



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 joint 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 joint permit will not expire but must be amended if any of the conditions listed in Section I.E.1 through 3 apply in the instructions (3800-PM-BCW0094a).

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. Legal Organization/Individual Name or Registered Fictitious Name: _____	Employer ID# (EIN): _____		
DEP Client ID# (If Known) _____	Client Type/Code _____		
Client Contact Last Name _____	First Name _____	MI _____	Suffix _____
Client Contact Title _____	Phone _____	Ext _____	Cell Phone _____
Mailing Address Line 1 _____	Mailing Address Line 2 _____	Email Address _____	
City _____	State _____	Zip+4 _____	
2. 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 Is the applicant a current or past holder of any DEP permits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Will the applicant accept the draft and final permit electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____			
4. Person or organization conducting treatment (if other than applicant) _____		Daytime Telephone: _____ Email: _____	
PA Dept. Agriculture Pesticide Certification # _____ Address - Street: _____ City: _____ State: _____ Zip Code: _____			
Site Location			
1. County: _____		Municipality: _____	
Check one: <input type="checkbox"/> City <input type="checkbox"/> Borough <input type="checkbox"/> Township			
Site Location Line 1 _____	Site Location Line 2 _____		
Site Location City _____	State _____	Zip+4 _____	
Detailed Written Directions to Site _____			
2. Attach an 8.5" x 11" photocopy of a topographic map to show the location of the water body(ies) to be treated (note - applications without map(s) will be returned as incomplete).			
3. Provide the latitude and longitude of the geographic center of the site: Latitude: _____ Degrees _____ Minutes _____ Seconds North OR Decimal Degrees: _____ Longitude: _____ Degrees _____ Minutes _____ Seconds West OR Decimal Degrees: _____			
4. Total number of water bodies to be treated: _____			

Water Body Information						
1. Name of water body to be treated: _____						
2. 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) _____						
3. 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 _____
Chapter 93 Classification (see instructions): _____						
4. Does the water body 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						
5. 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						
6. 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 overflows occur: _____						
7. Name of receiving stream (If unnamed, indicate "unnamed tributary to <u>insert name</u> "): _____						
8. Water Body Characteristics: Total area: _____ acres Average depth: _____ feet						
9. 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						
1. Proposed Annual Treatment(s)						
	Pesticide	Dose	Treatment Area	Treatment Depth	Amount per Treatment	No. Treatments
	_____		_____	_____	_____	_____
	Manufacturer: _____		_____	_____	_____	_____
	EPA Reg. # _____		_____ acres	_____ feet	_____ gal / lbs	
	_____		_____	_____	_____	_____
	Manufacturer: _____		_____	_____	_____	_____
	EPA Reg. # _____		_____ acres	_____ feet	_____ gal / lbs	
	_____		_____	_____	_____	_____
	Manufacturer: _____		_____	_____	_____	_____
	EPA Reg. # _____		_____ acres	_____ feet	_____ gal / lbs	
2. Proposed date or dates of treatment: _____						
3. Additional information for reviewer consideration: _____						

Notification and Applicant Certification	
1. Notification of potential users of treated water: <input type="checkbox"/> <i>Has occurred</i> or <input type="checkbox"/> <i>Will occur prior to treatment</i> 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? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If yes, describe: _____	
2. Permit Fee Attached: <input type="checkbox"/> \$250 (<i>New/Renewal</i>) <input type="checkbox"/> \$100 (<i>Amendment</i>)	
3. 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

DOCUMENT REVISION HISTORY

Date	Revision Reason
August 2022	Added line to consent to electronic issuance of Draft and Final permit documents.
October 2021	Added Client information; added indicator for other DEP permits; added fee indicator item; reorganized. Added clarification for attaching information for additional waterbodies.