

STATE OF FLORIDA
DEPARTMENT OF HEALTH

AGRICULTURAL USE PLAN

Instructions:

1. This form shall be submitted by persons maintaining property upon which treated septage and other domestic wastewater residuals regulated by the department are to be applied. The application of these wastes may only be approved by the department when used as a part of an ongoing agricultural program, and application of treated septage and sludges shall be performed in such a manner so as not to exceed the needs of the crops with respect to nitrogen or phosphorous. Chapter 64E-6.010, F.A.C. specifies the manner in which land application of septage and other domestic sludges may be land applied. Copies of this rule may be obtained from any DOH county health department or upon request from: DOH Environmental Health Services, 4052 Bald Cypress Way, Bin# A08, Tallahassee, Florida 32399-1713.
2. A copy of this agricultural use plan must be filled out completely and submitted to the DOH county health department in the county in which your property is located. A separate form must be completed for each parcel upon which septage and other domestic sludges will be land applied. This form shall be completed and submitted annually to the DOH county health department and shall be available to all companies authorized to dispose of treated septage and other domestic sludges on your property.
3. By allowing companies to dispose of treated septage and other domestic sludges on you property, you also agree to allow department employees to enter onto your property upon proper notice and during reasonable hours to evaluate the compliance of your site with provisions set forth in Chapter 64E-6, F.A.C.
4. Additional information necessary to evaluate the suitability of your property for land application of septage shall be submitted upon the request of the DOH county health department prior to allowing the treated septage and other domestic sludges to be land applied.

PART I DISPOSAL SITE INFORMATION

1. Location:

Property Owner: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____

Section: _____ Township: _____ Range: _____ Parcel: _____ County: _____

Directions to Property: _____

Will someone other than the Owner be managing the site: Yes ___ No ___ If yes, provide the following:

Manager's Name: _____ Address: _____

City _____ State: _____ Zip: _____ Phone: _____

2. Attach a map of appropriate scale to show site location and boundary of the land application area. The following information shall be indicated on the site map:

- a. Water supply wells on the site or adjacent to the site;
- b. Surface waters on the site and adjacent to the site; and,
- c. Occupied buildings on the site or adjacent to the site

The boundary of the land application area shall be shown to conform to the following requirements:

- a. 3000 Feet from a Class I water body or Outstanding Florida Water as defined in Chapter 17-302, F.A.C.;
- b. 200 Feet to any other surface water except canals or bodies of water used for irrigation, that are located completely within the site and will not discharge from the site;
- c. 300 Feet from any shallow private water supply well and 500 feet from any shallow public water supply well;
- d. 200 feet from any visible evidence of sinkholes or other natural or manmade conduits that could allow direct contamination of groundwater.

3. Total Acreage of Site: _____ Acreage to be applied: _____ Soil pH: _____

4. Soil survey information should be attached that demonstrates that the seasonal high ground water is not within 24 inches of the ground surface. If the seasonal high ground water level will be within 24 inches of the ground surface or is undetermined, the ground water level shall be monitored prior to each application of septage. The location of these monitoring points shall be shown on the site map. If the seasonal high ground water level is determined to be within 24 inches of the ground surface or is undetermined, state what provisions will be made to assure that septage and other domestic residuals will be handled in a sanitary manner, will not be disposed of improperly, and will not create a nuisance condition. (examples of adequate assurances are onsite storage facilities, off site storage facilities, alternative disposal sites, etc.)

PART I CONTINUED

5. Attach a USGS or other suitable topographic map to demonstrate that site slopes do not exceed 8 percent. If slopes exceed 2 percent, attach a conservation plan prepared by or approved by the Soil Conservation Service or a stormwater management plan prepared in accordance with the provisions of Chapter 17-25, F.A.C., by an engineer registered in Florida. The plan shall demonstrate that suitable soil infiltration rates and stormwater control measures exist at the site to retain runoff generated by storms up to a 10-year, 1-hour event.

Do slopes exceed 8 percent: Yes _____ No _____ Do slopes exceed 2 percent: Yes _____ No _____
Will septage and other domestic sludges be stored at the application site Yes _____ No _____
If yes, indicate the location of storage facilities and describe the provisions for storage: _____

6. Crop(s) or vegetation type (name): _____

6A. Complete section 6A if you are in an area where septage application is limited by nitrogen.

1. Nitrogen demand is: _____ lbs./acre/year as determined by :
_____ Recommendations of Soil Conservation Service or Institute of Food and Agricultural Science (attach documentation)
_____ Other; (identify and attach supporting documentation) _____
_____ The maximum allowable nitrogen application rate is 500 pounds (40,000 gallons of septage) per acre per year.

6B. Complete section 6B if you are in an area where septage application is limited by phosphorous.

1. Available Phosphorous Soil Test Result (Mehlich-1 soil test) _____ ppm
2. Phosphorous demand is: _____ lbs./acre/year P P₂O₅ as determined by :
_____ UF/IFAS Standardized Fertilization Recommendations for Agronomic Crops.
_____ NRCS Recommendations
_____ Other; (identify and attach supporting documentation) _____
_____ The maximum allowable phosphorous application rate is 40 pounds (12,000 gallons of septage) per acre per year.

6C. The Septage Application Rate for the entire site is _____ gallons/year

PART II WASTE GENERATORS:

List all companies authorized to land apply treated septage to your property and the gallonage amounts expected to be applied to your property by each company (attach additional sheets if necessary).

1. Company: _____ Number of trucks allowed on property: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Contact Person with the Company _____ Phone: _____
Maximum amount of septage to be accepted from this company on an annual basis: _____ gallons

2. Company: _____ Number of trucks allowed on property: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Contact Person with the Company _____ Phone: _____
Maximum amount of septage to be accepted from this company on an annual basis: _____ gallons

3. Company: _____ Number of trucks allowed on property: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Contact Person with the Company _____ Phone: _____
Maximum amount of septage to be accepted from this company on an annual basis: _____ gallons

I agree to operate this site in conformance with all applicable rules and standards and agree to cease land application of septage and other domestic sludges if the department determines that continued operation constitutes a nuisance injurious to the public's health. I accept the obligation to maintain records as may be required and will file an amended or updated plan at least annually.

Owner's Signature: _____ Date ____/____/____

Received by: _____ CHD: _____ Date ____/____/____

Reviewed by: _____ Disapproved: _____ Date ____/____/____
Approved: _____ Date ____/____/____