



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 DIVISION OF AGRICULTURE & RESOURCE MARKETING  
 PESTICIDES SECTION  
 235 PROMENADE STREET, ROOM 370  
 PROVIDENCE, RI 02908  
 401-222-2781

## APPLICATION FOR PERMIT TO CONTROL AQUATIC NUISANCE SPECIES USING PESTICIDES

*Pursuant to provision of Chapter 23-25 The Rhode Island Pesticide Control Law of the General Laws of Rhode Island; its required Rules and Regulations Pertaining to Pesticides and the RIPDES Pesticide General Permit (PGP)*

**RULE 19**—Pesticide applications to any surface waters of the State for the control of aquatic nuisance species or for any other reason shall not be made unless such applications have been approved by the Director.

**NO APPLICATION OF ANY CHEMICAL CAN BE MADE PRIOR TO THE DATE OF APPROVAL OF THE PERMIT AND A COPY OF THE APPROVED PERMIT MUST BE IN THE PHYSICAL POSSESSION OF THE APPLICATOR AT THE TIME OF APPLICATION. APPLICATIONS MUST BE SUBMITTED TO THE DEM DIVISION OF AGRICULTURE AT LEAST 45 Calendar DAYS PRIOR TO THE PROPOSED TREATMENT DATE TO ALLOW SUFFICIENT REVIEW AND PROCESSING TIME.**

*(Please Print or Type Information)*

### APPLICANT INFORMATION

**1. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Print Name (Owner/person responsible for property)

**Company Name:** (If applicable) \_\_\_\_\_

**Address** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### LOCATION AND TYPE OF AREA TO BE TREATED:

**2. Town:** \_\_\_\_\_

CRMC or DEM Jurisdiction \_\_\_\_\_  
 For maps of the CRMC/DEM freshwater wetlands jurisdiction boundary at (click on) : <http://arcg.is/1TcYSTF> (If the waterbody is within CRMC jurisdiction, an approved Assent, issued by CRMC must be submitted along with the application)

**3. What is the body of water used for? (check all that apply):**

**Recreational**    Primary/Swimming    Secondary/Boating    Fish Angling/Wildlife]

**Irrigation**

**Drinking Water Reservoir**

**Potable Water Source**

**4. Name of body of water:** \_\_\_\_\_

**Location: City/Town** \_\_\_\_\_ **State** \_\_\_\_\_

5. **Water Body Ownership:**  Public  Private  
(A copy of the Town Plat and Lot map must be provided)

6. **Is area under one ownership?** \_\_\_\_\_  
If not, include a letter verifying all property owners on or abutting the waterbody have been contacted and are aware of the pesticide application and include with this application a copy of the letter sent to all property owners along with a list of all names and addresses of those individuals to whom it was sent . Also, identify and include the names & addresses of any individuals indicating any objections to the treatment.

7. **Are there private wells being used by the properties that physically abut the shoreline of the portion of the waterbody being treated?**

Yes  No

If **Yes**, provide a map depicting those properties that physically abuts the shoreline **and** have a non-bedrock well within 50 ft of the water's edge of the portion of the water body being treated. Note, in some cases DEM may require more specific information on these well locations in order to process the application.

8. **Total size of body of water:** \_\_\_\_\_ Specify Unit of Measure (acre, sq.ft. linear miles, etc)

9. **Type of Water Body:**  Pond  Lake  Reservoir  Marsh  Estuary  Tidal Marsh  
 Stream  River  Ditches  Non-Irrigation Canal  Wetland

Other: \_\_\_\_\_  
LIST SPECIFIC SITE

*A topographic map indicating the location of the treatment area with regard to nearest village and public roads must be attached along with photos of the treatment area and a copy of the pesticide label. Also identify any community wells or public water supplies within 2 miles of area of treatment.*

Please indicate if the community wells are within 200' of the treatment area for drilled (bedrock), driven or dug wells and/or 400' of the treatment area for higher-capacity overburden (stratified drift/gravel-packed/gravel-developed ) wells of the treatment area.

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*Pursuant to the Rules & Regulations Pertaining to Public Drinking Water, R46-13-DWQ; a variance from the DOH Office of Drinking Water Quality is required if any pesticide or herbicide application is applied within the 200' and 400' distances described above (a.k.a. the Inner Protective Radius).*

10. **Please provide the following information:**  
**(Attach additional pages, if necessary)**

- Map showing the location of pesticide application (treatment area) for this request.
- Description, identification & location of exact areas of the pesticide application within the waterbody.  
(If partial treatment is proposed, the map must clearly show areas to be treated  
(If separate areas of the waterbody are to be treated with different chemicals, then this information must be clearly indicated.)

