



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION

**APPLICATION FOR PERMIT FOR
CHEMICAL TREATMENT TO CONTROL NUISANCE
AQUATIC PLANT AND/OR ALGAE GROWTH**

Pursuant to Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Public Health Code, 1978 PA 368, as amended, and the administrative rules promulgated thereunder, application is made by the undersigned for a permit to chemically treat the waters described below for the control of nuisance aquatic plant and/or algae growth.

SECTION I. GENERAL INFORMATION

Fill in all spaces - if not applicable, write in "N/A".

APPLICANT NAME	WATERBODY NAME			
NUMBER AND STREET ADDRESS	COUNTY			
CITY, STATE, ZIP CODE	TOWNSHIP NAME	TOWNSHIP	RANGE	SECTION
TELEPHONE NUMBER	OTHER INFORMATION FOR PRECISE LOCATION			
IF APPLICANT IS LICENSED CHEMICAL APPLICATOR, PROVIDE LICENSE NUMBER	SURFACE AREA OF WATERBODY IN ACRES			
NOTE: IF APPLICANT IS NOT THE PROPERTY OWNER, ATTACH A LETTER OR CONTRACT DEMONSTRATING AUTHORIZATION FOR TREATMENT.				

SECTION II. TREATMENT AREA

1. DIMENSION OF TOTAL TREATMENT AREA

Length _____ feet Width _____ feet Average Depth of Treatment Area _____ feet

2. TOTAL SURFACE ACRES PROPOSED FOR TREATMENT _____ ACRES (1 acre = 43,560 square feet)

Multiply length in feet by width in feet and divide by 43,560.

SECTION III. REQUIRED FEES

Fees are based on the size of the proposed treatment area. **ALL FEES ARE NON-REFUNDABLE.**

1. For treatment of areas less than 1/2 acre, or waterbodies that qualify for a Certificate of Coverage under a General Permit, the required fee is \$75.00.
2. For treatment of areas of 1/2 acre or more but less than 5 acres, the required fee is \$200.00.
3. For treatment of areas of 5 acres or more but less than 20 acres, the required fee is \$400.00.
4. For treatment of areas of 20 acres or more but less than 100 acres, the required fee is \$800.00.
5. For treatment of areas of 100 acres or more, the required fee is \$1,500.00.
6. Amount submitted \$_____.

If a fee is required, payment must be made in full or your application will be returned. Please make checks payable to: **STATE OF MICHIGAN**. Submit your check, the completed application form, the treatment map, and if applicable, an authorization letter or contract to:

INLAND LAKES AND REMEDIAL ACTION UNIT
WATER DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 30438
LANSING, MICHIGAN 48909-7938

FOR DEQ CASHIER'S USE ONLY

SECTION IV. TREATMENT INFORMATION (Use labels to determine amount of chemical to be used on each target plant.)

NAME OF EACH COMMERCIAL PRODUCT OR CHEMICAL REQUESTED	LIQUID OR GRANULAR	TARGET PLANT(S) AND/OR ALGAE (Be Specific)	DIMENSION IN FEET OR AREA IN ACRES OF TREATMENT	AMOUNT OF EACH CHEMICAL REQUESTED	APPROXIMATE DATE(S) OF APPLICATION
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SECTION V. TREATMENT MAP

Provide a proposed treatment map for the waterbody to be treated on 8 1/2" x 11" paper. The map must be an accurate representative of the waterbody and include: (1) depth contours; (2) treatment area by chemical type; (3) wetlands within or adjacent to the treatment area; (4) water level control structures; (5) inlets and outlets; and (6) private and public access sites and parks. The legend should include the lake name, county, lake acreage, acreage to be treated, a scale in feet, a "North" directional arrow, and a key to the chemical products used in the treated areas. The map must include all information and be of sufficient quality to allow the Michigan Department of Environmental Quality (MDEQ) to evaluate the proposed treatment or the application may be returned. Certain contour maps may be obtained from the Michigan United Conservation Clubs (1-800-777-6720).

SECTION VI. SAFETY AND PUBLIC HEALTH INFORMATION

1. The residential drinking water supply within the proposed treatment area is: Municipal Private Well

NOTE: Granular endothall and granular 2,4-D products may not be applied within 75 feet of ANY well OR within 250 feet of wells less than 30 feet deep. Isolation distances are measured from the well location.

2. Does the lake or pond being treated have an outlet that flows any time during the year? YES NO
 If the answer is yes, please provide the following information:

a. Is there a water level control structure? YES NO

b. What is the outlet flow? intermittent continuous

SECTION VII. ENVIRONMENTAL INFORMATION

1. Will any of the proposed treatment take place farther than 300 feet from shore? YES NO

2. Will the proposed treatment involve application of chemical(s) to vegetation within or adjacent to a wetland? YES NO

If the answer is "YES" to any of the above questions, describe the specific rationale for treating emergents, offshore vegetation, or vegetation within or adjacent to wetlands. Attach additional pages if necessary.

SECTION VIII. RESPONSIBILITY FOR UNDERTAKING TREATMENT

If only one property will be involved, proceed to Section IX. If the treatment will involve the properties of more than one riparian, provide the following information.

1. Treatment by: Lake Association Lake Board
 Group of Individual Property Owners Township
 Individual Property Owners Condominium Association
 Other Governmental Unit

Name of Lake or Condominium Association, Lake Board, or Township Board	Name of Local Person Responsible for Organizing the Treatment
Number and Street Address	Title of Responsible Person, if Applicable
City, State, Zip Code	Telephone Number

2. Provide name, address, and telephone number of five riparian property owners with knowledge of the treatment. Property owners applying to treat only their own property may skip this item.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Telephone Number</u>

SECTION IX. CERTIFICATION

I certify that the information provided is, to the best of my knowledge, correct. It is understood that a permit, if granted, can be revoked before, or at the time of treatment, by a representative of the MDEQ if any of the information submitted in this application is incorrect or if in their opinion the public interest is jeopardized. If a permit is granted, I agree to use materials strictly in accordance with label requirements, take full responsibility for planning and carrying out the permitted treatment, and agree to indemnify and save harmless the State of Michigan against any and all actions, claims, briefs, demands, damages, costs, loss, and expenses in any manner resulting from or arising out of the permitted treatment. It is understood that permission is given for representatives of the MDEQ to enter upon said property for the purpose of inspecting the chemical treatment. Also, I agree to submit the post-treatment data required. I HEREBY CERTIFY THAT THE PROPERTIES TO BE TREATED ARE EITHER UNDER MY LEGAL CONTROL AND/OR UNDER THE LEGAL CONTROL OF PARTIES WHO HAVE GRANTED ME PERMISSION TO DO THE TREATMENT, OR I REPRESENT A UNIT OF GOVERNMENT WITH AUTHORITY TO DO THE TREATMENT.

Prior to carrying out the permitted chemical treatment, I will have obtained permission from all of the property owners within the treatment area, for the chemical treatment of their bottomland property. Yes No

Signature: _____ Date: _____
 Title: _____