

2015 AQUATIC PESTICIDE PERMIT APPLICATION

SARATOGA LAKE

Malta & Saratoga Springs, NY

March 2015

Prepared for:

**Saratoga Lake Protection and Improvement District
P.O. Box 2551
Ballston Spa, NY 12020**

Prepared by:

**Aquatic Control Technology
11 John Road
Sutton, MA 01590-2509**

AQUATIC CONTROL TECHNOLOGY



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**AQUATIC HERBICIDE PERMIT APPLICATIONS
SARATOGA LAKE – PROJECT DESCRIPTION
2015 SEASON**

The following was prepared as supplemental information for the Aquatic Pesticide Permit Applications (AQV forms) and Freshwater Wetlands Permit Application (Joint Application for Permit form) for Saratoga Lake in 2014.

Project Applicant / Lead Agency:	Saratoga Lake Protection and Improvement District (SLPID)
Applicant Contact:	Joe Finn, SLPID Commissioner [518- 581-0409 or jfynn14@nycap.rr.com]
Applicator:	Aquatic Control Technology / Reg. # 07865 Marc Bellaud / Applicator ID# C0806081 [508-865-1000 or mbellaud@aquaticcontroltech.com]
Objectives:	Control invasive aquatic plants. The proposed maintenance herbicide treatments will target selective control of Eurasian watermilfoil (<i>Myriophyllum spicatum</i>), curlyleaf pondweed (<i>Potamogeton crispus</i>), and water chestnut (<i>Trapa natans</i>).
Requested Treatments for 2015 Season:	Sonar One treatment of 50 acres along the southeast shoreline lake for EWM and CLP control. Sonar One will be applied at 10-20 ppb per application. A total of 4-5 applications are anticipated between early May and late July 2015. A maximum of 100 ppb of Sonar One will be applied.

SUMMARY OF RECENT TREATMENTS

The following treatments have been performed since the current integrated management program was initiated during the 2007 season:

Year	acres treated	location	herbicide applied
2007	158 acres	south end	Sonar PR & Q (fluridone pellets)
2008	292 acres	northeast and east shore	Renovate OTF (triclopyr granular)
2009	285 acres	northwest and west shore	Renovate OTF (triclopyr granular)
2010	50 acres	various locations	Renovate OTF (triclopyr granular)
2011	100 acres	northeast and east shore	Renovate 3 (triclopyr liquid) and Aquathol K (endothall liquid) combination
2012	100 acres	south end	Renovate OTF (triclopyr granular) and Clearcast 2.7G (imazamox granular) - Clearcast only applied 50 acres
2013	172 acres	northeast and northwest shore	Renovate OTF (triclopyr granular)
2014	48 acres	South end & northwest shore	Renovate OTF (triclopyr granular) & Aquathol K (endothall liquid) combination -48 acres; Clearcast (imazamox liquid) - only applied 5 acres for control of <i>Trapa natans</i>

PROPOSED EURASIAN WATERMILFOIL AND CURLYLEAF PONDWEED TREATMENT FOR 2015

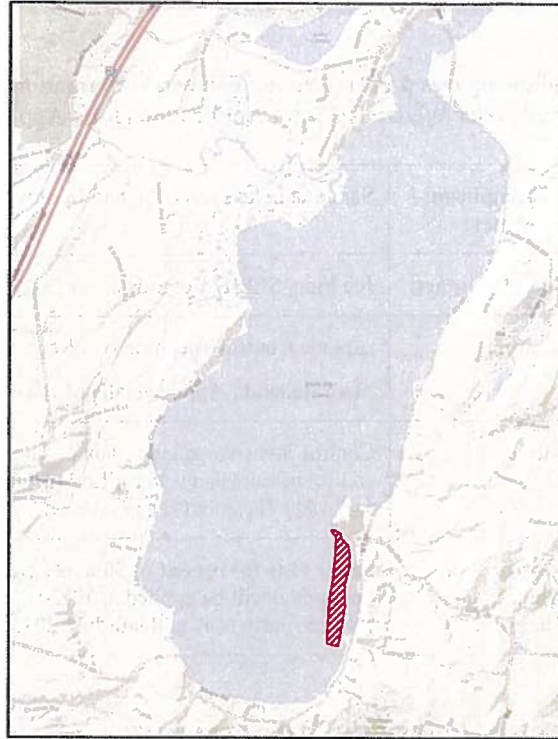
Treatment of one 50 acre block along the southeast shoreline Saratoga Lake is proposed for control of EWM and CLP in 2015. The use of Sonar One (fluridone granular) herbicide is being requested.

