



**Department of
Environmental
Conservation**

AQV (12/2015)

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PEST MANAGEMENT
APPLICATION FOR A PERMIT TO USE A PESTICIDE
FOR THE CONTROL OF AN AQUATIC PEST - TITLE 6 NYCRR PART 327/328/329
<http://www.dec.ny.gov/chemical/8530.html>**

**SUBMIT THE APPLICATION 3 MONTHS BEFORE THE PROPOSED TREATMENT
A CHECK OF \$100 MUST ACCOMPANY THE PERMIT APPLICATION
REFER TO THE ATTACHED APPLICATION INSTRUCTIONS**

FOR DEC USE:	
Application Number	_____
Water Body Name	_____
Date Received	_____
Fee Receipt Number	_____
Type of Application	_____
New ___ Repeat ___ Previous #	_____

1. PERMIT APPLICANT INFORMATION

Name of Permit
Applicant/Association/Agency: **Tompkins County Soil and Water Conservation District**

Name of Authorized Person signing the Application:
(if on behalf of an Association/Organization) **Jon Negley**

Mailing Address **170 Bostwick Rd**

City: **Ithaca** State: **NY** Zip Code: **14850**

Telephone Number: **607-257-2340** Email: **jonnegley@tcswcd.org** Website: **www.tcswcd.org**

The Permit Applicant is a (check appropriate):

Riparian Owner: Lessee: Association of Riparian Owners:

If the Permit Applicant is an Association of Riparian Owners/Lessees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached

Other: (please explain) **Acting as agent of riparian owner *see attached letter**

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application: (if applicable) **Solitude Lake Management**

Business/ Agency Registration Number: **16505** Telephone Number: **607-433-2484** Contact: **Glenn Sullivan**

Business Mailing Address: **388 Mather Rd, Suite 1**

City: **Oneonta** State: **NY** Zip Code: **13820**

Email: **gsullivan@solitudelake.com** Website: **www.solitudelakemanagement.com**

Name of Certified Applicator(s) performing application: **To Be Determined, See attached list** Certified Applicator(s) Identification Number: **See attached list**

Mailing Address: (if different than Business Address)

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the prior permit number(s): 7-AV15-26		
Is the application identical to one covered by a previous permit (Repeat)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide the prior permit number:		
Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)		
<p>Since the discovery of hydrilla in Cayuga Inlet 2011, the Inlet has been treated with both Aquathol K, Sonar Genesis and Sonar One. Permits for Aquathol K application were obtained in 2011-2015 and permits for Sonar Genesis and Sonar One application were obtained in 2012-2015. These treatments have been highly successful and in 2016, the plan is to treat with Sonar Genesis and Sonar H4C to prevent hydrilla growth. Core samples have been collected through the Inlet and intensive plant monitoring has also occurred since 2011 providing valuable data regarding tuber numbers, hydrilla growth, and other vegetative growth throughout the Inlet.</p>		
What are the goals of the proposed permit application?		
Prevent the growth of hydrilla within the main channel of Cayuga Inlet from the fish ladder to the mouth.		

4. WATER BODY INFORMATION

Name of water body: Cayuga Inlet	DEC Water Classification (e.g. Class A, Class B): C
Address or location of water body: Cayuga Inlet between Inlet Rd and Allen Treman Marina	
County where water body is located: Tompkins	Town where water body is located: City of Ithaca
Are fish present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are fish stocked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do application areas include lands under the control of the DEC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please specify.	

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and depths of the water body. (depth soundings are not necessary for moving water)
- The outline of the application area(s), with all streams/treated areas/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing areas, livestock watering areas, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

6. WATER BODY APPLICATION INFORMATION			
1. Whole Water Body Application:		2. Partial Water Body Application/Specific Weed Beds:	
Water body size in surface acres:	100.47	Total number of treated areas:	
Average depth in feet:	6.4	Total treated area in surface acres:	
Total number of acre feet treated:	643	Average depth of each treated area:	
		Total number of acre feet treated:	
3. Stream Application for Black Fly or Lamprey Control:			
Miles of streams to be treated:		Stream flow estimates in cubic feet per second (cfs):	
4. Surface Area Application, Emergent Vegetation Control, or Mosquito Larvaciding:			
Number of areas/catch basins proposed for application:		Total surface area proposed for application:	
7. PESTICIDE APPLICATION INFORMATION (A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)			
Pesticide name:	Sonar Genesis		
Pesticide active ingredient:	Fluridone		
% Active Ingredient:	6.3		
Pesticide EPA Registration Number:	67690-54		
Formulation:	liquid		
Application rate: (e.g. gals/acre ft. or gals/surface acre)	.9-5.92 gallons per day		
Dosage rate: (e.g. ppm, ppb)	3-5 ppb		
Total number of applications: (including bump/split applications)	Injected over a period of 60-90 days		
Approximate date(s) of application: (including bump/split applications)	6/13/2016-10/14/2016		
Amount of pesticide needed per application:	54-532.8 gallons		
Total amount of pesticide needed per calendar year:	54-532.8 gallons		
Target pest: (scientific and common name)	hydrilla verticillata		
Method of application (e.g. sprayed on surface, bag dragged behind boat):	injection via automated subsurface injection		
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a		

8. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

9. WATER USES		10. WATER USE RESTRICTIONS
Water uses in treated area and affected waters (Check):		List the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.
Swimming	<input checked="" type="checkbox"/>	No restrictions
Irrigation	<input checked="" type="checkbox"/>	<small>Do not use treated water for irrigating greenhouse or nursery plants until concentrations are less than 1ppb. Irrigation or spraying of established tree crops and row crops, turf or plants prohibited for 14 days</small>
Livestock watering	<input checked="" type="checkbox"/>	No restrictions
Potable water uses	<input type="checkbox"/>	
Domestic water uses	<input checked="" type="checkbox"/>	Do not use treated water for hydroponic farming until concentration of fluridone are less than 1ppb
Fishing	<input checked="" type="checkbox"/>	No restrictions
Other	<input type="checkbox"/>	

11. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If the applicant proposes to hold the water for the required water use restrictions, see Attachment C, and describe how the water will be held, or complete a Drawdown Study.		
If the applicant cannot hold the water for the required water use restrictions, see Attachment D and complete the Downstream Modeling spreadsheet.		

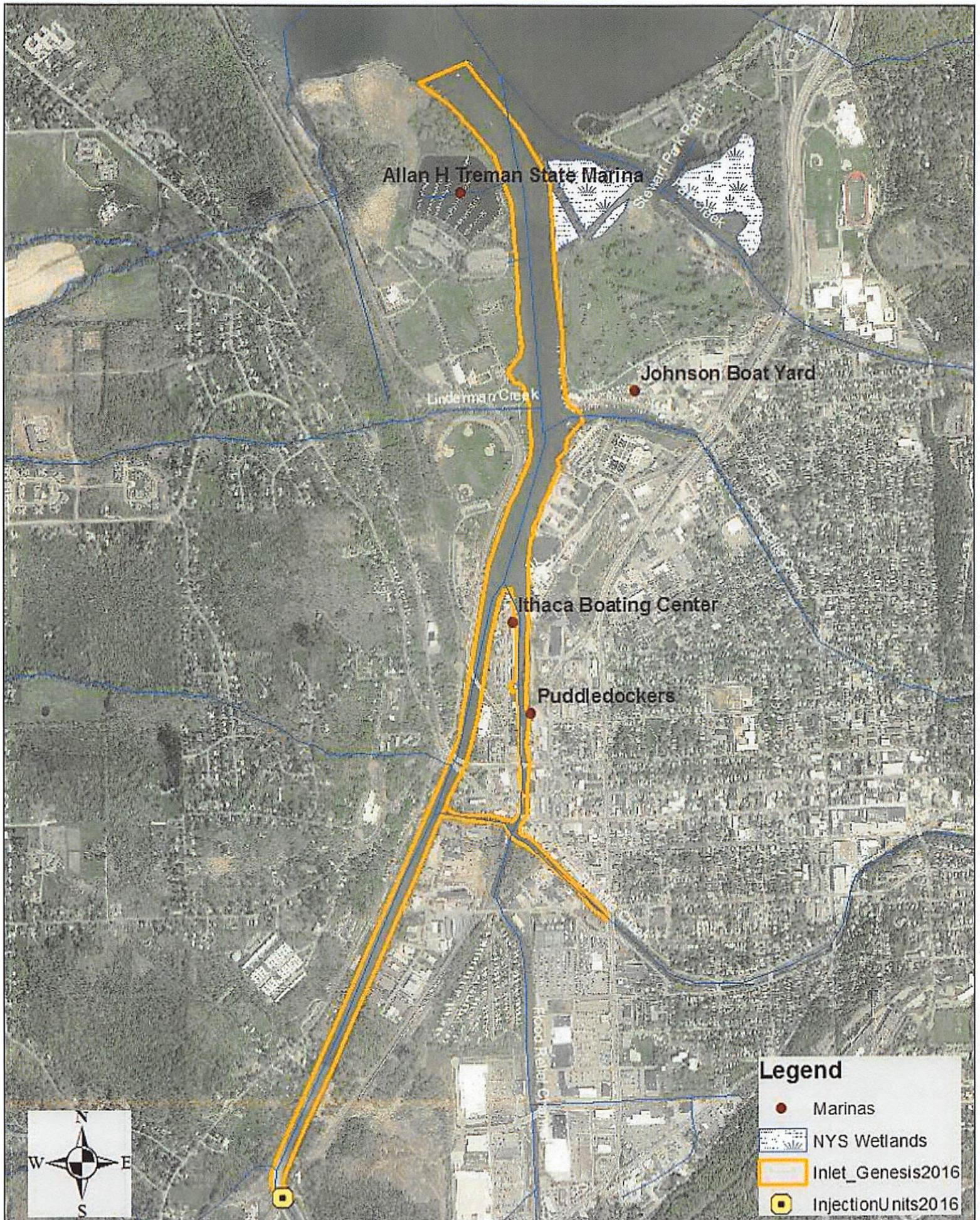
12. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on <u>05/ /16</u> . A copy of the letter is attached.
<input type="checkbox"/>	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
<input type="checkbox"/>	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on <u> / /</u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name:	If Applicant is not an individual, include the title of signatory:	
Signature:		Date:

