



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

**APPLICATION FOR PERMIT OR CERTIFICATE OF COVERAGE
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 (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.

SECTION I. GENERAL INFORMATION

APPLICANT INFORMATION		WATERBODY INFORMATION			
APPLICANT NAME		WATERBODY NAME (IF CANAL/MARINA, ALSO LIST NAME OF CANAL/MARINA)			
MAILING ADDRESS		COUNTY(IES)			
CITY, STATE, ZIP CODE		TOWNSHIP NAME(S)	TOWN(S)	RANGE(S)	SECTION(S)
TELEPHONE (DAYTIME)	FACSIMILE	OTHER INFORMATION FOR PRECISE LOCATION (E.G., NEARBY CROSSROADS)			
LAKE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		SURFACE AREA OF ENTIRE WATERBODY (ACRES)			

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.** Check appropriate box:

- For treatment of areas less than 1/2 acre, the required fee is \$75.00.
- For treatment of areas of 1/2 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.

- Certificate of Coverage under General Permit No. _____ – \$75.00 (all current General Permits and the list of pre-approved waterbodies may be obtained by visiting <http://www.michigan.gov/deq> or by calling 517-241-7734).

Payment must be made in full or your application will be returned. Checks should be payable to: STATE OF MICHIGAN. Submit your check, completed application form, and if necessary, a treatment map and 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

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

Applicants seeking a Certificate of Coverage may skip the table (see below).

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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Certificate of Coverage applicants – request the option to use any of the chemicals approved under a General Permit. The waterbody must qualify under an existing General Permit for aquatic nuisance control activities. Each General Permit lists the approved chemicals, application rates, and permit conditions. Check box if appropriate.

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 show an accurate representation of the waterbody shape, and should include: (1) depth contours¹; (2) treatment area by chemical type; (3) known 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, waterbody size, proposed treatment area size, 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.

¹ Certain depth contour maps may be downloaded from <http://www.michigan.gov/dnr>. If a map is not available, the applicant should estimate the depth contours within the treatment area at 5-foot intervals.

Certificate of Coverage applicants – treatment map has previously been submitted in this applicant's name, and no change from the previous treatment is proposed. Therefore, a new treatment map is not required for a Certificate of Coverage. Check box if appropriate.

SECTION VI. SAFETY AND PUBLIC HEALTH INFORMATION

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

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

If yes, indicate type of water level control structure (e.g., dam, high-water overflow): _____

b. What is the outlet flow? Intermittent Continuous

SECTION VII. RESPONSIBILITY FOR UNDERTAKING TREATMENT

1. Treatment by: Individual Property Owner Statutory Lake Board (PA 451 of 1994, as amended)
 Group of Individual Property Owners Township (PA 188 of 1954, as amended)
 Lake Association, Condo Association, Homeowners Association, Other Association Other: _____

If the primary contact person is not the applicant, please provide the following contact information:

NAME OF PERSON RESPONSIBLE FOR ORGANIZING THE TREATMENT			NAME OF ASSOCIATION, LAKE BOARD, TOWNSHIP BOARD, ORGANIZATION, ETC.		
MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE (DAYTIME)	FACSIMILE

2. If applicant is not the property owner, attach a letter or contract demonstrating authorization for treatment.
3. If more than one property is involved, provide contact information for all property owners. For five or more properties, provide information for five property owners with knowledge of the treatment. Note: Applicants who are commercial applicators with a current Emergency Notification Procedure (ENP) on file with the MDEQ, or riparian property owners who have hired a commercial applicator with an ENP (provide copy of contract), may skip this item.

Name Address City State Zip Code Telephone
Number

SECTION VIII. 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 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: _____ Date: _____

Name (print): _____