



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 Department of Environmental Protection (DEP). One copy of the application must also be sent to the Pennsylvania Fish and Boat Commission (PFBC) if the applicant proposes aquatic plant management in free flowing waters or the use of fish control chemicals (see instructions for addresses).

This application will be reviewed by DEP and, where applicable, PFBC. If acceptable, a permit will be issued under DEP's regulations at 25 Pa. Code §91.38 and PFBC's Fishing and Boating regulations at 58 Pa. Code, §51.61. The permit will be effective for three (3) years for treatments to waters classified as High Quality or Exceptional Value and five (5) years for treatments to all other waters, unless one or more of the conditions identified in Section I.4 of the instructions occur.

Application is for (check one): *New Permit* *Renewal* *Amendment* **Permit No.:** _____

Applicant Information <i>(if completing on behalf of a corporation, association or club, that entity is the applicant)</i>	
1. Name of Applicant (owner or lessee): _____	Daytime Telephone: _____ Email: _____
Is the applicant the owner or lessee of all the land on which the water to be treated is located? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i>	
Address - Street: _____ City: _____ State: _____ Zip Code: _____	
2. Person or organization conducting treatment (if other than applicant) _____	Daytime Telephone: _____ Email: _____
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"/> <i>City</i> <input type="checkbox"/> <i>Borough</i> <input type="checkbox"/> <i>Township</i>	
5. Type of Water Body (Check one) <input type="checkbox"/> <i>Pond</i> , <input type="checkbox"/> <i>Lake</i> , <input type="checkbox"/> <i>Impoundment</i> , <input type="checkbox"/> <i>Canal</i> , <input type="checkbox"/> <i>Other (specify)</i> _____	
6. Water Body Uses:	Water supply: <input type="checkbox"/> <i>Municipal</i> <input type="checkbox"/> <i>Private</i> <input type="checkbox"/> <i>Industrial</i> <input type="checkbox"/> <i>Livestock</i> <input type="checkbox"/> <i>Irrigation</i> Other uses: <input type="checkbox"/> <i>Fishing</i> <input type="checkbox"/> <i>Fire protection</i> <input type="checkbox"/> <i>Swim</i> <input type="checkbox"/> <i>Water skiing</i> <input type="checkbox"/> <i>Other</i> _____
Chapter 93 Classification (see instructions): _____	
7. Does the impoundment contain fish or other aquatic organisms? (Check one) <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If yes, check those that apply: <input type="checkbox"/> <i>Warmwater species</i> <input type="checkbox"/> <i>Coldwater species (trout)</i> <input type="checkbox"/> <i>Triploid grass carp</i>	
8. Is the water open to public fishing? (Check one) <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i>	Stocked by PFBC? (Check one) <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i>
9. Does the water body have an overflow of water? (Check one) <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If yes, indicate time of year: _____	

Application

10. Name of receiving stream: (If unnamed, indicate "unnamed tributary to insert name Creek")

11. Water Body Characteristics: Total area: _____ acres Average depth: _____ feet

Treatment Location

12. Attach an 8.5" x 11" photocopy of a topographical map to show the location of the water body to be treated (**note - applications without map(s) will be returned as incomplete**).
 Provide the latitude and longitude of the outlet for the water body to be treated.
Latitude: _____ Degrees _____ Minutes _____ Seconds North OR Decimal Degrees: _____
Longitude: _____ Degrees _____ Minutes _____ Seconds West OR Decimal Degrees: _____

Treatment Information

13. Proposed Annual Treatment(s)

Pesticide	Dose	Treatment Area	Treatment Depth	Amount each Treatment	No. Treatments	Target Organism(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 and (b) certifies the truth of the above statements.
Applicant Signature:

 Signature Date

 Name (print or type) Title