Cayuga Inlet Soncar Genesis Treatment Area





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FOR DEC USE:
Application Number _____
Water Body Name _____
Date Received _____
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Type of Application _____
New ___ Repeat ___ Previous # _____

1. PERMIT APPLICANT INFORMATION

Name of Permit
Applicant/Association/Agency: **Tompkins County Soil and Water Conservation District**

Name of Authorized Person signing the Application:
(if on behalf of an Association/Organization) **Jon Negley**

Mailing Address **170 Bostwick Rd**

City: Ithaca	State: NY	Zip Code: 14850
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Telephone Number: 607-257-2340	Email: jonnegley@tcsxcd.org	Website:
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The Permit Applicant is a (check appropriate):

Riparian Owner: <input type="checkbox"/>	Lessee: <input type="checkbox"/>	Association of Riparian Owners: <input type="checkbox"/>
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If the Permit Applicant is an Association of Riparian Owners/Lessees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached

Other:
(please explain) **Acting as agent + as riparian owner, see attached letter.**

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application: (if applicable) **Solitude Lake Management**

Business/ Agency Registration Number: 16505	Telephone Number: 607-433-2484	Contact: Glenn Sullivan
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Business Mailing Address: **388 Mather Rd, Suite 1**

City: Oneonta	State: NY	Zip Code: 13820
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Email: gsullivan@solitudelake.com	Website: www.solitudelakemanagement.com
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Name of Certified Applicator(s) performing application: TBD, see attached list	Certified Applicator(s) Identification Number: See attached list
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Mailing Address:
(if different than Business Address)

City:	State:	Zip Code:	Telephone Number:
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3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the prior permit number(s): 7-AV15-26		
Is the application identical to one covered by a previous permit (Repeat)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide the prior permit number:		
Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)		
Since the discovery of hydrilla in Cayuga Inlet 2011, the Inlet has been treated with both Aquathol K, Sonar Genesis and Sonar One in backwater areas. Permits for Aquathol K application were obtained in 2011-2015 and permits for Sonar Genesis and Sonar One application were obtained in 2012-2015. These treatments have been highly successful and in 2016, the plan is to treat with Sonar Genesis and Sonar H4C to prevent hydrilla growth. Core samples have been collected through the Inlet and intensive plant monitoring has also occurred since 2011 providing valuable data regarding tuber numbers, hydrilla growth, and other vegetative growth throughout the Inlet.		
What are the goals of the proposed permit application?		
Four areas of the Inlet system will be targeted with Sonar H4C pellets (Cornell boatyard bay, Linderman Creek, Cascadilla Creek, and the East branch of Cayuga Inlet). Cornell boatyard bay application is to enhance herbicide levels, as this is a location where hydrilla has persisted at highest levels. The remaining three areas are backwater areas, not influence by the main channel injection. The overall goal is to prevent hydrilla growth in Cayuga Inlet.		

4. WATER BODY INFORMATION

Name of water body: Cayuga Inlet	DEC Water Classification (e.g. Class A, Class B): C, C(T)
Address or location of water body: W State St north to Cornell boathouse bay, cascadilla creek -willow Ave, Linderman creek -Cass park	
County where water body is located: Tompkins	Town where water body is located: City of Ithaca
Are fish present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are fish stocked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do application areas include lands under the control of the DEC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please specify.	

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and depths of the water body. (depth soundings are not necessary for moving water)
- The outline of the application area(s), with all streams/treated areas/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing areas, livestock watering areas, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

6. WATER BODY APPLICATION INFORMATION			
1. Whole Water Body Application:		2. Partial Water Body Application/Specific Weed Beds:	
Water body size in surface acres:		Total number of treated areas:	4
Average depth in feet:		Total treated area in surface acres:	14.70
Total number of acre feet treated:		Average depth of each treated area:	2.46 ft, 4.1 ft, 6.5 ft
		Total number of acre feet treated:	72.93
3. Stream Application for Black Fly or Lamprey Control:			
Miles of streams to be treated:		Stream flow estimates in cubic feet per second (cfs):	
4. Surface Area Application, Emergent Vegetation Control, or Mosquito Larvaciding:			
Number of areas/catch basins proposed for application:		Total surface area proposed for application:	
7. PESTICIDE APPLICATION INFORMATION (A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)			
Pesticide name:	Sonar H4C		
Pesticide active ingredient:	fluridone		
% Active Ingredient:	2.7		
Pesticide EPA Registration Number:	67690-61		
Formulation:	pellet		
Application rate: (e.g. gals/acre ft. or gals/surface acre)	.5-3 lbs/ac ft		
Dosage rate: (e.g. ppm, ppb)	5-30 ppb		
Total number of applications: (including bump/split applications)	4		
Approximate date(s) of application: (including bump/split applications)	6/13/2016-10/14/2016		
Amount of pesticide needed per application:	42-84 lbs		
Total amount of pesticide needed per calendar year:	up to 211.6 lbs		
Target pest: (scientific and common name)	hydrilla verticillata		
Method of application (e.g. sprayed on surface, bag dragged behind boat):	broadcast		
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a		

8. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

9. WATER USES

10. WATER USE RESTRICTIONS

Water uses in treated area and affected waters (Check):		List the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.
Swimming	<input checked="" type="checkbox"/>	No restrictions
Irrigation	<input checked="" type="checkbox"/>	<small>Do not use for hydroponic farming, irrigating greenhouse or nursery plants until fluoride concentration is below 1ppb. Irrigation of established tree crops and row crops, turf, or plants is prohibited for 7 days after applicati</small>
Livestock watering	<input checked="" type="checkbox"/>	No restriction
Potable water uses	<input checked="" type="checkbox"/>	No restriction at maximum rate (150 ppb) or less
Domestic water uses	<input type="checkbox"/>	
Fishing	<input checked="" type="checkbox"/>	No restrictions
Other	<input type="checkbox"/>	

11. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If the applicant proposes to hold the water for the required water use restrictions, see Attachment C, and describe how the water will be held, or complete a Drawdown Study.		
If the applicant cannot hold the water for the required water use restrictions, see Attachment D and complete the Downstream Modeling spreadsheet.		

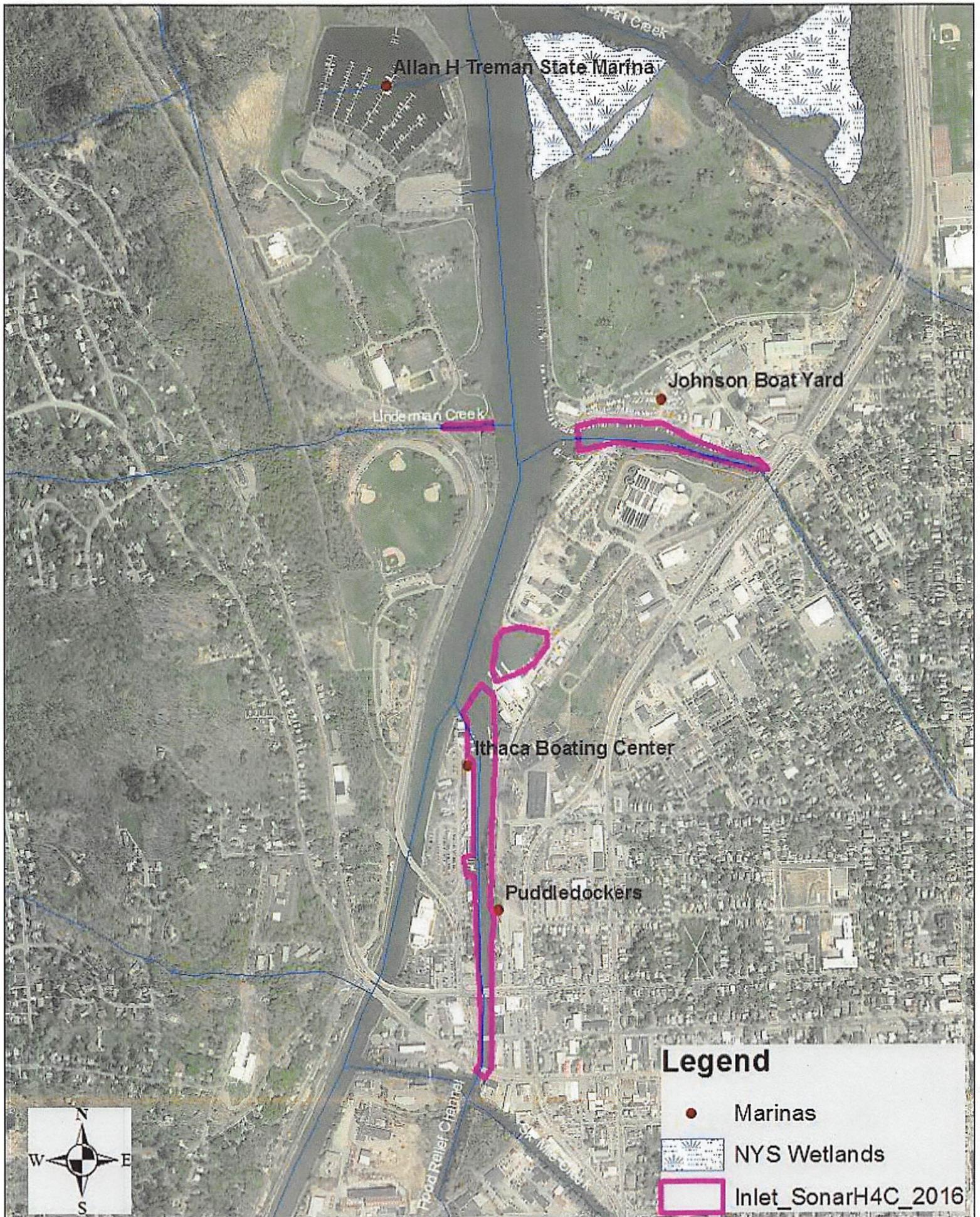
12. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on <u>05/ / 16</u> . A copy of the letter is attached.
<input type="checkbox"/>	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
<input type="checkbox"/>	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on <u> / /</u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name: Jon Negley	If Applicant is not an individual, include the title of signatory:
Signature:	Date:

