

# Permit Application for the Use of Pesticides in State Waters

#### **Affiliations:**

Description: Craige

Filed By: Zachary Davis

E-mail: Zach@Thepondandlake.com

#### Affiliations

Type	Name	Mailing Address	Business Phone	Contact
Applicant	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com
Billing Contact	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com
Primary Contact	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com
Owner	A			
Pesticide Applicator	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com

## Part I: Application Type and Description

Application Type	
This application is to request (check one):	
☐ One year permit	
☐ Two year permit	
■ Three year permit	
Note: Multi-year permits will be issued at the Department of Energy and Environmental Protection's (DEEP) discretion.	!
☐ Check here if DEEP has previously issued an Aquatic Pesticide Permit for this site.	
Town where site is located: Lakeville	
Brief Description of Project: Aquatic pesticide application to private pond	

#### Part II: Fee Information

An application fee of \$200.00 [#1009] is to be submitted with each permit that you are applying for. Each site requires a separate permit. The application will not be processed without payment of the fee. If you are applying for a multi-year permit, see Part II of the instructions

for information on fee payment. There is no discount for municipalities. The fee shall be non-refundable and shall be paid by e-check or credit card to the Department of Energy and Environmental Protection.

## Part III: Site Location

Name of Waterbody Craige Pond		
and a six		
SITE LOCATION		
463 Wells Hill Rd, Lakeville, CT	0392302. [Salisbury]	

## Part IV: Applicant Information

Please indicate the type of business  □ corporation  □ limited liability company  □ limited partnership  □ limited liability partnership  □ statutory trust  □ other
□ corporation  □ limited liability company  □ limited partnership  □ limited liability partnership  □ statutory trust
<ul> <li>□ limited liability company</li> <li>□ limited partnership</li> <li>□ limited liability partnership</li> <li>□ statutory trust</li> </ul>
□ limited partnership □ limited liability partnership □ statutory trust
□ limited partnership □ limited liability partnership □ statutory trust
□ limited liability partnership □ statutory trust
□ limited liability partnership □ statutory trust
□ statutory trust
□ statutory trust
□ other
□ other
ii) provide Pesticide Application Business Registration Number: 0685027
Registration Expiration Date 08/31/2025
b) Applicant's relationship to the property at which the proposed activity is to be located:
□ site owner
□ option holder
□ lessee
□ easement holder
□ operator
pesticide applicator
other

#### 2. Owner Information

a. If known, list the name and address of all owners of the area(s) to be treated. If unsure, go to item #2b.

b. If the applicant is unsure of who owns an area(s) to be treated, provide the name and address for all shoreline property owners located 200 feet or less from such area. However, if the applicant does know who owns the area to be treated, then return to the

'Companies/Entities/Individuals Associated with the Filing' section by selecting the arrow in the top left corner of this screen and add the Owner(s).

Name of Shoreline Property Owner

Leslie Craige

Address

463 Wells Hill Rd

Does the State of Connecticut own any portion of the area to be treated?

□ Yes

■ No

\*If an area(s) to be treated is owned or controlled by the state of Connecticut, see <u>instructions</u>

for submitting an application to the DEEP Land Acquisition and Management Unit (LAM) for review and approval of the proposed treatment on state property. A LAM Authorization letter must be submitted as Attachment G for any application involving treatment of a waterbody that is owned or controlled by the state of Connecticut.

#### 3. Pesticide Applicator

Is this a Commercial Application?

Yes

□ No

Pesticide application Certification Number S-6687

Pesticide application Certification Expiration Date 01/31/2029

### Part V: Additional Information

If the applicant is submitting this application on behalf of someone else, identify the person(s) or organization(s) seeking to have pesticides applied to the treatment area(s) and provide the following information. If more than one person or organization is being represented, attach additional sheets providing the information requested below.

