

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

**FORM F - APPLICATION FOR PERMIT TO USE A POWERED MECHANICAL DEVICE**

The use of bottom barriers, structural barriers, structural controls, powered mechanical devices, and copper compounds as an algaecide in waters with a surface area of one acre or less located entirely on a person's property and with an outlet where the flow can be controlled for at least three days is exempt from the permit requirements of this Subsection.

**PROPOSED ACTIVITY (please check one)**

- Conventional Mechanical Harvesting
- Suction Harvesting
- Hydorraking
- Other (specify): \_\_\_\_\_

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		Town(s)
3. Total acreage of waterbody	4. Is there an outlet to the waterbody? <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Is the waterbody wholly contained on Applicant's property? <input type="checkbox"/> yes <input type="checkbox"/> no		
If no, amount of shoreline property the Applicant owns, if any (in feet) _____		
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 For wetlands information, contact the Vermont Wetlands Office at (802) 241-3770.		
7. Uses of the waterbody (check all those that apply) <input type="checkbox"/> water supply: check type <input type="checkbox"/> private <input type="checkbox"/> public <input type="checkbox"/> swimming <input type="checkbox"/> fishing <input type="checkbox"/> boating <input type="checkbox"/> watering livestock <input type="checkbox"/> irrigation <input type="checkbox"/> other      Please specify:		

8. Names of nuisance aquatic species to be controlled; (provide scientific name, if known)		
9. Enclose a photo or drawing of all equipment to be used. Provide make/model numbers if commercially sold mechanical device.		
10. Total area to be controlled: <input type="checkbox"/> _____ feet along shore by _____ feet waterward (complete 11a) <input type="checkbox"/> multiple areas with single applicant (complete 11b) <input type="checkbox"/> multiple areas/multiple applicants (complete 11c and Attachment 1 for each individual property owner) <input type="checkbox"/> lakewide (complete 11d)		
11. <b>Attach</b> a sketch or map indicating the location of the mechanical control area(s). <b>Complete either a, b, c or d below based on 10, above:</b> <ul style="list-style-type: none"> <li>a. Identify the location of the Applicant's property and the location of all abutting property owners by name include a list of those property owners name and mailing address. Sketch should include waterbody shoreline, inlet, outlet, location of the mechanical control area(s) and harvested vegetation disposal site(s). Indicate the direction.</li> <li>b. Identify the location of each area proposed for mechanical control and the location of all abutting property owners by name include a list of those property owners name and mailing address. Sketch should include waterbody shoreline, inlet, outlet, location of the mechanical control area(s) and harvested vegetation disposal site(s). Indicate the direction north.</li> <li>c. Attach the following: <ul style="list-style-type: none"> <li>1) Each participating property owner needs to complete "Attachment 1 Property Owner Sign-up Form; and</li> <li>2) Provide a Master List of ALL participating property owners included in Attachment 1. This list shall include name, physical (and mailing address if different) and the size of the area proposed to be mechanically controlled by each participating property owner.</li> </ul> </li> <li>d. For lakewide activities, the map or sketch should include waterbody shoreline, inlet, outlet, and harvested vegetation disposal site(s). Indicate the direction north.</li> </ul>		
12. Period of time project will be undertaken      Begin: (month/year)      End: (month/year)		
13. If the mechanical activity will be conducted by someone other than the Applicant, indicate the name of the person (Project Contractor)		
Company name (if applicable)		
Street address		
Town	State	Zip Code
Telephone number		

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

- a) discuss why you desire to control the indicated nuisance aquatic species;
- b) provide a history of the problem at the site(s);
- c) describe the aquatic plant community at the site(s);
- d) describe how and where the collected material will be disposed of and provide site(s) location; and
- e) list any rare (R), threatened (T) or endangered (E) plant or animal species (if known). For R, T, E species information, contact the Vermont Nongame and Natural Heritage Program at (802) 241-3700.

As APPLICANT, I agree to accept the following conditions:

- 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 APPLICANT  
Print Name

Date

Mailing address

If the mechanical activity will be conducted by someone other than the Applicant, a signature from the person conducting the activity is required.

As PROJECT CONTRACTOR, I agree to accept the following conditions:

- a. certify that the statements presented on this application are true and accurate; and,
- b. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity.