Cayuga Inlet Soncar H4C Treatment Area





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FOR DEC USE:	
Application Number	_____
Water Body Name	_____
Date Received	_____
Fee Receipt Number	_____
Type of Application	_____
New ___ Repeat ___ Previous #	_____

1. PERMIT APPLICANT INFORMATION			
Name of Permit Applicant/Association/Agency: Tompkins County Soil and Water Conservation District			
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) Jon Negley			
Mailing Address 170 Bostwick rd			
City: Ithaca	State: NY	Zip Code: 14850	
Telephone Number: 607-257-2340	Email: jonnegley@tcswcd.org	Website:	
The Permit Applicant is a (check appropriate):			
Riparian Owner: <input type="checkbox"/>	Lessee: <input type="checkbox"/>	Association of Riparian Owners: <input type="checkbox"/>	
If the Permit Applicant is an Association of Riparian Owners/Lesseees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached			
Other: (please explain) <i>Acting as an agent of riparian owner, see attached letter</i>			
2. PESTICIDE APPLICATOR INFORMATION			
Name of Pesticide Business/Agency performing application: (if applicable) Solitude Lake Management			
Business/ Agency Registration Number: 16505	Telephone Number: 607-433-2484	Contact: Glenn Sullivan	
Business Mailing Address: 388 Mather Rd, Suite 1			
City: Oneonta	State: NY	Zip Code: 13820	
Email: gsullivan@solitudelake.com	Website: www.solitudelakemanagement.com		
Name of Certified Applicator(s) performing application: To Be Determined, See attached list		Certified Applicator(s) Identification Number: See Attached list	
Mailing Address: (if different than Business Address)			
City:	State:	Zip Code:	Telephone Number:

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If Yes, provide the prior permit number(s): **7-AV15-22**

Is the application identical to one covered by a previous permit (Repeat)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If Yes, provide the prior permit number:

Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)

The main channel of Fall Creek has been treated with Aquathol K in 2014 and 2015. In 2014, the main channel was treated via boat application, but results showed inadequate retention time so in 2015 Aquathol K was injected via an automated subsurface injection system over a 48 hour period.

What are the goals of the proposed permit application?

Hydrilla patches have been found throughout the main channel of Fall Creek and in the shallow backwater areas. The main goal of the 2016 injection treatment is to kill any growing patches of hydrilla in the main channel of Fall Creek to prevent hydrilla from getting into the lake.

4. WATER BODY INFORMATION

Name of water body: Fall Creek	DEC Water Classification (e.g. Class A, Class B): B
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Address or location of water body: **Fall Creek from Lake St to mouth**

County where water body is located: Tompkins	Town where water body is located: City of Ithaca
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Are fish present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Are fish stocked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Do application areas include lands under the control of the DEC?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If Yes, please specify.

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and depths of the water body. (depth soundings are not necessary for moving water)
- The outline of the application area(s), with all streams/treated areas/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing areas, livestock watering areas, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

6. WATER BODY APPLICATION INFORMATION			
1. Whole Water Body Application:		2. Partial Water Body Application/Specific Weed Beds:	
Water body size in surface acres:	19.28	Total number of treated areas:	
Average depth in feet:	4.8 ft	Total treated area in surface acres:	
Total number of acre feet treated:	92.54	Average depth of each treated area:	
		Total number of acre feet treated:	
3. Stream Application for Black Fly or Lamprey Control:			
Miles of streams to be treated:	1	Stream flow estimates in cubic feet per second (cfs):	
4. Surface Area Application, Emergent Vegetation Control, or Mosquito Larvaciding:			
Number of areas/catch basins proposed for application:		Total surface area proposed for application:	
7. PESTICIDE APPLICATION INFORMATION (A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)			
Pesticide name:	Aquathol K		
Pesticide active ingredient:	endothall		
% Active Ingredient:	40.3		
Pesticide EPA Registration Number:	70506-176		
Formulation:	liquid		
Application rate: (e.g. gals/acre ft. or gals/surface acre)	1.3-2.6 gallons/acre ft		
Dosage rate: (e.g. ppm, ppb)	2-4 ppm depending on flow rate		
Total number of applications: (including bump/split applications)	1		
Approximate date(s) of application: (including bump/split applications)	7/1/16-9/15/16		
Amount of pesticide needed per application:	up to 540 gallons		
Total amount of pesticide needed per calendar year:	up to 540 gallons		
Target pest: (scientific and common name)	hydrilla verticillata		
Method of application (e.g. sprayed on surface, bag dragged behind boat):	subsurface injection via automatic injection unit		
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a		

8. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

9. WATER USES

10. WATER USE RESTRICTIONS

Water uses in treated area and affected waters (Check):		List the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.
Swimming	<input checked="" type="checkbox"/>	Swimming and bathing prohibited for 24 hours after application
Irrigation	<input checked="" type="checkbox"/>	No restriction
Livestock watering	<input checked="" type="checkbox"/>	Animal and livestock watering prohibited for 14 days after application
Potable water uses	<input checked="" type="checkbox"/>	Use of water for human consumption prohibited when concentrations of endoathall are greater than 50 ppb in treated water
Domestic water uses	<input type="checkbox"/>	
Fishing	<input checked="" type="checkbox"/>	No restriction
Other	<input type="checkbox"/>	

11. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the applicant proposes to hold the water for the required water use restrictions, see Attachment C, and describe how the water will be held, or complete a Drawdown Study.

If the applicant cannot hold the water for the required water use restrictions, see Attachment D and complete the Downstream Modeling spreadsheet.

12. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on <u>05/ /16</u> . A copy of the letter is attached.
<input type="checkbox"/>	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
<input type="checkbox"/>	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on <u> / /</u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name:	If Applicant is not an individual, include the title of signatory:	
Signature:	Date:	

Fall Creek Aquathol K Injection Treatment Area





**Department of
Environmental
Conservation**

AQV (12/2015)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PEST MANAGEMENT
APPLICATION FOR A PERMIT TO USE A PESTICIDE
FOR THE CONTROL OF AN AQUATIC PEST - TITLE 6 NYCRR PART 327/328/329
<http://www.dec.ny.gov/chemical/8530.html>

SUBMIT THE APPLICATION 3 MONTHS BEFORE THE PROPOSED TREATMENT
A CHECK OF \$100 MUST ACCOMPANY THE PERMIT APPLICATION
REFER TO THE ATTACHED APPLICATION INSTRUCTIONS

FOR DEC USE:	
Application Number	_____
Water Body Name	_____
Date Received	_____
Fee Receipt Number	_____
Type of Application	_____
New ___ Repeat ___ Previous #	_____

1. PERMIT APPLICANT INFORMATION

Name of Permit Applicant/Association/Agency: Tompkins County Soil and Water Conservation District		
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) Jon Negley		
Mailing Address 170 Bostwick Rd		
City: Ithaca	State: NY	Zip Code: 14850
Telephone Number: 607-257-2340	Email: jonnegley@tcsxcd.org	Website:
The Permit Applicant is a (check appropriate):		
Riparian Owner: <input type="checkbox"/>	Lessee: <input type="checkbox"/>	Association of Riparian Owners: <input type="checkbox"/>

If the Permit Applicant is an Association of Riparian Owners/Lesseees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached

Other:
(please explain) *Acting as agent of riparian owner, see attached letter.*

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application: (if applicable) Solitude Lake Management			
Business/ Agency Registration Number: 16505	Telephone Number: 607-433-2484	Contact: Glenn Sullivan	
Business Mailing Address: 388 Mather Rd, Suite 1			
City: Oneonta	State: NY	Zip Code: 13820	
Email: gsullivan@solitudelake.com	Website: www.solitudelakemanagement.com		
Name of Certified Applicator(s) performing application: To Be Determined, See Attached List		Certified Applicator(s) Identification Number: See Attached List	
Mailing Address: (if different than Business Address)			
City:	State:	Zip Code:	Telephone Number:

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the prior permit number(s): 7-AV15-21		
Is the application identical to one covered by a previous permit (Repeat)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the prior permit number: 7-AV15-21		
Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation) The backwater areas of Fall Creek have been treated with Aquathol K via boat application in 2014 and 2015. In 2014, barriers were also installed at the outlet of Stewart Park Pond and the golf course lagoon area. These barriers proved effective in improving retention times. Hydrilla in the Fall Creek Cove area was pulled in 2014 to remove hydrilla not eliminated through herbicide treatments.		
What are the goals of the proposed permit application? The goal of the proposed permit is to eliminate hydrilla growing in the backwater areas of Fall Creek and prevent further tuber and plant growth.		

4. WATER BODY INFORMATION

Name of water body: Fall Creek	DEC Water Classification (e.g. Class A, Class B): B
Address or location of water body: Backwater areas off of Fall Creek Main Channel	
County where water body is located: Tompkins	Town where water body is located: City of Ithaca
Are fish present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are fish stocked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do application areas include lands under the control of the DEC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please specify.	

