



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Permit Application for the Use of Pesticides in State Waters

Please complete this form in accordance with section 22a-66z CGS and the [instructions](#) (DEEP-PEST-INST-200) in order to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee along with this form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Aquatic Pesticides

Part I: Application Type and Description

This application is to request (check one):

One year permit
 Two year permit
 Three year permit

Note: Multi-year permits will be issued at the Department of Energy and Environmental Protection's (DEEP) discretion.

Check here if DEEP has previously issued an Aquatic Pesticide Permit for this site.

Permit Number for most recent permit: _____

Check here if the information contained in this application is identical to the last application and the chemicals, quantities and number of treatments requested are identical to the chemicals, quantities and number of treatments permitted by the most recent permit issued.

Town where site is located: _____

Brief Description of Project: _____

Part II: Fee Information

An application fee of \$200.00 [#1009] is to be submitted with *each* permit that you are applying for. Each site requires a separate permit. The application will not be processed without payment of the fee. If you are applying for a multi-year permit, see Part II of the [instructions](#) for information on fee payment. There is no discount for municipalities. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Part III: Site Location

Name of Waterbody: _____

Street address and/or description of location: _____

City/Town: _____ State: _____ Zip Code: _____

Part IV: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](http://www.concord-sots.ct.gov/CONCORD/index.jsp). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

- a) Applicant Type (check one): individual *business entity federal agency
 state agency municipality tribal

*If a business entity:

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

- ii) provide Pesticide Application Business Registration Number and Registration expiration date:

- iii) provide Secretary of the State business ID #: _____ This information can be accessed at [CONCORD](http://www.concord-sots.ct.gov/CONCORD)

- iv) Check here if your business is **NOT** registered with the Secretary of State's office.

- b) Applicant's relationship to the property at which the proposed activity is to be located:

- site owner option holder lessee
 easement holder operator pesticide applicator
 other (specify): _____

- Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Part IV: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

4. Owner Information

a. If known, list the name and address of all owners of the area(s) to be treated. If unsure, go to item #4b.

You can add rows to this table by using "tab" in the last row, in the last column.

Name of Owner	Address

*If an area(s) to be treated is owned or controlled by the state of Connecticut, see [instructions](#) for submitting an application to the DEEP Land Acquisition and Management Unit (LAM) for review and approval of the proposed treatment on state property. A LAM Authorization letter must be submitted as Attachment G for any application involving treatment of a waterbody that is owned or controlled by the state of Connecticut.

Part IV: Applicant Information (continued)

4b. If the applicant is unsure of who owns an area(s) to be treated, provide the name and address for all shoreline property owners located 200 feet or less from such area.

You can add rows to this table by using "tab" in the last row, in the last column.

Name of Shoreline Property Owner	Address

5. List the person or company applying the pesticides.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Certification Number:

Certification Expiration Date:

Part V: Additional Information

If the applicant is submitting this application on behalf of someone else, identify the person(s) or organization(s) seeking to have pesticides applied to the treatment area(s) and provide the following information. If more than one person or organization is being represented, attach additional sheets providing the information requested below.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Part VI: Site Information

1. **COASTAL AREA:** Is the pesticide application located in a municipality within the coastal area?

Yes No (check town list in the instructions)

If yes, is the water being treated subject to the ebb and flow of the tides, or inundated by saline or brackish water at least once a month? Yes No

If the water being treated is subject to the ebb and flow of the tides, or is inundated by saline or brackish water at least once a month, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment C.

For assistance in determining if the water being treated is affected by tidal water as described above or in completing the Coastal Consistency Review form, contact the Office of Long Island Sound Programs (OLISP) at 860-424-3034.

2. **NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes No Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment D. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences. If the required NDDDB documents are not submitted as Attachment D, your application will be deemed incomplete and may be subject to denial.

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDDB at 860-424-3011.

3. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A or Level B map? Yes No

If your site is on a Level A or Level B map, you are not required to register under the Aquifer Protection Program, **however** you must follow proper spill control measures to prevent potential contamination of drinking water. If you should have a spill, please call the emergency hotline **immediately** at 860-424-3338.

4. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction must be submitted as Attachment F.

