



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Permit Application for the Use of Pesticides in State Waters

Please complete this form in accordance with section 22a-66z CGS and the [instructions](#) (DEEP-PEST-INST-200) in order to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee along with this form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Aquatic Pesticides

Part I: Application Type and Description

Check the appropriate box identifying the application type.

<p>This application is to request (check one):</p> <p><input type="checkbox"/> A <i>single year permit</i> <input type="checkbox"/> A <i>multi-year permit</i></p> <p><i>Note: Multi-year permits will be issued at the Department of Energy and Environmental Protection's (DEEP) discretion.</i></p> <p>Town where site is located: _____</p> <p>Brief Description of Project:</p>
<p>Part II: Fee Information</p> <p>An initial application fee of \$200.00 [#1009] is to be submitted with <i>each</i> permit that you are applying for. Each site requires a separate permit. If you are applying for a multi-year permit, the remaining fees will be invoiced at a later date. There is no discount for municipalities. The application will not be processed without the initial fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p>

Part III: Site Location

Name of Waterbody:		
Street address and/or description of location:		
City/Town:	State:	Zip Code:

Part IV: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](http://www.concord-sots.ct.gov/CONCORD/index.jsp). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

- a) Applicant Type (check one): individual *business entity federal agency
 state agency municipality tribal

*If a business entity:

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Pesticide Application Business Registration Number: _____

iii) provide Secretary of the State business ID #: _____ This information can be accessed at [CONCORD](#)

iv) Check here if your business is **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the proposed activity is to be located:

site owner option holder lessee

easement holder operator pesticide applicator

other (specify): _____

- Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

Part IV: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

4a. List the owner of the area to be treated who should be contacted for any departmental correspondence and inquiries. Refer to the [instructions](#).

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

Shoreline Property Owner:

4b. List names and addresses of all other owners of the area to be treated. Refer to the [instructions](#).

You can add rows to this table by using "tab" in the last row, in the last column.

Names of Other Owners	Address	Shoreline Property Owner
		<input type="checkbox"/>

5. List the person or company applying the pesticides.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

Certification Number:

Part V: Site Information

1. **COASTAL AREA:** Is the pesticide application located in a municipality within the coastal area?

Yes No (check town list in the instructions)

If yes, is the water being treated subject to the ebb and flow of the tides, or inundated by saline or brackish water at least once a month? Yes No

If the water being treated is subject to the ebb and flow of the tides, or is inundated by saline or brackish water at least once a month, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment C.

For assistance in determining if the water being treated is affected by tidal water as described above or in completing the Coastal Consistency Review form, contact the Office of Long Island Sound Programs (OLISP) at 860-424-3034.

2. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the activity which is the subject of this application located within an area identified as a habitat for endangered, threatened or special concern species?

Yes No Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. A copy of the completed Request for NDDB State Listed Species Review Form and the CT NDDB response must be submitted with this completed application as Attachment D.**

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

3. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A or Level B map? Yes No

If your site is on a Level A or Level B map, you are not required to register under the Aquifer Protection Program, **however** you must follow proper spill control measures to prevent potential contamination of drinking water. If you should have a spill, please call the emergency hotline **immediately** at 860-424-3338.

4. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction must be submitted as Attachment F.

5. Type of area to be treated: Tidal Waters Pond or Lake Stream

6. Is the waterbody(ies) located in a public water supply watershed? Yes No

7. Where does the waterbody(ies) flow to (Name of receiving stream or waterbody)? _____

Is the outflow usually flowing? Yes No Can outflow be stopped? Yes No

Part V: Site Information

You can add rows to the tables below, by using "tab" in the last row, in the last column.

8. Identify the size of the waterbody(ies) and the portion of the waterbody(ies) to be treated. Refer to the instructions .								
Name of Waterbody	Length ft.	Width ft.	Acres	Max. Depth ft.	Avg. Depth ft.	Volume Ac-ft	Treated Portion	
							Acres	Volume Acre-ft

9. Identify each proposed product to be used, the amount per treatment, the number of treatments and the surface area (acres) or volume (acre feet) of water to be treated with that product. If more than one waterbody will be treated, provide this information for each waterbody.					
Name of Waterbody	Full Product Name	Amount per Treatment	Number of Treatments	Treated Portion	
				Acres	Volume Acre-ft

Part V: Site Information (continued)

10. Does the waterbody(ies) have public access? Yes No

11. Is the waterbody(ies) stocked with fish by the state? Yes No

12. Identify use(s) of waterbody(ies):

domestic water supply irrigation watering livestock swimming fishing None

13. Are there any downstream users of the water who may be affected by treatment? Yes No
If yes, please explain:

14. Within 1/2 mile of the treatment area, are there any **private** drinking water wells 50 ft. or less from the shoreline? Yes No

Note: Any proposed treatment area located within 200 ft. of a **public** water supply well must also be reviewed by the [Connecticut Department of Health](#).

15. Identify all plants or animals to be controlled:

16a. Identify all types of fish present:

16b. If a copper-based product will be used and there are fish species sensitive to copper, what is the alkalinity of the water to be treated?

17. Projected date(s) of pesticide use: _____

18. List prior years in which chemicals were applied to this waterbody(ies):

Part VI: Supporting Documents

Be sure to read the instructions (DEEP-PEST-INST-200) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: An 8-1/2" x 11" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated or any other map that clearly indicates the location of the waterbody(ies) to be treated.
- Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002), if applicable.
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: **Copy** of the completed *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) **and** the NDDB response, if applicable.
- Attachment E:
 - 1) copy of a certified mail receipt, or
 - 2) a copy of the application stamped and dated as received by the local inland wetlands agency, or
 - 3) an e-mail from the local inland wetlands agency verifying that this completed application has been sent to such agency.
 - For multiple applications submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of the certified mail receipt to each application.
 - For multiple applications submitted to the local inland wetlands agency under one email, the e-mail from the agency clearly confirming receipt of each application.

Refer to the [instructions](#).
- Attachment F: Conservation or Preservation Restriction Information, if applicable.

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part VII: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed application to the appropriate local inland wetland agency.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p><input type="checkbox"/> I also certify that I have sent one copy of this completed application to the appropriate local inland wetland agency on _____“ <div style="text-align: center; margin-left: 150px;">Date</div></p>	
Signature of Applicant _____	Date _____
Name of Applicant (print or type) _____	Title (if applicable) _____
Signature of Preparer (if different than above) _____	Date _____
Name of Preparer (print or type) _____	Title (if applicable) _____
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

Please also submit a copy of this completed application to the local inland wetlands agency.