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and depths of the water body. (depth soundings are not necessary for moving water)
- The outline of the application area(s), with all streams/treated areas/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing areas, livestock watering areas, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

6. WATER BODY APPLICATION INFORMATION			
1. Whole Water Body Application:		2. Partial Water Body Application/Specific Weed Beds:	
Water body size in surface acres:		Total number of treated areas:	4
Average depth in feet:		Total treated area in surface acres:	5.44
Total number of acre feet treated:		Average depth of each treated area:	2.5 ft, 1.1 ft, 1.5 ft, 1.7 ft
		Total number of acre feet treated:	11.63
3. Stream Application for Black Fly or Lamprey Control:			
Miles of streams to be treated:		Stream flow estimates in cubic feet per second (cfs):	
4. Surface Area Application, Emergent Vegetation Control, or Mosquito Larvaciding:			
Number of areas/catch basins proposed for application:		Total surface area proposed for application:	
7. PESTICIDE APPLICATION INFORMATION (A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)			
Pesticide name:	Aquathol K		
Pesticide active ingredient:	endothall		
% Active Ingredient:	40.3		
Pesticide EPA Registration Number:	70506-176		
Formulation:	liquid		
Application rate: (e.g. gals/acre ft. or gals/surface acre)	1.3-2.6 gallons/acre ft		
Dosage rate: (e.g. ppm, ppb)	2-4 ppm depending on flow rate		
Total number of applications: (including bump/split applications)	1		
Approximate date(s) of application: (including bump/split applications)	7/1/16-9/15/16		
Amount of pesticide needed per application:	15.1-32.2 gallons per application		
Total amount of pesticide needed per calendar year:	15.1-32.2		
Target pest: (scientific and common name)	hdyrilla verticillata		
Method of application (e.g. sprayed on surface, bag dragged behind boat):	hand directed spray		
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a		

8. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

9. WATER USES

10. WATER USE RESTRICTIONS

Water uses in treated area and affected waters (Check):		List the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.
Swimming	<input checked="" type="checkbox"/>	Swimming and bathing prohibited for 24 hours after application
Irrigation	<input checked="" type="checkbox"/>	No restriction
Livestock watering	<input checked="" type="checkbox"/>	Animal and livestock watering prohibited for 14 days after application
Potable water uses	<input checked="" type="checkbox"/>	Use of water for human consumption prohibited when concentrations of endothall are greater than 50 ppb in treated water
Domestic water uses	<input type="checkbox"/>	
Fishing	<input checked="" type="checkbox"/>	No restriction
Other	<input type="checkbox"/>	

11. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the applicant proposes to hold the water for the required water use restrictions, see Attachment C, and describe how the water will be held, or complete a Drawdown Study.

If the applicant cannot hold the water for the required water use restrictions, see Attachment D and complete the Downstream Modeling spreadsheet.

12. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on <u>05/ /16</u> . A copy of the letter is attached.
<input type="checkbox"/>	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
<input type="checkbox"/>	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on <u> / /</u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name:	If Applicant is not an individual, include the title of signatory:	
Signature:		Date:

Fall Creek Aquathol K Backwater Treatment Areas





**Department of
Environmental
Conservation**

AQV (12/2015)

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PEST MANAGEMENT
APPLICATION FOR A PERMIT TO USE A PESTICIDE
FOR THE CONTROL OF AN AQUATIC PEST - TITLE 6 NYCRR PART 327/328/329
<http://www.dec.ny.gov/chemical/8530.html>**

**SUBMIT THE APPLICATION 3 MONTHS BEFORE THE PROPOSED TREATMENT
A CHECK OF \$100 MUST ACCOMPANY THE PERMIT APPLICATION
REFER TO THE ATTACHED APPLICATION INSTRUCTIONS**

FOR DEC USE:	
Application Number	_____
Water Body Name	_____
Date Received	_____
Fee Receipt Number	_____
Type of Application	_____
New ___ Repeat ___ Previous #	_____

1. PERMIT APPLICANT INFORMATION

Name of Permit Applicant/Association/Agency: Tompkins County Soil and Water Conservation District		
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) Jon Negley		
Mailing Address 170 Bostwick Rd		
City: Ithaca	State: NY	Zip Code: 14850
Telephone Number: 607-257-2340	Email: jonnegley@tcswcd.org	Website:
The Permit Applicant is a (check appropriate):		
Riparian Owner: <input type="checkbox"/>	Lessee: <input type="checkbox"/>	Association of Riparian Owners: <input type="checkbox"/>
If the Permit Applicant is an Association of Riparian Owners/Lessees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached		
Other: <i>Acting as an Agent of Riparian owner, See attached letter</i> (please explain)		