A target dose of 10-20 ppb Sonar One is proposed for each application. A total of 4-5 applications will be applied between early May and late July. The total amount of Sonar One herbicide to be applied is 100 ppb.

In 2007 a successful spot treatment with granular Sonar formulations (specifically Sonar Q and Sonar PR) was performed at Saratoga Lake along the southern shoreline.

Specific objectives of the proposed treatment protocol include:

- Control of EWM and CLP while they are actively growing but before they reach full biomass
- Reduced impacts on slower-growing native species
- Reduced lake and lake water user conflicts from the temporary water use restrictions that will be imposed following treatment
- Shortened water use restriction periods following treatment due to the lower herbicide concentrations being used.



Details on the proposed EWM and CLP treatment are provided below:

Area to be Treated	Treat up to 50 acres of the lake with Sonar One (pellet formulation of fluridone). Treatment area will be finalized following a pre-treatment inspection in April.
Herbicides	Sonar One / EPA Reg. No.: 67690-45 <u>Active Ingredient:</u> Fluridone:1-methyl-3-phenyl-5-[3-(trifluoromethyl)phenyl]-4(1H)-pyridinone: 5%
Application Rates	Application rates/dose calculations have been calculated based on an average depth of 7 feet throughout the water column. <ul style="list-style-type: none"> • <u>Sonar One</u> – 10-20 ppb or 3.8 - 7.6 lbs/acre; 189-378 lbs for 50 acres • 100 ppb maximum over 4-5 applications; 1890 lbs total
Treatment Timing	May 1st – July 31st 2015 <ul style="list-style-type: none"> • 4-5 applications anticipated spaced 3-4 weeks apart • Tentative dates: 5/1, 5/22, 6/12, 7/10 and 7/31 • Specific treatment dates may need to be adjusted following surveys and testing results

