



Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**APPLICATION FOR PERMIT TO APPLY ALDICARB (TEMIK)**

**NICOLE "NIKKI" FRIED**  
**COMMISSIONER**

Chapters 487.042 & 487.051, F.S., Rule 5E-2.028, F.A.C.  
Telephone (850) 617-7870; Fax (850) 617-7895

Applicant Information			
Licensed Applicator's Name: _____			
Last	First	Middle	Suffix (Jr., etc.)
Mailing Address: _____			
Street	City	State	Zip Code
Business Phone: _____		Cell Phone: _____	
		Home Phone: _____	
License Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> Private		License No. _____ Expiration Date _____	

Site Information			
Contact (property owner/manager/caretaker, if different from applicator): _____			Phone: _____
Address: _____			
Street	City	Zip Code	
Application Site County: _____		Field/Grove/Block: _____	
Township: _____	Range: _____	Section: _____	# Site Acres: _____ # Drinking Wells: _____ # Non-Drinking Wells: _____
Crop: (check only one) <input type="checkbox"/> Citrus <input type="checkbox"/> Cotton <input type="checkbox"/> Peanuts <input type="checkbox"/> Potatoes <input type="checkbox"/> Pecans <input type="checkbox"/> Sorghum <input type="checkbox"/> Soybeans			

Drinking Well Information			
Complete the table below for all drinking wells that determine application setbacks. See back of form for more information. Until July 1, 2007, if latitude and longitude coordinates are not available, write in or attach a written description of each well location.			
Drinking Well Information Table			
Entry #	Latitude*	Longitude*	Approved Setback (FDACS Use)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
*In decimal degrees to 5 decimal places (required as of July 1, 2007).			

Section Diagram (required as of July 1, 2007)			
Complete the section diagram below by putting an "X" in all 1/4 of 1/4 sections in which any part of the application site is situated.			
NW			NE
SW			SE

I understand that all applicable regulations must be complied with, including requirements and restrictions on the Temik label, the Florida aldicarb rule (Rule 5E-2.028, F.A.C.) and the Worker Protection Standard.

\_\_\_\_\_  
Signature of Applicator Date

FOR FDACS USE ONLY	
Date Rec'd: _____	Date App'd: _____
PERMIT NO.: _____	
Application Period _____	

## INSTRUCTIONS - Application for Permit to Apply Aldicarb (Temik)

All requested information on the permit application must be provided. Please follow these instructions:

**APPLICANT INFORMATION:** The licensed applicator listed must be the person who will conduct or directly supervise the application. The pesticide applicator license must not expire before the application takes place. If the license is scheduled to expire during the desired application period, only the time period until license expiration will be approved. When the license is renewed, the approved application period may be extended upon request.

### SITE INFORMATION:

**Field/Grove/Block:** The informal or common name of the field, grove, or block to be treated.

**Township/Range/Section:** This information is needed to identify the location of the application site. If the site is situated so that it includes more than one section, split the site into two or more sites, as appropriate, each in a distinct section, and submit them as separate sites.

**# Site Acres:** This figure is for site identification, not for identification of treated acreage. List the **total number of acres at the overall application site**, regardless of the number of acres to be treated. This should include any untreated sections of the same field/grove, including ditches, drive lanes, etc. that are within the application site, provided the untreated sections, ditches, drive lanes, etc. are not of substantial size to be identified as separate sites.

**# Drinking Wells:** List the number of drinking wells, including cased wells, within the application site and around the perimeter of the site that determine application setbacks (300 or 1,000 feet). See "DRINKING WELL INFORMATION" below for more information.

**# Non-Drinking Wells:** List the number of wells within the application site that are not used for human consumption, such as irrigation wells. No setback is required for these wells provided they are posted "NOT FOR HUMAN CONSUMPTION".

**Crop:** Check the crop to be treated. Please check only one. If you're not sure what the crop will be (cotton, peanuts, etc), submit a separate permit application for each potential crop at the site in question.

**Citrus Type:** If the crop is citrus, check the appropriate type (orange, grapefruit, etc.). Otherwise, leave blank.

**DRINKING WELL INFORMATION:** The Florida aldicarb rule prohibits the application of aldicarb within 300 feet of any drinking well. For purposes of this rule, a drinking well is any well used for human consumption. The Florida aldicarb rule requires a 1,000-foot drinking well setback from portions of citrus application sites that contain highly permeable well-drained soil. Exception: Wells that are cased to a depth of 100 feet below ground surface or at least 30 feet below the top of the shallowest water-producing zone recognized at the time of well completion require only a 300-foot setback instead of a 1,000-foot setback, provided proof of well construction documentation is provided. Proof of well construction must consist of one of the following documents.

- 1) copy of the well completion report issued by the appropriate Water Management District; or
- 2) statement certified as to accuracy by a Florida-licensed well contractor.

Effective July 1, 2007, well construction documentation must contain all of the following information:

- 1) well location;
- 2) casing depth;
- 3) static water level at time of well completion, if not continuously cased to a depth of 100 feet or greater; and
- 4) name of water management district or Florida-licensed well contractor that issued the document.

Effective July 1, 2007, well location must be identified by Global Positioning System (GPS) latitude and longitude coordinates in decimal degrees to at least five (5) decimal places. Latitude and longitude coordinates must be in this format: Latitude: 28.45874; Longitude: -82.08945. Until July 1, 2007, if latitude and longitude coordinates are not available, write in or attach a written description of each well location.

**Well location must be provided for all drinking wells, including cased wells, within the application site and those around the perimeter of the application site that determine application setbacks (300 or 1,000 feet).**

**SECTION DIAGRAM:** Effective July 1, 2007, all 1/4 of 1/4 sections in which any portion of the application site is situated must be identified. Place an "X" in all 1/4 of 1/4 boxes on the section diagram to indicate all 1/4 of 1/4 sections in which any portion of the application site is situated.

**REFERENCE:** Rule 5E-2.028, Florida Administrative Code.

**IF YOU HAVE ANY QUESTIONS, CONTACT THE PESTICIDE CERTIFICATION SECTION AT 850-617-7870.**