Signature of PROJECT CONTRACTOR  
Print Name

Date

Mailing Address

**Application Checklist:**

- Form F Application fee unless exempt
  - photograph or drawing of equipment
  - sketch/map
  - detailed project description
  - Applicant's signature
- If applicable:      adjoining landowner list (see #11)  
                           signature of Project Contractor

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

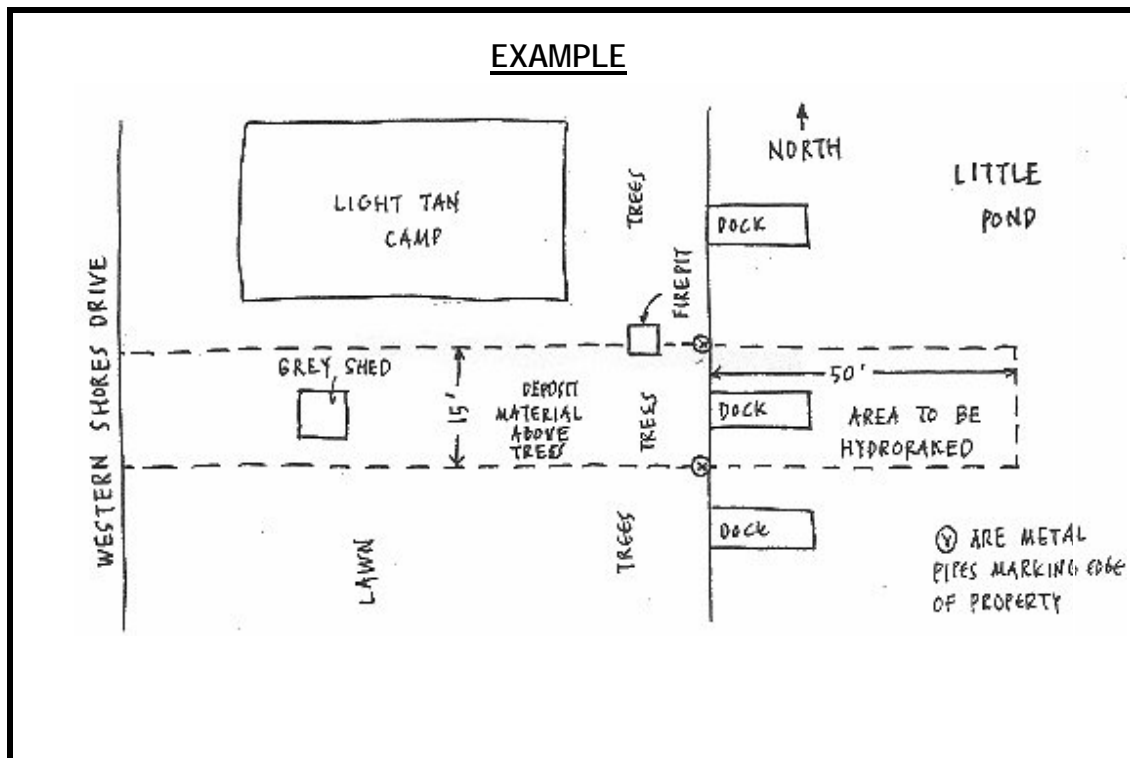


# Instructions for Completing ATTACHMENT 1: Property Owner Sign-up Form

Use with applications that involve multiple applicants only.

All requested information must be filled in for a complete submittal. Property owners approved for inclusion in this control program will receive a copy of the final decision from the VTDEC. You must obtain specific project details (who will be performing the work, projected summer schedule, what is expected of you, etc.) from your Project Coordinator. Please contact Susan Brittin, Vermont Department of Environmental Conservation, Water Quality Division at (802) 241-3777 if you have any questions.

- **Permanent Mailing Address:** All correspondence associated with this permit application to conduct mechanical harvesting will be mailed to this address.
- **If Applicable - Lake Association Property ID #:** Your "Lake Association Property ID #" must correspond with the number on the map of your water body submitted with the application. If you are unsure of what your Property ID number is, contact your Project Coordinator.
- **Nuisance aquatic plant specie(s) to be controlled:** List the name of the nuisance plant species proposed for management.
- **Mailing Addresses of Adjoining Property Owners:** Your application will not be considered without complete adjoining property owner information.
- **Describe Your Residence as Viewed from the Water:** A clear description of your residence as seen from the water.
- **Sketch of Your Site and the Area Proposed for Control:** An example is provided below.



Use with applications that involve multiple applicants only.

ATTACHMENT 1

# PROPERTY OWNER SIGN-UP FORM

Forms are revised periodically. Contact the VTDEC at 802-241-3777 to determine if you have the most current one.