Method of Application	<p>The pellet formulations will be evenly spread throughout the designated treatment areas using a calibrated, cyclone spreader or blower mounted on the bow of work skiffs.</p> <p>The treatment boat will be equipped with a DGPS/WAAS system to provide real-time navigation and to insure that the herbicide is evenly applied throughout the designated treatment areas.</p>						
Staging Area & Base of Operations	<p>The South Shore Marina will serve as the boat launch and base of operations for the herbicide treatment. The herbicide will be brought to the lake on the day of each application in a pickup truck and nothing will be stored on site. If an alternate base of operations is used, this information will be communicated to DEC in advance of the treatment date.</p> <p>All of the herbicide containers will be triple rinsed as required, collected and returned to Aquatic Control's Sutton, MA facility for proper recycling and disposal.</p>						
Water Use Restrictions and Notification	<p>The temporary water use restrictions listed on the Specimen Label for Sonar One are as follows:</p> <table border="1" data-bbox="367 659 1399 1157"> <thead> <tr> <th data-bbox="367 659 613 709">Water Use Restrictions</th> <th data-bbox="623 659 1399 709">Sonar One (fluridone)</th> </tr> </thead> <tbody> <tr> <td data-bbox="367 716 613 772">Potable Water Intakes</td> <td data-bbox="623 716 1399 772">Sonar One cannot be applied in concentrations greater than 20 ppb within ¼ mile of functioning potable (drinking) water intakes*.</td> </tr> <tr> <td data-bbox="367 779 613 1157">Irrigation</td> <td data-bbox="623 779 1399 1157">Lake water from the treatment area and adjacent areas should not be used for irrigation purposes for 7 days after each application. Where the use of SonarOne treated water is desired for irrigating within 7 days of the treatment: there are no irrigation precautions for irrigating established tree crops, established row crops or turf if a FasTEST immunoassay has determined that concentrations are less than 10 parts per billion. For tobacco, tomatoes, peppers and other plants within the Solanaceae family and newly seeded grasses such as overseeded golf course greens, do not use SonarOne treated water if concentrations are greater than 5 ppb; furthermore, when rotating crops, do not plant members of the Solanaceae family in land that has been previously irrigated with fluridone concentrations in excess of 5 ppb. It is recommended that a SePRO Aquatic Specialist be consulted prior to commencing irrigation of these sites. Do not use treated lake water for hydroponic farming or for irrigating nursery or greenhouse plants until tests show the in-lake fluridone concentrations are <1 ppb.</td> </tr> </tbody> </table> <p>Notification of the permit application and the proposed treatment program will be direct mailed to property owners around Saratoga Lake on February 27, 2015. Notification of the specific dates of treatment will occur through posting of the shoreline, placing notices in the Saratogian newspaper, and posting dates on the SLPID and SLA websites.</p>	Water Use Restrictions	Sonar One (fluridone)	Potable Water Intakes	Sonar One cannot be applied in concentrations greater than 20 ppb within ¼ mile of functioning potable (drinking) water intakes*.	Irrigation	Lake water from the treatment area and adjacent areas should not be used for irrigation purposes for 7 days after each application. Where the use of SonarOne treated water is desired for irrigating within 7 days of the treatment: there are no irrigation precautions for irrigating established tree crops, established row crops or turf if a FasTEST immunoassay has determined that concentrations are less than 10 parts per billion. For tobacco, tomatoes, peppers and other plants within the Solanaceae family and newly seeded grasses such as overseeded golf course greens, do not use SonarOne treated water if concentrations are greater than 5 ppb; furthermore, when rotating crops, do not plant members of the Solanaceae family in land that has been previously irrigated with fluridone concentrations in excess of 5 ppb. It is recommended that a SePRO Aquatic Specialist be consulted prior to commencing irrigation of these sites. Do not use treated lake water for hydroponic farming or for irrigating nursery or greenhouse plants until tests show the in-lake fluridone concentrations are <1 ppb.
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Herbicide Residue Monitoring	<p>At least five rounds of water samples will be collected from at least five different locations inside and outside of the treatment area for FasTEST analysis of fluridone residues following treatment. SLPID members will be trained on how to properly collect and ship the samples. Additional FasTEST monitoring will be performed as required.</p> <p>Results of the FasTEST monitoring will help guide timing of the follow-up Sonar applications.</p>						
Downstream Herbicide Migration	<p>Where only 20 ppb of Sonar One (fluridone) will be applied during each application, and since only 20-30% of the product is releasing off of the pellets at any one time, the in-lake concentrations are expected to be well below 20 ppb at all times.</p> <p>Even if all 20 ppb of fluridone were released into the water column at one time, the amount of active ingredient (18.9 lbs a.i.) would dilute to less than 1 ppb in 7100 acre-feet of water. Using a conservative average depth of 12 feet, we do not expect that fluridone concentrations will exceed 1 ppb outside of a 600-acre dilution zone (see Figure 2).</p>						

FRESHWATER WETLANDS

We understand that a Freshwater Wetlands Permit will be required for the 2015 treatment program due to the proximity of treatment to the State-regulated Freshwater Wetland ME-8 located along the southeast shoreline.

We do not believe that there will be any impacts to these wetlands from the proposed Sonar One treatment. This treatment will be selective for EWM and CLP and most of the native plant species found throughout the treatment area will be preserved as has been demonstrated in prior years.

POST-TREATMENT VEGETATION SURVEYS

DFWI will be contracted to perform a point-intercept aquatic plant survey similar to what they have completed in recent years. Survey work will occur in August and September, which will correspond with timing of previous surveys.



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS MATERIALS ● BUREAU OF PESTICIDES MANAGEMENT

www.dec.ny.gov

TITLE 6 NEW YORK CODE OF RULES AND REGULATIONS PART 327 AND 328
APPLICATION FOR A PERMIT TO USE A PESTICIDE FOR THE CONTROL OF AN AQUATIC PEST

APPLICATION MUST BE SUBMITTED 3 MONTHS BEFORE PROPOSED TREATMENT
REFER TO INSTRUCTION SHEET AND CHECKLIST FOR MORE INFORMATION

FOR DEPARTMENT USE ONLY	
Application Number	_____
Water Body Name	_____
Date Received	_____
Application Fee Receipt Number	_____
Type of Application	_____
New	_____ Repeat
Previous #	_____

