

PERMIT APPLICATION # \_\_\_\_\_

DISTRICT ID # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

Aquatic Nuisance Control Program 10 V.S.A Chapter 47, Subchapter 1 Subsection 1263a.  
 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="checkbox"/> yes <input type="checkbox"/> no	
5. 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	6. Is there an outlet to the waterbody? <input type="checkbox"/> yes <input type="checkbox"/> no	
7. Can Applicant control out flow after treatment? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, for how long?		
8. List fish species present in the waterbody		

<p>9. Uses of the waterbody (check all those that apply)</p> <p><input type="checkbox"/> water supply: check type <input type="checkbox"/> private <input type="checkbox"/> public</p> <p><b>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.</b></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><input type="checkbox"/> plant (list species):</p> <p><input type="checkbox"/> algae (list species):</p> <p><input type="checkbox"/> other:</p>	<p>11. Aquashade 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 Aquashade 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. <b>Attach</b> a sketch or appropriate map indicating the treatment site(s).</p> <p>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 or riverbank use (such as pasture, lawn, forest, etc.). Indicate the compass direction "north."</p>		
<p>18. Name of Applicator</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>		

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. Have all shoreland/streambank landowners, both in the treatment area and downstream impact areas, who may be required to restrict their water usages as a result of the treatment:

Approved of your plans?       yes     no     NA

Agreed to the water use restrictions on the Aquashade product label?     yes     no     NA

Will riparian or littoral landowners be alerted in advance of the proposed treatment?     yes     no     NA

**Attach name and address of all shoreland/streambank 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., §1263 (f) 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.

<p>As APPLICANT, I agree to accept the following conditions:</p> <ul style="list-style-type: none"> <li>a. certify that the statements presented on this application are true and accurate;</li> <li>b. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity; and</li> <li>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.</li> </ul>	
Signature of APPLICANT	Date
Mailing Address	
<p>As PROJECT APPLICATOR, I agree to accept the following conditions:</p> <ul style="list-style-type: none"> <li>a. certify that the statements presented on this application are true and accurate;</li> <li>b. accept responsibility for any damage to properties not covered by this application that may result from the performance of the permitted activity; and</li> <li>c. guarantee to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity.</li> </ul>	
Signature of PROJECT APPLICATOR	Date
Mailing Address	

**Application Checklist:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Form B Application fee <i>unless exempt</i></li> <li><input type="checkbox"/> product label</li> <li><input type="checkbox"/> sketch/map</li> <li><input type="checkbox"/> detailed project description</li> <li><input type="checkbox"/> shoreland/streambank landowner(s) list and map</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> signatures of Applicant and applicator</li> <li>If applicable: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>water supply information (see #9)</b></li> <li><input type="checkbox"/> <b>long range management plan (see #23)</b></li> </ul> </li> </ul> |
|---|--|

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