Name Mailing Address Business Phone Contact Person

1. COASTA	: Site information
Is this pest in the instruction of the instruction	ticide application located in the municipality within the coastal area? (check town list
2. NATURA SPECIES	AL DIVERSITY DATA BASE (NDDB) - ENDANGERED OR THREATENED
is the subjidentified special consequence of M If yes, consequence of M If yes, consequence of the submittent has not expected of the submittent you of the required deemed in For more http://www.	to the most current 'Natural Diversity Data Base Areas Maps', will the activity which ect of this application, including all impacted areas, be located within an area as, or otherwise known to be, a habitat for state listed endangered, threatened or incern species?  The proof of the address specified on the form, prior to submitting this application. The NDDB review generally takes 4 to 6 weeks and may require the applicant to additional documentation, such as ecological surveys, which must be completed prioring this permit application. A copy of the NDDB Determination response letter that pried must be submitted with this completed application as Attachment D. Include a sy mitigation measures developed for this activity and approved by NDDB. Be aware must renew your NDDB Determination if it expires before project work commences. If the NDDB documents are not submitted as Attachment D, your application will be complete and may be subject to denial. Information visit the DEEP website at w.ct.gov/deep/nddbrequest on NDDB at 860-424-3011.
3. AQUIFE	R PROTECTION AREAS
section 22  ■ Yes □ No To view the http://www.	located within a town required to establish Aquifer Protection Areas, as defined in a-354a through 354b of the General Statutes (CGS)?  the applicable list of towns and maps visit the DEEP website at w.ct.gov/deep/aquiferprotection the site within an area identified on a Level A or Level B map?

No

4. CONSERVATION OR PRESERVATION RESTRICTION	
Is the property subject to a conservation or preservation restriction?  ☐ Yes	
■ No	
5. TYPE OF AREA TO BE TREATED	
Select area type  □ Tidal Waters  □ Pond or Lake □ Stream	
6. PUBLIC WATER SUPPLY WATERSHED	
Is the waterbody located in a public water supply watershed?  (See instructions)  ☐ Yes  ☐ No	
7. WATERBODY LOCATION FROM PUBLIC WATER SUPPLY	
Is the waterbody potentially located 200 ft. or less from a public water supply well?  ☐ Yes ☐ No	
8. Where does the waterbody flow to?	
Name of receiving stream or waterbody? No Outflow  Is the outflow usually flowing?  ☐ Yes ☐ No  Can outflow be stopped? ☐ Yes ☐ No	

#### 9. SIZE OF WATERBODIES TO BE TREATED

Identify the size of the waterbody(ies) and the portion of the waterbody(ies) to	be treated.	Refer
to the		

instructions.

What type of waterbodies will be treated?

Ponds and Lakes

☐ Streams and Rivers

Will more than 80 Acres be treated?

□ Yes

■ No

Name of Waterbody	Total Acres	Average Depth ft.	Total Volume Acre ft.	Acres	Volume Acre ft.
Craige Pond	0.6	4	2.4	0.6	2.4

#### 10. PROPOSED PRODUCT TO BE USED

Identify each proposed product to be used, the amount per treatment, the number of treatments and the surface area (acres) or volume (acre feet) of water to be treated with that product. If more than one waterbody will be treated, provide this information for each waterbody. Provide quantities using only in the units specified in the

instructions.

Name of Waterbody	Full Product Name	Active Ingredient	Amount per Treatment	Measurement Units	Number of Treatment		Volume Acre-ft
Craige Pond	Cutrine Plus	Copper Ethanolamine Complex (27.9%)	4.32	Gallons	3	0.6	2.4
Craige Pond	Seclear	Copper Sulfate Pentahydrate (16.2%)	3.12	Gallons	3	0.6	2.4
Craige Pond	Tribune	Diquat Dibromide (37.3%)	1.2	Gallons	3	0.6	2.4
Craige Pond	Clearcast	Ammonium Salt of Imazamox (12.1%)	0.3	Gallons	2	0.3	2.4
Craige Pond	AquaPro	Glyphosate (isopropylamine salt) (53.8%)	0.9	Quarts	2	0.3	2.4

#### 11. PUBLIC ACCESS

Does the waterbod	y have public access?
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□ Yes

