

A. Long Term Discharges (more than thirty (30) days)

- 1. Date of the Remedial Action Plan order approval by the Department. _____
- 2. Remedial Action Plan indicates contamination at the site resulted from leaded fuels
 - Yes.
 - No.
- 3. Remedial Action Plan indicates Naphthalene contamination at the site
 - Yes.
 - No.
- 4. Discharge will occur for one (1) year or more
 - Yes. Complete item 5 below
 - No. Continue to Part IX.
- 5. Long term treatment systems that will discharge one (1) year or more shall develop and maintain a Pollution Prevention Plan for the site. The plan shall contain the following information:
 - (a) A narrative of what caused the ground water contamination.
 - (b) Methods currently being used at the site to prevent ground water contamination from reoccurring.
 - (c) Other alternative treatment options which were considered in reducing the ground water contamination.
 - (d) Evaluation and an explanation of why a discharge to surface waters of the State was chosen instead of the following disposal options:
 - (1) An in situ ground water remediation technique which does not involve recovery of contaminated water;
 - (2) An alternative means of discharge or disposal of treated ground water, such as re-infiltration on site; or,
 - (3) Using a limited scope cleanup strategy which involves short term ground water recovery followed by monitoring-only at the site.

Was an evaluation of the alternative disposal options listed in item (d) above done?

 - Yes. Continue to item 6 below.
 - No. **Your application cannot be processed until this item is complete.**
- 6. The Pollution Prevention Plan has been developed and is available to the Department upon request.
 - Yes. Continue to Part IX.
 - No. **Your application cannot be processed until this item is complete.**

B. Short Term Discharges (maximum of thirty (30) days or less)

1. Indicate date discharge is anticipated to cease. _____
2. Indicate if a site assessment, prepared in accordance with Chapter 62-780, F.A.C., is available.
 - Yes. Specify date of the site assessment. _____ Continue to 3.
 - No. Complete Part VII.C.
3. Site assessment indicates contamination at the site resulted from leaded fuels
 - Yes.
 - No.
4. Site assessment indicates Naphthalene contamination at the site
 - Yes.
 - No.

C. Analytical Results of Untreated Ground Water Samples

Applicants that do not have a site assessment in accordance with Chapter 62-780, F.A.C., but wish to be covered under the provisions of Part V.A.1 of the NPDES Generic Permit for Discharges from Petroleum Contaminated Sites subsection 62-621.300(1), F.A.C, shall conduct analytical tests of untreated ground water samples for the parameters listed in Part VII.C1, or Part VII.C.2 of this form as applicable. The analytical tests shall be conducted in accordance with Part IX.11 of the generic permit. If the reported levels of benzene, naphthalene or lead in the ground water sample exceed the screening values listed in Part VII.C.1 or Part VII.C.2 and the other parameters meet the screening value, then the discharge is covered under Part V.A.1 of the Generic Permit. If the reported levels of mercury, cadmium, copper, zinc or chromium (Hex) exceed the screening values in Part VII.C1 or Part VII.C.2 the site is not eligible for coverage under this permit. Provide analytical results as applicable.

1. Analytical Results of Sites Proposing Discharges into Predominately Fresh Waters

Parameter	Units	Screening Values for Discharges into Predominately Fresh Waters	Reported Level
pH	s.u.	6.0 - 8.5	_____
Total Recoverable Mercury	µg/l	0.012	_____
Total Recoverable Cadmium	µg/l	Calculated screening value: _____	_____
Total Recoverable Copper	µg/l	Calculated screening value: _____	_____
Total Recoverable Lead	µg/l	Calculated screening value: _____	_____
Total Recoverable Zinc	µg/l	Calculated screening value: _____	_____
Total Recoverable Chromium (Hexavalent)	µg/l	11	_____
Benzene	µg/l	1	_____
Naphthalene	µg/l	100	_____
Hardness, Total (as CaCO ₃)	mg/l	Report	_____

- a. Total hardness of the receiving water body shall be measured at the time of groundwater screening when the proposed discharge is to predominantly fresh water.
- b. The screening value for “Total Recoverable Cadmium”, “Total Recoverable Copper”, “Total Recoverable Lead” and “Total Recoverable Zinc” shall be calculated and reported above using the equations specified in Rule 62-302.530, F.A.C. The “ln H” means the natural logarithm of total hardness expressed as mg/L of CaCO₃. For metals criteria involving equations with hardness, the hardness shall be set at 25 mg/L if actual hardness is <25 mg/L and set at 400 mg/L if actual hardness is >400 mg/L.

2. Analytical Results of Sites Proposing Discharges into Predominately Marine Waters

Parameter	Units	Screening Values for Discharges into Predominantly Marine Waters	Reported Level
pH	s.u.	6.5 - 8.5	<input type="text"/>
Total Recoverable Mercury	µg/l	0.025	<input type="text"/>
Total Recoverable Cadmium	µg/l	8.8	<input type="text"/>
Total Recoverable Copper	µg/l	3.7	<input type="text"/>
Total Recoverable Lead	µg/l	8.5	<input type="text"/>
Total Recoverable Zinc	µg/l	86	<input type="text"/>
Total Recoverable Chromium (Hexavalent)	µg/l	50	<input type="text"/>
Benzene	µg/l	1	<input type="text"/>
Naphthalene	µg/l	100	<input type="text"/>

Part IX. Certifications

Owner or Operator¹

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name & Official Title (type or print)

Phone No.: - -

Email Address:

Signature

Date signed:

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.