11. **Identify and list any outlets from this body of water:**

\_\_\_\_\_

12. **To What Body of Water do these outlets flow:**

\_\_\_\_\_

13. **Can water level be controlled? How?** \_\_\_\_\_

14. **Number of days flow can be restricted:** \_\_\_\_\_

**PESTICIDE/HERBICIDE TREATMENT**

**15. List all Nuisance Plant and/or Insect Species to be controlled**

(List both Common & Genus/Species Name(s)):

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**16. TYPE OF TREATMENT:** List Product Name, Product Manufacturer, Active Ingredient, Targeted Pest Species (please list name of insect and/or weed), Application Rate & EPA Registration# for each intended product

| Product Name | Manufacturer | Active Ingredient | Targeted Nuisance Pest Species | Application Rate | EPA Registration Number |
|--------------|--------------|-------------------|--------------------------------|------------------|-------------------------|
|              |              |                   |                                |                  |                         |
|              |              |                   |                                |                  |                         |
|              |              |                   |                                |                  |                         |
|              |              |                   |                                |                  |                         |
|              |              |                   |                                |                  |                         |

Note: Notify DEM Division of Agriculture if there are any changes to the product to be used prior to treatment.

**17. Total Size of Area to be treated:** \_\_\_\_\_ Specify Unit of Measure (acre, sq.ft. linear miles, etc)  
(for each chemical)

**18 Average depth of area to be treated:** \_\_\_\_\_ Specify Unit of Measure (ft, acre, sq.ft, linear miles etc)

**19. Approximate or anticipated dates for each treatment(s):**

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(If using different chemicals at different times or making more than one treatment please list dates for each application)

**20. List prior years (within the last five years) in which herbicides/pesticides were applied to this waterbody (ies):**

**21. Is the waterbody stocked with fish by the State?**  Yes  No

**22. Describe in detail how the product will be applied to the area and the equipment being used.**

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**23. Is the waterbody to be treated on the state's most recent 303(d) list?**  Yes  No

**24 If yes, what "cause(s)/impairment(s)" is the waterbody listed for?**

(Reference RI's 303(d) List: <http://www.dem.ri.gov/pubs/303d/index.htm>):

**25. Are there any rare and/or protected plants or animal species in the area? If yes, what efforts are being made to provide protection?** For further determination of protected species in the area, please contact Paul Jordan, DEM Supervising GIS Specialist at: paul.jordan@dem.ri.gov.

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**26. How will access to the site be obtained and will it be protective of wetlands?** (Ex. Via existing or new path, existing boat ramp)

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**27. For projects within DEM jurisdiction: Will the treatment involve the cutting and/or removal of any emergent plant species?:**  Yes  No

If yes the project will need prior authorization from the DEM Water Quality/Wetlands Restoration Team. See Section 6.02K of the DEM Freshwater Wetlands Regulations at: <http://www.dem.ri.gov/pubs/regs/regs/water/wetlnd10.pdf> . Contact the office of Water Resources at 401-222-4700 for additional submission requirements for the Water Quality/Wetland Restoration Team review

**28. Is the currently proposed treatment schedule part of a written management plan for the water body or property?**

Yes  No

If yes, reference plan:

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**29. What additional efforts are being made to identify and/or address the cause of excessive growth of the nuisance species (such as efforts to control nutrient enrichment)?**

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### **PESTICIDE APPLICATOR(S) INFORMATION**

**30. Name of Person(s) doing treatment. (Please name all they may apply and if licensed or certified, their Rhode Island Pesticide License/Certification Number)**

Name \_\_\_\_\_ License No# \_\_\_\_\_

Name \_\_\_\_\_ License No# \_\_\_\_\_

Name \_\_\_\_\_ License No# \_\_\_\_\_

Name \_\_\_\_\_ License No# \_\_\_\_\_

**If contracting with a Certified/Licensed Applicator, List Company Name:**

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**31. Address of the Person (if not certified/licensed) or Licensed Company Doing Treatments:**

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Street Address

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City State Zip Code

**32. Phone Number of Person or Company doing treatment:** \_\_\_\_\_

**33. Fax Number of Person or Company doing Treatment:** \_\_\_\_\_

**34. Pesticide Applicator/Company email address:** \_\_\_\_\_

**35. If the person doing treatment does not possess a valid Commercial Pesticide License or Certification, please explain association/connection with applicant or waterbody.**

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**CERTIFICATION AND SIGNATURE**

By signing below, I certify that I am the owner/person responsible for the treatment area, or that I am an authorized representative of said owner/responsible party, and that I have read and understand the Rhode Island Pesticide Control Law, RIGL Chapter 23-25, the related Rules and Regulations Pertaining to Pesticides, and the RIPDES Pesticide General Permit. I further certify that all information provided in this application is true and accurate to the best of my knowledge as of the date of filing this application.

**36. Signature of Applicant:** \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Official Use Only**

Approved: \_\_\_\_\_ Approved with Conditions: \_\_\_\_\_ (See attached Permit)

Disapproved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Date of Approval/Disapproval: \_\_\_\_\_

Signature of DEM Division of Agriculture Official: \_\_\_\_\_

Phone Number: \_\_\_\_\_