



Michigan Department of Environmental Quality

Water Bureau

AQUATIC NUISANCE CONTROL
PERMIT AMENDMENT REQUEST FORM

Completion of this form is voluntary

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 to amend an existing permit to chemically treat the waters described below for the control of nuisance aquatic plant and/or algae growth or swimmer's itch.

Table with 3 columns: WATERBODY NAME (IF CANAL/MARINA, ALSO LIST NAME OF CANAL/MARINA), COUNTY, PERMIT NUMBER

According to Part 33 of NREPA, the Michigan Department of Environmental Quality (MDEQ) may "make minor revisions to a permit under this part, to minimize the impacts to the natural resources, public health, and safety, or to improve aquatic nuisance control, if the proposed revisions do not involve a change in the scope of the project, and the permittee requests the revisions in writing." A revision that involves a change in the scope of the original project requires a new permit application. The amendment request shall include the following:

- 1. Describe the proposed changes to the permit. Note: If adding or deleting chemicals or changing the area of impact, please include the chemical name(s), active ingredient(s), application rate(s), amount(s), and/or acreage. If the additional treatment area would result in a higher application fee category, please submit a check for the difference made payable to: STATE OF MICHIGAN. The fee is non-refundable and must be received before the amendment request can be processed.
2. Provide an explanation of the necessity for the proposed changes.
3. Attach map(s) that clearly delineate any proposed changes to the area of impact.
4. Attach additional supporting information that would help the MDEQ reach a decision on the permit amendment request (if available).

As the permittee, I hereby request to amend the above-referenced permit.

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

Send this form and any supporting information to the following address or fax number. If a check is required, do not fax form.
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE - WB - AQ
P.O. BOX 30657
LANSING, MICHIGAN 48909-8157
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FOR CASHIER'S USE ONLY: 37000-40509-9037-481003-00