Clear Form

Michigan Department of Environmental Quality
Water Bureau

EXPEDITED APPLICATION FOR PERMIT TO CONTROL NUISANCE AQUATIC PLANT AND/OR ALGAE GROWTH

THIS APPLICATION IS TO BE USED ONLY WHEN REQUESTED TREATMENT AREAS, CHEMICALS, AND CHEMICAL AMOUNTS ARE IDENTICAL TO THOSE PERMITTED FROM AN INITIAL PERMIT APPLICATION (FORM EQP 2790). UP TO FOUR CONSECUTIVE EXPEDITED PERMIT APPLICATIONS MAY BE SUBMITTED FOLLOWING THE ISSUANCE OF THE INITIAL PERMIT.

Pursuant to Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), and Part 33, Aquatic Nuisance Control, of the NREPA, 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.

WATERBODY NAME (IF CANAL/MARINA, ALSO LIST NAME OF CANAL/MARINA)	INITIAL PERMIT NUMBER
	____ ____ – 98 – ____ ____ ____ ____ – 0

APPLICANT INFORMATION*		LOCAL PERSON RESPONSIBLE FOR TREATMENT (IF DIFFERENT)	
NAME		NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
TELEPHONE (DAYTIME)	FACSIMILE	TELEPHONE (DAYTIME)	FACSIMILE

* If applicant is not the property owner, attach a letter or contract demonstrating authorization for treatment.

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 by the MDEQ, as specified in R 323.3109 promulgated pursuant to Part 33 of Act 451 of 1994, as amended. If a permit is granted, I agree to use materials strictly in accordance with label and permit 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. 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 APPLY PESTICIDES, OR I REPRESENT A UNIT OF GOVERNMENT WITH AUTHORITY TO APPLY PESTICIDES. I ACCEPT RESPONSIBILITY FOR THE PERMIT THAT MAY BE ISSUED PURSUANT TO THIS APPLICATION AND UNDERSTAND THAT VIOLATIONS ARE SUBJECT TO PENALTIES UNDER PART 33 OF ACT 451 OF 1994, AS AMENDED INCLUDING IMPRISONMENT AND FINES UP TO $25,000.

Prior to carrying out the permitted chemical treatment, I will have obtained written permission from all of the property owners within the treatment area, for the chemical treatment of their bottomland property.

☐ Yes (including property owner treating own property) ☐ No - check basis for authority:
- ☐ Statutory Lake Board
- ☐ Township/Special Assessment District

Applicant Signature: _____ Name (print): _____ Date: _____

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

- ☐ For treatment of areas less than ½ acre, the required fee is $75.00.
- ☐ For treatment of areas of ½ acre or more but less than 5 acres, the required fee is $200.00.
- ☐ For treatment of areas of 5 acres or more but less than 20 acres, the required fee is $400.00.
- ☐ For treatment of areas of 20 acres or more but less than 100 acres, the required fee is $800.00.
- ☐ For treatment of areas of 100 acres or more, the required fee is $1,500.00.

Payment must be made in full or your application will be returned. Checks should be payable to: **STATE OF MICHIGAN**. Submit your check, the completed application form, a list of five riparians knowledgeable about the proposed treatment, including their name(s), address(es), and telephone number(s), and current authorization letter or contract to:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE – WB – AQ
P.O. BOX 30657
LANSING, MICHIGAN 48909-8157

FOR CASHIER'S USE ONLY: 37000-40509-9037-481003-00