

COMMONWEALTH OF PENNSYLVANIA



FISH AND BOAT COMMISSION - DEPARTMENT OF ENVIRONMENTAL PROTECTION
ENVIRONMENTAL QUALITY BOARD



APPLICATION FOR USE OF AN ALGICIDE, HERBICIDE OR FISH CONTROL CHEMICAL
IN WATERS OF THE COMMONWEALTH

Submit one copy of the completed application to the Pennsylvania Fish and Boat Commission, Division of Environmental Services, 450 Robinson Lane, Bellefonte, PA 16823, Telephone (814) 359-5147.

This application will be reviewed jointly by the Pennsylvania Fish and Boat Commission (PFBC) and the appropriate Department of Environmental Protection (DEP) Region Office - Water Supply Management Program, and if acceptable, a permit will be issued under the PFBC Fishing and Boating Regulations, 58 Pa. Code, §51.61 and Department of Environmental Protection Regulations, §91.38.

Applicant Information (if completing on behalf of a corporation, association or club, that entity is the applicant)	
1. Name of Applicant (owner or lessee):	Daytime Telephone: - - Fax Number: - -
Is the applicant the owner or lessee of all the land on which the water to be treated is located? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Address - Street: City: State: Zip code:	
2. Person or organization conducting treatment (if other than applicant)	Daytime Telephone: - - Fax Number: - -
PA Dept. Agriculture Pesticide Certification # Address - Street: City: State: Zip code:	

Water Body Information	
3. Name of water body to be treated:	
4. County Location:	Municipality: Check one: <input type="checkbox"/> City <input type="checkbox"/> Borough <input type="checkbox"/> Township
5. Type of Water Body (Check one) <input type="checkbox"/> Pond, <input type="checkbox"/> Lake, <input type="checkbox"/> Impoundment, <input type="checkbox"/> Canal, <input type="checkbox"/> Other (specify)	
6. Water body uses:	Water supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Industrial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation Other uses: <input type="checkbox"/> Fishing <input type="checkbox"/> Fire protection <input type="checkbox"/> Swim <input type="checkbox"/> Water skiing <input type="checkbox"/> Other specify below:
7. Does the impoundment contain fish or other aquatic organisms? (Check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, check those that apply: <input type="checkbox"/> Warmwater species <input type="checkbox"/> Coldwater species (trout) <input type="checkbox"/> Triploid grass carp	
8. Is the water open to public fishing? (Check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	Stocked by PFBC? (Check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
9. Does the water body have an overflow of water? (Check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, indicate time of year:	
10. Name of receiving stream: (If unnamed, indicate "unnamed tributary to <u>insert name</u> Creek")	
11. Water body characteristics:	Total area: acres Average depth: feet

Map Location or Coordinates
<p>12. Attach an 8.5" x 11" photocopy of a topographical map to show the location of the water-body to be treated. This map can be printed from a site on the internet such as http://topozone.com/ or a photocopy of a 7.5 minute USGS topographical quadrangle. The body of water should be clearly marked with a circle and a notation of its name. The map should also contain the name of the 7.5 minute USGS quadrangle which shows the body of water. This information will be used to compare the proximity of the treated body of water to receiving streams, other permitted treatment areas and other water users such as public water supplies.</p> <p>OR</p> <p>Provide the latitude and longitude of the area to be treated. The latitude and longitude of the outlet is the recommended point. Latitude degrees minutes seconds North Longitude degrees minutes seconds West</p> <p>Beginning in 2007, applications without map location information will be returned as incomplete.</p>



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Treatment Information

13. Proposed treatment

Pesticide	Dose	Trt. area	Trt. depth	Amount each treatment	# trt.	Target plant(s)
1. Manufacturer EPA Reg. #		acres	feet			
2. Manufacturer EPA Reg. #		acres	feet			
3. Manufacturer EPA Reg. #		acres	feet			
4. Manufacturer EPA Reg. #		acres	feet			

14. Proposed date or dates of treatment:

15. Additional information for reviewer consideration:

Notification and Applicant Certification

16. Notification of potential users of treated water
 Has occurred or *Will occur prior to treatment*
 Potential users of treated water must be notified at least one day in advance of treatment.
 Are you aware of any objections to treatment from potential users of treated water? *Yes* or *No*
 If yes, describe:

17. The applicant (a) is responsible for any damages incurred as a result of pesticide treatment.
 (b) certifies the truth of the above statements.