- Check type of application: New , Repeat _____
If, repeat application , prior Permit Number: _____
- Name of Applicant: Joe Finn, Riparian Owner & SLPID Commissioner
- Name and Title of Authorized Person signing the Application
(if Block # 2 is an organization): _____
- Applicant street address: 157 Nielson Road, Saratoga Springs, NY 12866
- Applicant mailing address : same
- Telephone Number: (518) 581-0409
- Is the applicant a (check): Riparian Owner ; Lessee _____ ; Association of Riparian Owners/Lessees _____ ;
NYS Department of Environmental Conversation representative _____ ; Other (specify) municipal entity
Malta &
- Name of Water body: Saratoga Lake 9. Township of water body: Saratoga Spring 10. County of water body: Saratoga
- Purpose of treatment (Specific species to be controlled): Control of Eurasian watermilfoil (M.spicatum) & curlyleaf pondweed (P. crispus)
- Uses of water proposed for treatment (check): Swimming ; Irrigation ; Watering Livestock _____ ; Public Water Supply _____ ; Private Water Supply ; Fishing ; Other (specify) _____
- Total acreage of water body: 3850 14. Acres Acre Feet to be treated: 50 15. Number of areas in water body to be treated: 1
- Does the water body have an outlet?: Yes No (Note: the outlet location must be shown on the detailed map of the water body).
- If "yes" to question 16, can applicant control water level during and for the required period of time after treatment?: Yes _____ No
- If "yes" to question 17, how will water flow be held?(draw down study must be attached): _____
If "no" to question 17, give estimated flow during time of treatment in CFS varies AND attach outflow study.
- If applicable: Number of streams proposed for treatment: n/a Miles of streams to be treated: n/a
- Name and location of any public and private water supply intakes within the treatment area
There are known water supply intakes within 1/4 mile of the treatment area.
NOTE: All public and private water supply intakes must be located on the detailed map.
- Are there any regulated freshwater or tidal wetlands in the water body or streams?: Yes ; No _____ ; Unknown _____
NOTE: If known, all regulated freshwater and tidal wetlands must be located on the detailed map.
- Are Fish Present? Yes ; No _____ . Are they stocked by the State? Yes ; No _____
- Pesticide Requested (Product Name): Sonar One

FOR DEPARTMENT USE ONLY: APPLICATION NUMBER: _____ DATE RECEIVED: _____

24. Active ingredient: fluridone 25. % Active ingredient: 5.0%

26. EPA Registration Number: 67690-45 27. Application rate: 10-20 ppb or 3.8-7.6 lbs/ac with a 7.0 ft. ave. depth
[100 ppb maximum total to be applied over 4-5 applications]

28. Total amount of product per application: 189-378 lbs (for treatment of up to 50 acres with 7.0 ft. average depth at 10-20 ppb/application)
[1,890 lbs total (100 ppb max) to be applied over 4-5 applications - See Project Description]

29. Proposed Date (s) of treatment (month/day/year): tentatively: 5/1, 5/22, 6/12, 7/10 and 7/31 (adjustments may be needed)

30. Method of application: surface application of pellets 31. Type of application equipment: calibrated, cyclone spreader or blower with GPS navigation system

32. If the proposed treatment involves an aircraft, indicate FAA Number(s): n/a

33. Riparian owners/users in the vicinity of the treated area and along the outlet stream(s), who may be required to restrict their usage as a result of the treatment, must be notified of the treatment.

Has proper notification been completed: Yes ; Pending _____ If yes, When? 2/27/15 ; How? direct mail

If 21day comment period has expired: Approved of your plans ? Yes _____ ; No . Agreed to restrictions? Yes _____ ; No _____

34. Are there or will there be other applications proposing to treat this water body or stream system this year?: Yes _____ ; No

If "yes", indicate who will be making the treatments: _____ ; proposed date(s) of treatment: _____

specify products proposed for use: Sonar One - up to 5 applications between April & July

35. Name of pesticide Business/Agency performing application: Aquatic Control Technology

36. Address: 11 John Road City: Sutton State: MA Zip Code: 01590

37. Business/Agency Registration Number: 07865

38. Name of Certified Applicator performing the application: Marc Bellaud, President

39. a. Certified Applicator Identification Number: C0806081 b. Certified Applicator Telephone Number: (508) 865-1000

40. Are any other aquatic pest management control practices being employed to control the target pest problem? Yes ; No _____

Please Describe (attach additional sheets if necessary):
SLPID will continue to operate mechanical weed harvesters, as needed. The 2015 treatment is consistent with the Long Term Aquatic Vegetation Management Plan (ACT 2005) and the Saratoga Lake Invasive Species Long Term Management Plans (LA Group 2006 & 2011). See Project Description.

