

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 D - APPLICATION FOR PERMIT TO USE CHEMICALS OTHER THAN PESTICIDES

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, how is out flow controlled and for how long?		
8. List fish species present in the waterbody		

<p>9. Uses of the waterbody (place an x next to all that apply)</p> <p><input type="checkbox"/> water supply: check type <input type="checkbox"/> private <input type="checkbox"/> public</p> <p><input type="checkbox"/> watering livestock</p> <p><input type="checkbox"/> irrigation</p> <p><input type="checkbox"/> boating</p> <p><input type="checkbox"/> swimming</p> <p><input type="checkbox"/> fishing</p> <p><input type="checkbox"/> other Please specify:</p>		
<p>10. Nuisance to be controlled</p> <p>▶ plant (list species):</p> <p>▶ algae (list species):</p> <p>▶ other:</p>	<p>11. Chemical to be used, trade name and EPA Registration Number</p> <p>(Attach a copy of the most current Product Label, MSDS sheet and toxicological information in regards to human health and non-target organisms.)</p>	
<p>12. Total amount of chemical to be used (per acre)</p>	<p>13. Application rate (ppm)</p>	
<p>14. Total acreage to be treated</p> <p><input type="checkbox"/> entire waterbody</p> <p><input type="checkbox"/> _____feet along the shore by _____feet lakeward</p>		
<p>15. Average treatment depth _____ feet</p>		
<p>16. Proposed date(s) of treatment</p>		
<p>17. Attach a sketch or map indicating the treatment site(s).</p> <p>The sketch should include inlet, outlet, depth contour lines, aquatic nuisance problem areas, areas to be treated in the waterbody, and immediate shoreline or downstream use (such as cow pasture, plant nursery, campground, agricultural field, etc.). Indicate the direction north.</p>		
<p>18. Name of Applicator (if applicable)</p>	<p>VT Applicator License #</p>	
<p>Company Name</p>		
<p>Street Address</p>		
<p>Town</p>	<p>State</p>	<p>Zip Code</p>
<p>Telephone Number:</p>		
<p> </p>		

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 chemical treatment rate and method of application, and timing;
- d) a description of the aquatic plant community in the waterbody; and
- e) list any rare, threatened or endangered plant or animal species (if known).

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

21. Attach name and address of all shoreline and downstream property owners. They will receive notice of this application.

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

<p>As APPLICANT, I agree to accept the following conditions:</p> <ul style="list-style-type: none"> 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; and 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. 	
Signature of APPLICANT	Date
Mailing Address	
<p>As PROJECT APPLICATOR, I agree to accept the following conditions:</p> <ul style="list-style-type: none"> 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; and c. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity. 	
Signature of PROJECT APPLICATOR	Date
Mailing Address	

Application Checklist:

- | | |
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| <ul style="list-style-type: none"> ➤ Form D Application fee unless exempt ➤ product label ➤ sketch/map ➤ detailed project description ➤ shoreline/downstream property owner(s) list and map ➤ signature of Applicant | <p>If applicable:</p> <ul style="list-style-type: none"> ➤ water supply information (see #9) ➤ Applicator information (see #18) ➤ signature of Applicator |
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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