Applicant Signature: _____ **Date:** _____

Name (print): _____

Title (if applicable): _____

GENERAL PERMIT APPLICATION INSTRUCTIONS

- Complete and submit one (1) permit application form for each water body to be treated.
- One application is required for a water body receiving several treatments by the same applicant, however, number of treatments and amount of pesticide to be used in each treatment must be clearly stated.
- A new permit application is required each calendar year. Permits are valid only for the calendar year of issuance.
- Send the permit application to the Pennsylvania Fish and Boat Commission at the following address

**Pennsylvania Fish and Boat Commission
Division of Environmental Services
450 Robinson Lane
Bellefonte, PA 16823**

- See page 3 for a checklist and specific instructions.
- Helpful websites for aquatic herbicide treatment include:

Pennsylvania Fish and Boat Commission
Penn State / PFBC Pond Website

www.fish.state.pa.us
<http://water.cas.psu.edu/ponds.htm>



CHECKLIST AND SPECIFIC INSTRUCTIONS

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Specific item instructions and checklist (numbers correspond to numbered items in permit application form)

1. Indicate name of person or group responsible for water body for which treatment is requested. You must have bona fide legal standing to request treatment. If you are an officer or agent for the applicant, please include your title in the signature block in item #16.
 - Check if you own or lease the water body. Provide additional information in item #15 if clarification is needed.
 - Provide your legal address to which you would like a permit to be sent.
 - Provide your daytime telephone number or the telephone number of a designated contact person.
2. Indicate the name of the person or company providing treatment if other than the applicant in item #1.
 - Certified applicators must provide their PA Department of Agriculture pesticide certification number.
3. Indicate the name of the water body to be treated. Permits are issued for a specific water body (or portion).
4. Indicate the county and municipality where the water body is located. This may differ from the address in item #1.
5. Check the water body type to be treated. We do not normally approve stream treatments, so this option is not listed.
6. Check all uses of the water body that apply. Separate categories are provided for water supply and other uses.
7. Indicate if the water body contains fish.
 - If fish are present, indicate if warmwater or coldwater species or triploid grass carp are present. This answer is important because trout, warmwater fish and triploid grass carp have varying tolerances for different chemicals.
8. Tell us whether the water body is open to public fishing. If so, we may have objections to treatment.
 - Confirm whether or not the water body is stocked by the Fish and Boat Commission.
9. Does the water body overflow at least part of the year?
 - If overflow occurs, indicate the time of year in the space provided. This will help us determine the effectiveness of the pesticide proposed in your water body, as well as potential impact on aquatic life downstream.
10. Name the receiving stream if overflow ever occurs. If the stream is unnamed, indicate "Unnamed tributary to _____ Creek" (next stream with a name). This will help us determine the characteristics of the aquatic community in the receiving waters.
11. Provide the total surface area in acres. This is a critical measurement that has a direct bearing on the amount of pesticide to properly use. *Helpful hints: 43,560 sq. feet = 1 acre. Determine the shape of your pond and use one of the following area formulas. Area of circle = $3.14 (\text{radius})^2$, Area of rectangle = Length X Width, Area of triangle = $0.5 \times \text{base} \times \text{height}$ (base is usually the distance across the dam, height is typically the pond length)*
12. Map. **Beginning in 2007, applications without map or latitude & longitude will be returned as incomplete.**
13. Proposed treatment. **For each pesticide proposed for use, provide the following information. Pesticides must, by federal law, be used as specified in their product label.**
 - Pesticide name. This is the name of the product to be purchased (example *Reward*, do not list the active ingredient, *diquat dibromide*). Product proposed for use must be registered with the U.S. EPA, labeled for aquatic use and listed with the PA Department of Agriculture.
 - Manufacturer is the company that produces the pesticide proposed for use.
 - The U.S. EPA registration number for the product proposed for use.
 - The proposed dose for the product. The dose listed must be within the dose range on the product label. Dose for products labeled to treat **area** is usually pounds or gallons per surface acre. Dose for products used to treat water **volume** is usually expressed as pounds or gallons per acre-foot. One acre-foot is one acre of water is one acre of water one foot deep. The pond or pond section volume is calculated by multiplying the area in acres times the average depth in feet.
 - Area to be treated. Copper sulfate product labels state that no more than $\frac{1}{2}$ the total area can be treated at a time.
 - Average depth of area to be treated.
 - Amount of pesticide to be used for a single treatment.
 - Number of treatments proposed for the year.
 - Target plant(s) to be controlled by the pesticide. List all you expect to be controlled by the product.
14. Proposed treatment dates. This can be a range of time in which multiple treatments are to be made.
15. *Additional information* can be provided for the reviewers. Examples are "Higher algicide dose is to control Pithophora, a resistant algae" or "Overflow will be stopped for 48 hours following treatment".
16. If potential users of treated water may possibly be affected by treatment, notification at least one day in advance is required. Recognize that products applied to water can drift to nontarget areas or be discharged downstream.
 - Indicate if notification has occurred by the time the application is submitted or will occur prior to treatment.
 - Indicate if you are aware of any objections to treatment from potential users of treated water.
 - If you are aware of objections, describe them in the space provided or on a page attached to the application.
17. Sign and date the application. Include your title if you are an officer or legally recognized agent for the applicant.