



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS MATERIALS
BUREAU OF PESTICIDES MANAGEMENT

ARTICLE 15 PART 327 AQUATIC PESTICIDE PERMIT APPLICATION
Supplemental Aquatic Vegetation Management Project Information

This form is required if the water body meets one or more of the following criteria:

- Total water body size is 6.4 acres (2.5 ha) or larger;
- Proposed treatment has potential to impact endangered, threatened, rare or special concern species;
- Water body is of special NYSDEC Regional concern; or
- Concurrent NYSDEC jurisdiction (<http://www.dec.ny.gov/permits/6228.html>)

This information will be used in combination with the “Application For a Permit to Use a Pesticide For The Control of an Aquatic Pest” [AQV (04/09)], to assess potential impacts of the proposed treatment(s). Please fill out forms completely. Attach additional 8 ½ x 11 sheets (maps may be larger), if necessary. The applicant may wish to contact the NYSDEC Regional Permit Administrator to schedule a pre-application meeting.

Name of Applicant [from AQV Item 2]:

Name of Authorized Person signing the Application [from AQV Item 3]:

FOR DEPARTMENT USE ONLY		
Application Number	_____	
Water Body Name	_____	
Date Received	_____	
Application Fee Receipt Number	_____	
Type of Application	_____	
New	Repeat	Previous #
_____	_____	_____

1. Water Body Identification:

- a) Water body name _____ County _____ Town _____
- b) USGS Quad _____ P Code _____ (if known; as listed in 6 NYCRR Parts 800 - 941)
- c) Total proposed treated acreage (surface area) _____ and acre/feet (volume, if applicable) _____
- d) Total water body size _____
- e) Does the public have access to this water body? Yes No

2. Aquatic Vegetation Management Goals:

- a) Has a Vegetation Management Plan, or a Lake or Watershed Management Plan, which includes an aquatic vegetation management component, been adopted?
 - Yes Provide a copy of the plan and complete items 1 - 5 plus the applicant certification at the end of this form.
 - No Complete items 1 - 6 plus the applicant certification at the end of this form.

2. Aquatic Vegetation Management Goals (cont.):

- b) Identify the water body use(s) the vegetation is impacting, why there is a need to manage these plants and/or algae, and how the proposed treatment(s) will benefit those uses.

- c) Describe the short- and long-term aquatic vegetation management goals for the proposed treatment including any concurrent or follow-up management efforts. Include a description of the degree of control proposed.

- d) Explain your decision to choose the particular pesticide(s), the methods of application and the degree of control desired for the proposed treatment.

- e) Will the proposed treatment or post-treatment restrictions impact any water body uses as identified in the AQV application instructions number 8(F) and SAV application item (2b).

Yes No

If “Yes,” please summarize potential impacts, and describe any methods which will be used to limit impacts on other water body uses and users.

- f) Do you have a plan to monitor and document the effectiveness and impacts of the proposed treatment?

Yes No

If “Yes,” attach the monitoring plan.

3. Existing Natural Resources:

a) From AQV, item 11, what is the target species (full scientific name, e.g., *Myriophyllum spicatum*)?

b) Are there any endangered, threatened, rare or special concern species of plants or animals, or vulnerable ecological communities found in or nearby the water body?

Yes No

If "Yes," describe _____

c) Delineate the following on a map. This may be combined with the responses to items in number 8 of the AQV application instructions. **Note:** Where a proposed treatment is limited to a small, isolated section of a major lake, applicant may, if the Department concurs, provide the mapping for only the subbasin containing the proposed treatment area.

- Water body uses identified in AQV instructions number 8(F) and, SAV (2b) and (2e).
- Aquatic vegetation beds of the target vegetation and nontarget vegetation including species, location and density based on a visual examination or, if available, quantitative assessment.
- Estimated % of water body in littoral zone.
- Estimated % of littoral zone vegetated.
- Sediment types (e.g., organic, sand, silt, gravel).
- If available, water quality data (e.g., chlorophyll *a*, secchi disk, dissolved oxygen).
- Shoreline uses (e.g., residential, forested, agricultural).
- Size and location of the watershed.
- If known, the location of any land use activities in the watershed that may be impacting the water body (e.g., dairies, residential runoff, storm water, etc.). A clear, recent aerial photograph may be used.

4. Public Notice:

a) In addition to the mandatory riparian owners/users notification (AQV item 33), have you identified and notified any other potential interested parties (associations, other user groups) regarding your management efforts?

Yes No If "Yes," attach a copy of any notification(s).

b) Have you conducted any public meetings?

Yes No If "Yes," summarize date(s), attendees, agenda and issues in an attachment.

c) Has anyone expressed concerns about the proposed application?

Yes No If "Yes," summarize in an attachment.

5. Are you aware of any other unique characteristics, relevant studies and data, or other permitted projects concerning the water body that were not covered above?

Yes No

If "Yes," describe

Complete item 6 if no aquatic vegetation management plan has been submitted; (refer to AQV item 40)

6. Alternative Aquatic Vegetation Management:

- a) Are physical control measures (e.g., water level drawdown, bottom barriers, or manual harvesting, etc.) being used or have they been used in the past to attempt to control the target species? Yes No

If “Yes,” describe the method, when and where the method was used, what plants were targeted, and the outcome of the management effort. (Attach sheets/maps.)

If “No,” explain why these methods have not been used.

- b) Have biological controls been used in the past to attempt to control the target species? Yes No

If “Yes,” describe the method, along with when and where the method was used, what plants were targeted, and the outcome of the management effort. (Attach sheets/maps.)

If “No,” explain why these methods have not been used.

- c) Have chemical control methods been used previously, including but not limited to the treatments listed on AQV 11/02, Item 1? Yes No

If “Yes,” identify each herbicide or algaecide that has been used. Describe the method of application, when and where the method was used, what plants were targeted, and the outcome of the treatment(s), including whether any algaecide treatments were conducted as follow-ups to herbicide treatment. (Attach sheets/maps.)

If “No,” explain why these methods have not been used.

I certify that the information provided above is true to the best of my knowledge.

Signature of Individual in AQV Item 2 or 3 _____ Title _____ Date _____

Signature of Representative of Applicator _____ Title _____ Date _____