

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 B

**APPLICATION FOR PERMIT TO USE
 THE AQUATIC PESTICIDE AQUASHADE**

Application forms are revised periodically. Contact the VTDEC at 802-241-3777 to determine if you have the most current one.
 PLEASE PRINT OR TYPE

1. Applicant's Name		
Street Address		
Town	State	Zip Code
Telephone Number		
Contact Person (if different from Applicant)		
Contact Person's Telephone Number		
2. Name of waterbody		
County	Town	
3. Total acreage of waterbody	4. Is the waterbody wholly contained on Applicant's property? <input type="radio"/> yes <input type="radio"/> no	
5. Are there any wetlands associated with the waterbody? <input type="radio"/> yes: <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> no	6. Is there an outlet to the waterbody? <input type="radio"/> yes <input type="radio"/> no	
7. Can Applicant control out flow after treatment? <input type="radio"/> yes <input type="radio"/> no If yes, for how long?		
8. List fish species present in the waterbody		
9. Uses of the waterbody (place an x in all circles that apply)		

water supply: check type private public
 Attach the names and addresses of all individuals who have intakes into, or shallow or deep wells adjacent to the waterbody, and describe what their use of the water is (e.g., drinking or other domestic use). Provide information for the entire waterbody and any downstream impact areas. Locate all of the identified properties on a map that includes the waterbody and its downstream area.
 watering livestock
 irrigation
 boating
 swimming
 fishing
 other Please specify:

10. Nuisance to be controlled

 plant (list species):
 algae (list species):
 other:

11. Aquashade EPA Registration Number

 (Attach a copy of the most current product label, MSDS sheet and toxicological information in regards to human health and non-target organisms.)

12. Total amount of Aquashade to be used (per acre)

13. Application rate (ppm)

14. Total acreage to be treated
 entire waterbody
 _____ feet along the shore by _____ feet lakeward

15. Average treatment depth _____ feet

16. Proposed date(s) of treatment

17. **Attach** a sketch or appropriate map indicating the treatment site(s).

 The sketch should include inlets, outlets, depth contour lines, aquatic nuisance problem areas, areas to be treated in the waterbody, every water supply (drinking and/or other domestic) locations for entire waterbody, and immediate shoreline land use (such as agriculture, plant nursery, cow pasture, etc.). Indicate the compass direction north.

18. Name of Applicator

VT Applicator License #

Company Name

Street Address

Town

State

Zip Code

Telephone Number:

19. **Attach** a detailed description of your project. At a minimum, include the following:

- a) a discussion of why you desire to control the indicated aquatic nuisance species;
- b) a history of the problem;
- c) a description of the proposed Aquashade treatment rate and method of application, and timing;
- d) a description of the aquatic plant community in the waterbody (provide scientific names if known);
- e) list any rare, threatened or endangered plant or animal species (current or historical records).

20. How does Applicant intend to comply with any product label restrictions (i.e., water use restrictions)?

21. **Attach name and address of all shoreland/stream bank/downstream landowner(s).** They will receive notice of this application.

22. If applicable, describe which control methods have been tried before at this site and what were the results.

23. Are you required to submit a Long Range Management Plan with this application?

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 develop a long-range management plan that incorporates a schedule of pesticide minimization and submit it with this application.

As APPLICANT, I agree to accept the following conditions:

<p>a. certify that the statements presented on this application are true and accurate;</p> <p>b. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity; and</p> <p>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.</p>	
Signature of APPLICANT	Date
Mailing Address	
<p>As PROJECT APPLICATOR, I agree to accept the following conditions:</p> <p>a. certify that the statements presented on this application are true and accurate;</p> <p>b. accept responsibility for any damage to properties not covered by this application that may result from the performance of the permitted activity; and</p> <p>c. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity.</p>	
Signature of PROJECT APPLICATOR	Date
Mailing Address	

Application Checklist:

Form B Application fee <i>unless exempt</i> __	signatures of Applicant and applicator__
product label __	
sketch/map__	If applicable:
detailed project description __	water supply information (see #9) __
shoreland/stream bank/downstream landowner(s) list/map__	long range management plan (see #23) __

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 fully processed.

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