

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

WATER USE PERMIT LETTER MODIFICATION REQUEST FOR THE MANDATORY YEAR-ROUND LANDSCAPE IRRIGATION CONSERVATION MEASURES

For landscape irrigation water use permits issued pursuant to Chapters 40E-2 and 40E-20, F.A.C., & the No Notice Permit by Rule

General and Specific Authority, Chapter 373, F.S., 40E-20, F.A.C.

A. GENERAL INFORMATION

Name: _____ Project Name: _____

Address: _____
Street City County State Zip Code

Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Property Location (if different from above):

Street City County State Zip Code

Section/Township/Range (if known): _____

The water for landscape irrigation water is from a: Well Canal Lake Utility

Is this for a single family dwelling or duplex? Yes No

SFWMD Water Use Permit No. (if applicable): _____

Parcel ID or Folio Number (may be found on your property tax bill or your county property appraiser website): _____

B. SPECIFIC RULE

List the specific rule or restriction necessitating the application for letter modification

C. SUPPORTING FACTS

Explain the circumstances that make compliance with the landscape irrigation conservation measure a problem. Use sufficient detail. You may include reports by a qualified technical expert.

D. RELIEF REQUESTED

Describe the alternative practice or schedule that you are requesting.

E. TIME PERIOD

Describe the length of time needed for the letter modification

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F. DAMAGE OR HARM

Explain the nature of harm (e.g., economic, health, safety) that will occur without the letter modification.

G. COST OR EXTENT

List the measures that you would need to take to comply with the landscape irrigation conservation measures. List the effort, time, and estimated cost of compliance with the landscape irrigation conservation measures.

H. DESCRIPTION OF IRRIGATION SYSTEM

(Use additional paper if necessary to fully describe the irrigation system):

Attachments:

- Site map of the property, including each irrigation zone. List the type of plant that is irrigated in each zone.
- The area of the property to be irrigated (in square feet or acres).
- List of withdrawal pumps and the irrigation zones for each pump.
- Proposed irrigation schedule (times/day) for each zone. If you request more than twenty (20) minutes per zone, please include the reason the additional time is needed.
- Pump output in gallons per minute.

I. SITE SPECIFIC INFORMATION (if applicable)

Attach any documentation demonstrating the soil characteristics, depth to background water level, net depth of application, or other site specific information, etc.

J. OTHER MATERIAL INFORMATION

Signature
Print Name: _____
Date: _____

Your request must be submitted by mail to:
South Florida Water Management District
3301 Gun Club Road, MSC 2442
West Palm Beach, Florida 33406