5. Type of area to be treated: Tidal Waters Pond or Lake Stream

6. Is the waterbody located in a public water supply watershed? (See [instructions](#)) Yes No
If Yes, DPH comments **may** be required as Attachment I to this application.

7. Is the waterbody potentially located 200 ft. or less from a public water supply well? Yes No
(See [instructions](#)) If Yes, DPH comments **must** be submitted as Attachment I to this application.

8. Where does the waterbody flow to (Name of receiving stream or waterbody)? _____

Is the outflow usually flowing? Yes No Can outflow be stopped? Yes No

Part VI: Site Information (continued)

You can add rows to the tables below, by using "tab" in the last row, in the last column.

9. Identify the size of the waterbody(ies) and the portion of the waterbody(ies) to be treated. Refer to the instructions .					
Name of Waterbody	Total Acres	Average Depth ft.	Total Volume Acre ft.	Total Treated Portion ²	
				Acres	Volume Acre-ft

10. Identify each proposed product to be used, the amount per treatment, the number of treatments and the surface area (acres) or volume (acre feet) of water to be treated with that product. If more than one waterbody will be treated, provide this information for each waterbody.					
Name of Waterbody	Full Product Name	Amount per Treatment ¹	Number of Treatments	Treated Portion ²	
				Acres	Volume Acre-ft

¹Provide quantities using only the units specified in the [instructions](#).

²If treating more than 80 acres of a single waterbody or 20 linear miles of shoreline in a calendar year, registration for approval under the [General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides](#) is required. (See [instructions](#)). Such approval must be submitted as Attachment H to this application if required.

Part VI: Site Information (continued)

11. Does the waterbody have public access? Yes No

12. Is there a [state-owned boat launch](#)? Yes No

If yes, will the boat launch be used to access the waterbody? Yes No

If yes, will the boat launch be used for any purpose other than launching a boat? Yes No

If yes, see [instructions](#) for submitting an application to the DEEP Land Acquisition and Management Unit for review and approval of state property.

13. Is the waterbody stocked with fish by the state? Yes No

14. Identify use(s) of waterbody:

domestic water supply irrigation watering livestock swimming fishing None

15. Are there any downstream users of the water who may be affected by treatment? Yes No
If yes, please explain:

16. Within 200 ft., inclusive, of the treatment area, are there any **private** drinking water wells 50 ft. or less from the shoreline? Yes No

17. Identify all plants or animals to be controlled:

18a. Identify all types of fish present:

18b. If a copper-based product will be used and there are fish species sensitive to copper, what is the alkalinity of the water to be treated?

19. Projected date(s) of pesticide use: _____

20. List prior years in which chemicals were applied to this waterbody:

Part VII: Supporting Documents

Be sure to read the instructions (DEEP-PEST-INST-200) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: An 8-1/2" x 11" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated.
- Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002), if applicable.
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- Attachment E: Verification of Notification to Local Inland Wetland Agency:
 - 1) copy of a certified mail receipt, or
 - 2) a copy of the application stamped and dated as received by the local inland wetlands agency, or
 - 3) an e-mail from the local inland wetlands agency verifying that this completed application has been sent to such agency.
 - For multiple applications submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of the certified mail receipt to each application.
 - For multiple applications submitted to the local inland wetlands agency under one email, the e-mail from the agency clearly confirming receipt of each application.

Refer to the [instructions](#).
- Attachment F: Conservation or Preservation Restriction Information, if applicable.
- Attachment G: DEEP Land Management Unit's Authorization letter for treatment of a state-owned or controlled waterbody and/or use of a state-owned boat launch, if applicable.
- Attachment H: Approval under the [General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides](#), if applicable.
- Attachment I: Department of Public Health comments if the proposed treatment area(s) is located 200 ft. or less from a public water supply well or if the waterbody is located within a public water supply watershed and the application proposes the use of flumioxazin or triclopyr, if applicable.

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part VIII: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed application to the appropriate local inland wetland agency.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p><input type="checkbox"/> I also certify that I have sent one copy of this completed application to the appropriate local inland wetland agency on _____“ <div style="text-align: center; margin-left: 150px;">Date</div></p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>
<p>_____ Name of Applicant (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.</p>	

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

Please also submit a copy of this completed application to the local inland wetlands agency.