

Sample Riparian Owner/User - Notification/ Consent Letter

Date of Notice: _____

Dear Riparian Property Owner:

To control the excessive growth of the aquatic plant species _____ (indicate plant species or algae) in _____ (name of water body), the _____ (name of applicant) proposes to conduct an application of the aquatic herbicide(s) _____ (product name).

A copy of the aquatic herbicide label(s) has been attached to this notice.

We anticipate the treatment to occur on _____ (list all proposed dates) and will proceed only after _____ (applicant name) obtains a permit for the treatment from the DEC. This pesticide application will only occur if sufficient aquatic vegetation is present to warrant treatment and under favorable weather conditions. Prior notification of the exact dates of treatment will be provided by _____ (posting of shoreline, radio announcements, mailing, door to door, etc.).

As an affected riparian owner/user, you have the right to consent or object to the restrictions of water use resulting from the proposed treatment. The water use restrictions associated with use of the above pesticides are checked below:

- _____ Swimming and bathing are prohibited for _____
- _____ Fishing and/or fish consumption is prohibited for _____
- _____ Livestock watering is prohibited for _____
- _____ Irrigation or spraying of agricultural crops is prohibited for _____
- _____ Use of water for human consumption is prohibited for _____
- _____ Use of water for domestic purposes is prohibited for _____
- _____ Other _____
(Specify)

You have twenty-one (21) days to respond to this notice. If you wish to object to the proposed treatment(s), please file a written document stating your objection to the proposed treatment and the water use restrictions resulting from the treatment.

Send your comments to the person listed below:

Name of Contact Person
 NYS Department of Environmental Conservation
 Region _____
 Address _____
 Telephone Number _____

If you wish further information about the treatment, or wish information on the exact dates of the pesticide application, please contact the following person:

Name of Contact Person: _____
 Telephone Number: _____
 Hours Contact Person is Available: _____

If you do not respond to this notice, your lack of response will be considered to be consent to the proposed treatment. If you have any questions on the permitting process, please contact the Department representative listed above.