



## AGRICULTURAL WASTE OPERATING REPORT FORM (AWORF)

Permit No.:

Permit Year:

Reports must be emailed to:

[DERMPRD-Reporting@miamidade.gov](mailto:DERMPRD-Reporting@miamidade.gov)

Facility Name:

Facility Address:

Contact Name:

Email:

All public and private golf courses are encouraged to follow the provisions of the Florida Department of Environmental Protection document, titled "BMPs for the Enhancement of Environmental Quality on Florida Golf Courses, January 2012", as may be amended.

<https://www.flrules.org/gateway/reference.asp?No=Ref-04702>

### Instructions

A quarterly report of fertilizer use must be recorded beginning with the start date of your Agricultural Waste Annual Operating Permit and submitted to the Department by the 15th of the following month of each quarter, including periods of inactivity at the facility. The report must be accompanied by the Agricultural Waste Operating Reporting Form (AWORF) provided by the Department. The AWORF must be prepared and signed by a facility authorized representative and submitted to the email address provided above.

### 1- FERTILIZER USAGE

#### a.- Applicator Information

Name:

Attach a copy of valid certificate

#### b.- Fertilizer:

Maker:

Commercial name:

Frequency of application:

Usage rate (lbs./acre):

Image of Product Label:

**c- Location:**

Attach a site sketch of the course identifying areas of application



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**2- LOW MAINTENANCE LANDSCAPING**

Describe low maintenance landscaping in use in the golf course. Describe your appropriate plant choices, and design considerations for water conservation, protection of the environment, adaptation to local conditions.

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**3- FERTILIZER-RELATED TRAINING**

Provide a list and dates of fertilizer related training provided in house or by other providers. Attach certificates if available.

#### 4- ACTIONS TAKEN TO VOLUNTARILY REDUCE FERTILIZER USAGE

Provide any actions undertaken during the reporting period toward the reduction of fertilizer usage.

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#### 5- INCIDENTS INCLUDING BUT NOT LIMITED TO ALGAE BLOOMS OR FISH KILLS

For every incident provide:

Location	Date	Quantity (if a fish kill)	Actions taken

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#### 6- ATTACHMENTS

**Mandatory** (section 1a of this form)

- 1- Copy of valid applicator fertilize certificate, Yes ☐

**Optional** (section 3 of this form)

- 1- Copy of certificates received during training activities  
as explained in section 3 of this form Yes ☐

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I hereby certify that, to the best of my knowledge, this document and all attachments are true, accurate and complete.

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Authorized Representative or Corporate Officer

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Report Completion Date