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application: (if applicable) Solitude Lake Management			
Business/ Agency Registration Number: 16505	Telephone Number: 607-433-2484	Contact: Glenn Sullivan	
Business Mailing Address: 388 Mather Rd, Suite 1			
City: Oneonta	State: NY	Zip Code: 13820	
Email: gsullivan@solitudelake.com	Website: www.solitudelakemanagement.com		
Name of Certified Applicator(s) performing application: <i>To Be Determined, See Attached List</i>		Certified Applicator(s) Identification Number: See Attached List	
Mailing Address: (if different than Business Address)			
City:	State:	Zip Code:	Telephone Number:

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If Yes, provide the prior permit number(s): **7-AV15-21, 7-AV15-22, 7-AV15-23**

Is the application identical to one covered by a previous permit (Repeat)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If Yes, provide the prior permit number:

Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)

The backwater areas of Fall Creek have been treated with Aquathol K and Sonar One in 2014 and 2015. In 2014, hydrilla was pulled from the Fall Creek Cove area to remove hydrilla not eliminated through herbicide application. In 2015, hydrilla was also pulled from the Fall Creek lagoon. Barriers were installed at the outlets of Stewart Park Pond and the golf course lagoon in 2014 to improve herbicide retention times. These barriers will be used again in 2016.

What are the goals of the proposed permit application?

The goal of the H4C treatments in the backwater areas is to prevent any new hydrilla plants from becoming established after the Aquathol K application.

4. WATER BODY INFORMATION

Name of water body: Fall Creek	DEC Water Classification (e.g. Class A, Class B): B
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Address or location of water body: **Backwater areas off of Fall Creek main channel**

County where water body is located: Tompkins	Town where water body is located: City of Ithaca
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Are fish present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Are fish stocked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Do application areas include lands under the control of the DEC?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If Yes, please specify.

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and depths of the water body. (depth soundings are not necessary for moving water)
- The outline of the application area(s), with all streams/treated areas/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing areas, livestock watering areas, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

6. WATER BODY APPLICATION INFORMATION

1. Whole Water Body Application:		2. Partial Water Body Application/Specific Weed Beds:	
Water body size in surface acres:		Total number of treated areas:	3 4
Average depth in feet:		Total treated area in surface acres:	5.44
Total number of acre feet treated:		Average depth of each treated area:	2.5 ft, 1.1 ft, 1.5 ft, 1.7 ft
		Total number of acre feet treated:	11.63
3. Stream Application for Black Fly or Lamprey Control:			
Miles of streams to be treated:		Stream flow estimates in cubic feet per second (cfs):	
4. Surface Area Application, Emergent Vegetation Control, or Mosquito Larvaciding:			
Number of areas/catch basins proposed for application:		Total surface area proposed for application:	

**7. PESTICIDE APPLICATION INFORMATION
(A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)**

Pesticide name:	Sonar H4C
Pesticide active ingredient:	fluridone
% Active Ingredient:	2.7
Pesticide EPA Registration Number:	67690-61
Formulation:	pellet
Application rate: (e.g. gals/acre ft. or gals/surface acre)	2.75-12.5 lbs/ac
Dosage rate: (e.g. ppm, ppb)	20-50 ppb
Total number of applications: (including bump/split applications)	4
Approximate date(s) of application: (including bump/split applications)	7/1/16-9/30/16
Amount of pesticide needed per application:	29-58 lbs
Total amount of pesticide needed per calendar year:	116-232 lbs
Target pest: (scientific and common name)	hydrilla verticillata
Method of application (e.g. sprayed on surface, bag dragged behind boat):	broadcast
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a

8. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

9. WATER USES

10. WATER USE RESTRICTIONS

Water uses in treated area and affected waters (Check):		List the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.
Swimming	<input checked="" type="checkbox"/>	No restriction
Irrigation	<input checked="" type="checkbox"/>	<small>Do not irrigate greenhouse or nursery plants until concentrations of fluridone are less than 1ppb, irrigation of established tree crops and row crops, turf, or plants is prohibited for 7 days after application. Irrigation or spraying</small>
Livestock watering	<input checked="" type="checkbox"/>	No restriction
Potable water uses	<input checked="" type="checkbox"/>	No restriction if used less than the maximum rate of 150 ppb
Domestic water uses	<input type="checkbox"/>	
Fishing	<input checked="" type="checkbox"/>	No restriction
Other	<input checked="" type="checkbox"/>	Do not use Sonar H4C treated water for hydroponic farming until concentrations of fluridone are less than 1 ppb

11. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If the applicant proposes to hold the water for the required water use restrictions, see Attachment C, and describe how the water will be held, or complete a Drawdown Study.		
If the applicant cannot hold the water for the required water use restrictions, see Attachment D and complete the Downstream Modeling spreadsheet.		

12. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

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<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on <u>05/ /16</u> . A copy of the letter is attached.
<input type="checkbox"/>	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
<input type="checkbox"/>	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on <u> / /</u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name:	If Applicant is not an individual, include the title of signatory:	
Signature:		Date:

Fall Creek Sonar H4C Backwater Treatment Areas