AFFIRMATION:

The applicant/applicator guarantees that he will employ the listed pesticides in conformance with all conditions of the permit and agrees to accept the following conditions as a prerequisite to the issuance of a permit: that the issuance of the permit is based on the accuracy of all statements presented by the applicant/applicator; that damage resulting from the inaccuracy of any computations, improper application of the pesticide, or legal responsibility for the representations made in obtaining approvals or releases, or the failure to obtain approvals or releases from the riparian owners/users likely to be affected is the sole responsibility of the applicant/applicator.

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

41. Signature of Individual in Item 2 or 3 above: [Signature] Title: SLPID Commissioner Date: 3/12/2019

42. Signature of Representative of Applicator: [Signature] Title: President ACT Date: 3/11/15



JOINT APPLICATION FORM

For Permits/Determinations to undertake activities affecting streams, waterways, waterbodies, wetlands, coastal areas and sources of water supply.



New York State

You must separately apply for and obtain separate Permits/Determinations from each involved agency prior to proceeding with work. Please read all instructions.

US Army Corps of Engineers (USACE)

<p>APPLICATIONS TO 1. NYS Department of Environmental Conservation</p> <p>Check all permits that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Stream Disturbance</td> <td><input type="checkbox"/> Coastal Erosion Management</td> </tr> <tr> <td><input type="checkbox"/> Excavation and Fill in Navigable Waters</td> <td><input type="checkbox"/> Wild, Scenic and Recreational Rivers</td> </tr> <tr> <td><input type="checkbox"/> Docks, Moorings or Platforms</td> <td><input type="checkbox"/> Water Supply</td> </tr> <tr> <td><input type="checkbox"/> Dams and Impoundment Structures</td> <td><input type="checkbox"/> Long Island Well</td> </tr> <tr> <td><input type="checkbox"/> 401 Water Quality Certification</td> <td><input checked="" type="checkbox"/> Aquatic Vegetation Control</td> </tr> <tr> <td><input checked="" type="checkbox"/> Freshwater Wetlands</td> <td><input type="checkbox"/> Aquatic Insect Control</td> </tr> <tr> <td><input type="checkbox"/> Tidal Wetlands</td> <td><input type="checkbox"/> Fish Control</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Incidental Take of Endangered/Threatened Species</td> </tr> </table> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Coastal Erosion Management	<input type="checkbox"/> Excavation and Fill in Navigable Waters	<input type="checkbox"/> Wild, Scenic and Recreational Rivers	<input type="checkbox"/> Docks, Moorings or Platforms	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Dams and Impoundment Structures	<input type="checkbox"/> Long Island Well	<input type="checkbox"/> 401 Water Quality Certification	<input checked="" type="checkbox"/> Aquatic Vegetation Control	<input checked="" type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> Aquatic Insect Control	<input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> Fish Control		<input type="checkbox"/> Incidental Take of Endangered/Threatened Species	<p>2. US Army Corps of Engineers</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> Section 404 Clean Water Act</p> <p><input type="checkbox"/> Section 10 Rivers and Harbors Act</p> <p><input type="checkbox"/> Nationwide Permit(s) - Identify Number(s): _____</p> <p>Preconstruction Notification - <input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>3. NYS Office of General Services</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> State Owned Lands Under Water</p> <p><input type="checkbox"/> Utility Easement (pipelines, conduits, cables, etc.)</p> <p><input type="checkbox"/> Docks, Moorings or Platforms</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>4. NYS Department of State</p> <p>Check if this applies:</p> <p><input type="checkbox"/> Coastal Consistency Concurrence</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>
<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Coastal Erosion Management																		
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	<input type="checkbox"/> Incidental Take of Endangered/Threatened Species																		

