

PERMIT APPLICATION # _____

DISTRICT ID # _____

DATE RECEIVED _____

Aquatic Nuisance Control Program 10 V.S.A Chapter 50, Subsection 1455
 Vermont Department of Environmental Conservation Waterbury, VT (802) 241-3777

FORM A - APPLICATION FOR PERMIT TO USE PESTICIDES

PRINT OR TYPE

1. Applicant's Name		
Street Address		
Town	State	Zip Code
Telephone Number(s)		
Contact Person's Name and Telephone Number(s) if different from Applicant		
2. Name of Project Applicator/Co-Applicant	VT Applicator License # (Category 5-Aquatics)	
Contact Telephone Number		
Company Name		
Street Address		
Town	State	Zip Code
3. Name of waterbody		
Town(s) waterbody is located in		
4. Total acreage of waterbody	5. Is the waterbody wholly contained on Applicant's property? <input type="checkbox"/> yes <input type="checkbox"/> no	
6. Are there any wetlands associated with the waterbody? <input type="checkbox"/> yes: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> no	7. Does the waterbody have an outlet? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the name of the brook/river it flows into?	

<p>8. Can the Applicant control the water flow out of the waterbody after treatment? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, by what method and for how long?</p>	
<p>9. Uses of the waterbody by shoreline property owners and the public (check all applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> water supply - <input type="checkbox"/> private or <input type="checkbox"/> public <input type="checkbox"/> watering livestock <input type="checkbox"/> irrigation <input type="checkbox"/> boating <input type="checkbox"/> swimming <input type="checkbox"/> fishing <input type="checkbox"/> other (specify): 	
<p>10. Attach a list of names/addresses for (a) or (b): NOTE-if more than 10 entries provide list in 5960 Label Format</p> <p>a. If a whole-lake treatment, provide names and mailing addresses for all property owners adjacent to the waterbody and downstream for one mile.</p> <p>b. If spot/partial-lake treatment, names/addresses will be required following Department review of the application materials to determine the applicable areas for name/address submittal.</p> <p>If applicable, they will receive notice of this application. Additional information regarding all adjacent/downstream property owners may be required.</p>	
<p>11. Nuisance to be controlled is</p> <ul style="list-style-type: none"> <input type="checkbox"/> plant (list species): <input type="checkbox"/> algae (list species): <input type="checkbox"/> other: 	<p>12. (Co-Applicant complete) Chemical to be used: Trade Name and EPA Registration #</p> <p>Also, attach a copy of the most recent Product Label and Material Safety Data Sheet.</p>
<p>13. (Co-Applicant complete) Application rate to be used (ppm):</p> <p>Explain why the application rate was chosen</p>	<p>14. (Co-Applicant complete-use added sheets if needed) Total amount of pesticide to be used for each treatment or booster treatment:</p> <p>Show and explain calculations used to determine total amount of pesticide</p> <p>Total amount of pesticide to be used for each treatment or booster treatment <i>per acre</i>:</p> <p>Show and explain calculations used to determine amount per acre</p>
<p>15. Total acreage to be treated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> entire waterbody (or) <input type="checkbox"/> spot treatment(s) Give dimensions or acreage of each spot treatment 	
<p>16. Average treatment depth: _____ feet Maximum depth of waterbody: _____ feet</p>	
<p>17. Proposed date(s) of treatment(s) - specify the day(s), month(s) and year(s):</p>	

18. (Applicant and Co-Applicant complete)

Describe the proposed project, including the following items:

- a) the reason(s) the Applicant desires to control the aquatic nuisance species;
- b) a history of the growth of the aquatic nuisance species in the waterbody;
- c) a description of the proposed treatment - how the pesticide will be applied to the waterbody, the timing of the treatment (is it a one-time treatment, will there be boost treatments, are future treatments proposed);
- d) names of the aquatic plants in the waterbody (provide scientific names if known);
- e) names of the fish species present in the waterbody (provide scientific names if known); and
- f) names of any rare, threatened or endangered plant or animal species.

19. (Applicant and Co-Applicant complete)

How does the Applicant intend to ensure compliance by users of the waterbody with the water use restrictions on the product label? (Note that additional restrictions, other than those listed on the product label, may be required.)

20. Describe what pesticides and/or non-pesticide control methods have been used before at this site (or indicate if none have been used). Include any current/effective ANC Permit(s) and if you will continue with that control method. What were the results? Explain in detail why the use of non-pesticide control methods is not reasonable.

21. (Applicant and Co-Applicant complete)

Determine if a Long-Range Management Plan is required to be submitted with this application, using the criteria below:

10 V.S.A. §1455 (e) states ... a landowner applying to use a pesticide on a pond located entirely on the landowner's property is exempt from the requirement that "a long-range management plan has been developed which incorporates a schedule of pesticide minimization."

All other applicants must submit a long-range management plan describing how control/management of the nuisance species will be conducted during the duration of the permit. The plan should address at least a 5 year time span and incorporate a schedule of pesticide minimization. Describe how the plan will be funded with a detailed budget and funding sources for each year.

As APPLICANT, I agree to accept the following conditions. I hereby:

- a. certify that the statements presented on this application are true and accurate;
- b. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity;
- c. recognize that by signing this application, I am giving consent to employees of the State to enter the subject property for the purpose of processing this application; and
- d. agree to complete all aspects of the project as permitted (if favorable decision issued).

Signature of APPLICANT

Date

As PROJECT APPLICATOR/CO-APPLICANT, I agree to accept the following conditions. I hereby:

- a. certify that the statements presented on this application are true and accurate;
- b. accept responsibility for any damage to properties not covered by this application that may result from the performance of the permitted activity;
- c. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity; and
- d. agree to complete the treatment as permitted (if favorable decision issued).

Signature of PROJECT APPLICATOR/CO-APPLICANT

Date

Application Checklist:

- Form A fee - see ANC Permit Program sheet
- product label/MSDS - #12
- map for #10
- project description - #18
- shoreland/downstream landowner(s) list - #10
- signatures of Applicant and Co-Applicant
(both are required prior to submittal)
- If applicable:
 - long-range management plan - #21

Based upon review of this application and the proposed project, the Applicant may be required to submit additional information in order for the application to be deemed complete and processed.

Mail to: Vermont Department of Environmental Conservation
Water Quality Division, Lakes and Ponds Management Section
103 South Main Street, 10 North
Waterbury VT 05671-0408