PLEASE PRINT OR TYPE

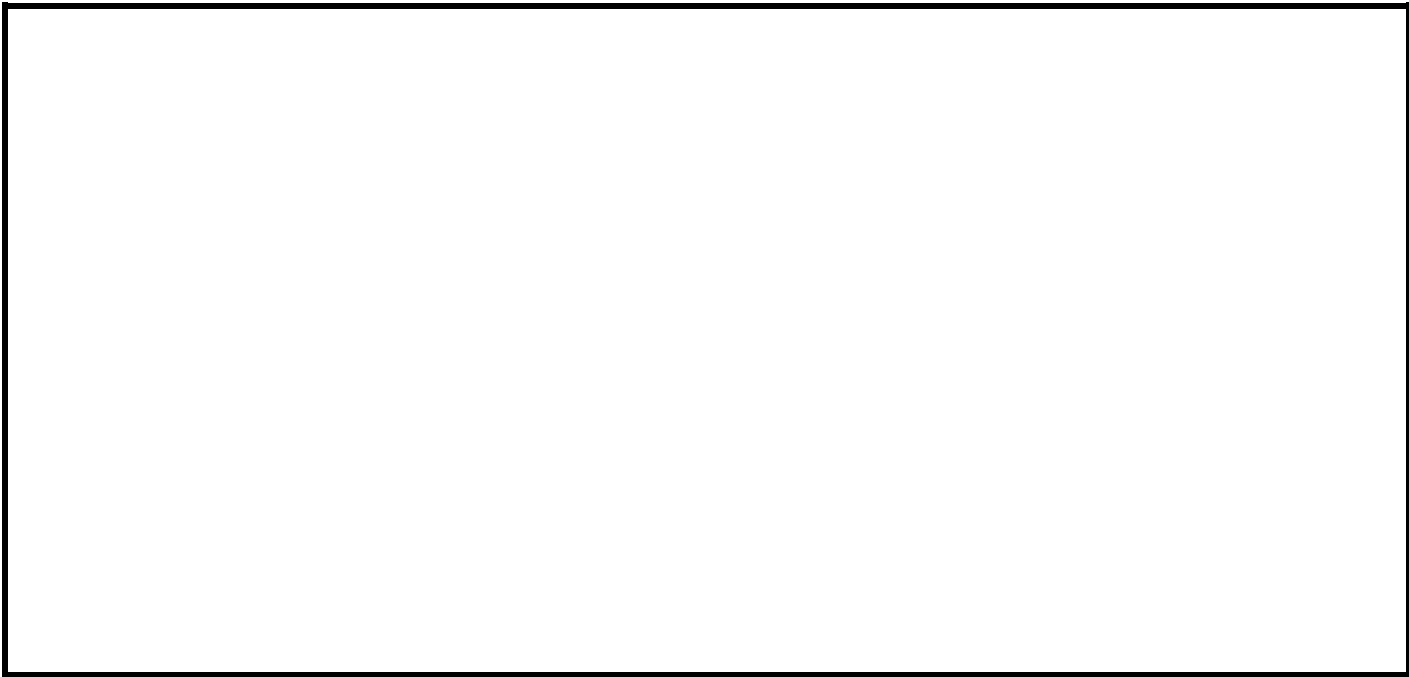
Date:	
Lake:	Town:
Property Owner Name:	
Permanent Mailing Address:	
Phone Numbers Permanent:	Seasonal:
Lake Association Property ID # (If your association uses them then this number should correspond with number on map of waterbody submitted with application)	
<b>Required Site Information</b>	
Size of area PROPOSED to be mechanically controlled: _____ ft. along the shore by _____ ft. waterward	
How much shoreline property do you own? _____ ft.	
Nuisance aquatic plant specie(s) to be controlled:	
Provide names and mailing addresses of adjoining property owners (attach other sheet if necessary)	
Name:	Name:
Mailing Address:	Mailing Address:
9. Lake Association Property ID#	Lake Association Property ID #

See reverse side for further instructions regarding property description.

Property Owner (last name)	Property ID #
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A. Please describe your residence as viewed from the water. Include house/camp color, beach area, and any other distinguishing features (camp name).

B. Sketch the shoreline along your property and the adjacent water body area. Refer to the attached example of a shoreline property provided with this application. Include location of docks or floats. Show the location of the area you want mechanically harvested specifically identifying the dimensions and distance from shore, etc. Show/describe location where harvested vegetation will be deposited.



I agree to accept the following conditions as a pre-requisite to receiving a permit:

1. I certify that the statements presented on this form are true and accurate.
2. I accept responsibility for any damage that may occur as a result of the permitted activity conducted in front of and on my shoreline property.
3. I accept responsibility for complying with permit conditions.
4. I recognize that by signing this form I am giving consent to employees of the state to enter my property for the purpose of processing this application.

Signature of Property Owner (Applicant)	Date
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