5. Name of Applicant (use full name) Joe Finn, Riparian Owner & SLPID Commissioner		Applicant must be: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee (check all that apply)
Mailing Address 157 Nielson Road		
Post Office City Saratoga Springs		Taxpayer ID (If applicant is NOT an individual):
State NY	Zip Code 12866	
Telephone (daytime) (518) 581-0409	Email jfinn@nycap.rr.com	

6. Name of Facility or Property Owner (if different than Applicant)	
Mailing Address	
Post Office City	
State	Zip Code
Telephone (daytime)	Email

7. Contact/Agent Name Marc Bellaud, President	
Company Name Aquatic Control Technology	
Mailing Address 11 John Road	
Post Office City Sutton	
State MA	Zip Code 01590-2509
Telephone (daytime) 508-865-1000	
Email mbellaud@aquaticcontroltech.co	

8. Project / Facility Name Saratoga Lake		Property Tax Map Section / Block / Lot Number	
Project Location - Provide directions and distances to roads, bridges and bodies of waters: One area on southeast shoreline. See attached map of proposed treatment areas			
Street Address, if applicable		Post Office City	State NY
Town / Village / City Saratoga Sp./Saratoga / Malta/Stillwater		County Saratoga	
Name of USGS Quadrangle Map Saratoga		Stream/Water Body Name Saratoga Lake	
Location Coordinates: Enter NYTMs in kilometers, OR Latitude/Longitude			
NYTM-E	NYTM-N	Latitude 43deg00min52sec	Longitude 74deg44min53sec

For Agency Use Only	DEC Application Number:	USACE Number:
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JOINT APPLICATION FORM - PAGE 2 OF 2
Submit this completed page as part of your Application.

9. Project Description and Purpose: Provide a complete narrative description of the proposed work and its purpose. Attach additional page(s) if necessary. Include: description of current site conditions and how the site will be modified by the proposed project; structures and fill materials to be installed; type and quantity of materials to be used (i.e., square ft of coverage and cubic yds of fill material and/or structures below ordinary/mean high water) area of excavation or dredging, volumes of material to be removed and location of dredged material disposal or use; work methods and type of equipment to be used; pollution control methods and mitigation activities proposed to compensate for resource impacts; and where applicable, the phasing of activities. **ATTACH PLANS ON SEPARATE PAGES.**

The Applicant is seeking approval to continue an invasive species management program in 2015. Approval for the following treatment is being requested:

1) Treatment of 50 acres with Sonar One (fluridone) herbicide for Eurasian watermilfoil and curlyleaf pondweed control


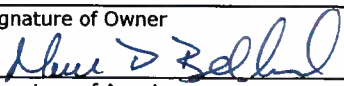
The treatment areas will be finalized following a pre-treatment survey April 2015. Four or five separate applications of 10-20 ppb of Sonar One are planned in the 50-acre area. Preliminary treatment areas are shown in the attached figures and described in the attached project description.

Proposed Use: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Commercial	Proposed Start Date: May 1, 2015	Estimated Completion Date: July 31, 2015
Has Work Begun on Project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain.		
Will Project Occupy Federal, State or Municipal Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.		

10. List Previous Permit / Application Numbers (if any) and Dates:
unknown

11. Will this project require additional Federal, State, or Local Permits including zoning changes? Yes No If yes, please list:

12. Signatures. If applicant is not the owner, both must sign the application.
I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project. In addition, Federal Law, 18 U.S.C., Section 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both where an applicant knowingly and willingly falsifies, conceals, or covers up a material fact; or knowingly makes or uses a false, fictitious or fraudulent statement.

Signature of Applicant 	Printed Name Bob Finn	Title SLRD Commission	Date 3/12/2015
Signature of Owner	Printed Name	Title	Date
Signature of Agent 	Printed Name Marc D. Bellard	Title ACT President	Date 3/11/15

For Agency Use Only	DETERMINATION OF NO PERMIT REQUIRED	
(Agency Name) _____	Agency Project Number _____	
	has determined that No Permit is required from this Agency for the project described in this application.	
Agency Representative: Name (printed) _____	Title _____	
Signature _____	Date _____	