■ No

12. STATE-OWNED BOAT LAUNCH	
Is there a state-owned boat launch?  ☐ Yes	
■ No	
13. STOCKED WITH FISH	
Is the waterbody stocked with fish by the state  ☐ Yes  ■ No	
14. USE OF WATERBODY	
Identify use(s) of waterbody:  □ Domestic Water Supply  □ Irrigation  □ Watering Livestock  □ Swimming  □ Fishing  □ None	
15. DOWNSTREAM USERS AFFECTED BY	TREATMENT
Are there any downstream users of the water v □ Yes ■ No	who may be affected by treatment?
16. PRIVATE DRINKING WELLS	
Within 200 ft. inclusive of the treatment area a less from the shoreline?  ☐ Yes ☐ No	are there any private drinking water wells 50 ft. or
17. PLANTS OR ANIMALS TO BE CONTRO	LLED
Identify all plants or animals to be controlled:	Algae, duckweed, Phragmites
18a. FISH PRESENT	
Identify all types of fish present: bass, Bluegi	п

#### 18b. ALKALINITY OF WATER

If a copper-based product will be used and there are fish species sensitive to copper, what is the alkalinity of the water to be treated? Please include units.

Value

#### 19. TIME PERIOD OF PESTICIDE USE

Projected Date(s) of Pesticide Use May-October

#### 20. PRIOR YEARS CHEMICALS WERE APPLIED TO WATERBODY

List prior years in which chemicals were applied to this waterbody: N/A

## Part VII: Supporting Documentation

Be sure to read the instructions (DEEP-PEST-INST-200) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

#### ■ Attachment A - Aerial Map

File name: Pond Map.pdf

File Update Date: 01/03/2025 13:22:42

#### ■ Attachment B - Applicant Compliance Review Form

File name: complianceformpdf.pdf File Update Date: 01/03/2023 10:58:48

<u>Applicant Compliance Information Form</u> (DEEP-APP-002), if applicable.

☐ Attachment C - Coastal Consistency Review Form

<u>Coastal Consistancy Review Form</u> (DEEP-APP-004), if applicable.

#### **■** Attachment D - NDDB Determination Response

File name: 122745\_PondandLake\_CraigePond\_no conflict.pdf

File Update Date: 01/03/2025 13:17:00

A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do not submit any NDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDB Determination if it expires before project work commences.

☐ Attachment E - Verification of Notification to Local Inland Wetland Agency

Verification of Notification to Local Inland Wetland Agency: Note:

To submit your Verification of Notification to Local Inland Wetland Agency, you must first complete all other portions of this application, select 'Save', then select 'Download PDF' from the bottom of this screen to download a copy of your application.

You must send a copy of your completed application to the local Inland Wetland Agency, and then return to this application page to upload your verification as Attachment E above.

You will then be able to submit your completed application for review.

The following are acceptable forms of Verification of Notification:

- · copy of a certified mail receipt, or
- a copy of the application stamped and dated as received by the local inland wetlands agency, or
- an e-mail from the local inland wetlands agency verifying that this completed application has been received by such agency. If sending via email, you must first contact the local inland wetlands agency to verify that this method of delivery is acceptable.

Refer to the instructions

Attachment F - Conservation or Preservation Restriction Information

Conservation or Preservation Restriction Information, if applicable.

Attachment G - DEEP Land Management Unit Authorization

DEEP Land Management Unit's Authorization letter for treatment of a state-owned or controlled waterbody and/or use of a state-owned boat launch, if applicable.

Attachment H - Approval under G.P. for Point Source Dischargers to Waters of the State from Application of Pesticides

Approval under the

General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides
, if applicable.

Attachment I - Department of Public Health comments

Department of Public Health comments if the proposed treatment area(s) is located 200 ft. or less from a public water supply well or if the waterbody is located within a public water supply watershed and the application proposes the use of flumioxazin or triclopyr.

#### ☐ Attachment J - Other Supporting Documents

If you have additional documents or information to support your application that are not otherwise specified above, upload them here. This can include recent vegetation surveys, long term management plans, or other information specific to your site that could aid in the review of your application.

