

Permit Application for the Use of Pesticides in State Waters

Affiliations:

Description: Noble Horizons

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 1 . A 1
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.

Permit Number for most recent permit: AQUA-2022-170

■ Check here if the information contained in this application is identical to the last application and the chemicals, quantities and number of treatments requested are identical to the chemicals, quantities and number of treatments permitted by the most recent permit issued.

Town where site is located: Salisbury

Brief Description of Project: Aquatic Pesticide Application to Noble Horizons 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 Noble Horizons Pond

SITE LOCATION

17 COBBLE RD, SALISBURY, CT 06068, [Salisbury]

Part IV: Applicant Information

Additional information is required for applicantPlease indicate the type of businesscorporation	
limited liability company	
□ limited partnership	
☐ limited liability partnership	
□ statutory trust	
□ 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 le	ocated:
☐ 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

Address

Noble Horizons

17 Cobble Road, Salisbury, CT, USA

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 instructions

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

Part VI: Site Information

□ Yes ■ No

I. COASTAL AREA	
Is this pesticide application located in the municipality win the instructions) Yes No For assistance in determining if the water being treated above or in completing the Coastal Consistency Review	is affected by tidal water as described
Sound Programs (OLISP) at 860-424-3034.	
2. NATURAL DIVERSITY DATA BASE (NDDB) - ENI SPECIES	DANGERED OR THREATENED
According to the most current 'Natural Diversity Data Basis the subject of this application, including all impacted a identified as, or otherwise known to be, a habitat for state special concern species?	areas, be located within an area
■ Yes □ No	
Date of Map 12/2024	A Section 1
If yes, complete and submit a	
Request for NDDB State Listed Species Review Form (DEEP-APP-007) to the address specified on the form, per Please note NDDB review generally takes 4 to 6 weeks a produce additional documentation, such as ecological states to submitting this permit application. A copy of the NDD has not expired must be submitted with this completed appropriate to apply of any mitigation measures developed for this active that you must renew your NDDB Determination if it expetted required NDDB documents are not submitted as Attached the required normalism of the Subject to denial. For more information visit the DEEP website at http://www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.	and may require the applicant to urveys, which must be completed prior B Determination response letter that oplication as Attachment D. Include a ity and approved by NDDB. Be aware ires before project work commences. If
3. AQUIFER PROTECTION AREAS	
Is the site located within a town required to establish Aq section 22a-354a through 354b of the General Statutes (© Yes No	
To view the applicable list of towns and maps visit the D	DEEP website at
http://www.ct.gov/deep/aquiferprotection If yes, is the site within an area identified on a Level A of	or Level B map?

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? Spruce Swamp Creek 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.
Noble Horizon Pond	1.35	5	6.75	1.35	6.75

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 <u>instructions</u>.

		Active Ingredient		Measurement	41.4	Acres	i i i i i i i i i i i i i i i i i i i
Waterbody	Name		per	Units	of Ttt		Acre-ft
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second s	Treatment		Treatment	5 40	Miller P
Noble		Copper	10.15	a	•	1 0 5	
Horizon	Cutrine Plus	Ethanolamine	12.15	Gallons	3	1.35	6.35
Pond		Complex (27.9%)					
Noble		Copper Sulfate					
Horizon	Seclear	Pentahydrate	8.77	Gallons	3	1.35	6.35
Pond		(16.2%)					
Noble					, v		
Horizon	Sonar AS	Fluridone (41.7%)	1.62	Quarts	. 1	1.35	6.35
Pond					tak ing Sa		
Noble	ProcellaCOR	Florpyrauxifen-					
Horizon	EC	benzyl (2.7%)	0.84	Gallons	3	1.35	6.35
Pond	LC	OCIIZYI (2.770)					
Noble							
Horizon	Tribune		2.7	Gallons	3	1.35	6.35
Pond							
Noble							
Horizon	Clipper	Flumioxazin (51.0%)	1.01	Pounds	3	1.35	6.35
Pond							
Noble		Glyphosate	à				
Horizon	AquaPro	(isopropylamine salt)	1.5	Quarts	2	0.5	6.35
Pond	-	(53.8%)					
Noble		A Clait a C					
Horizon	Clearcast	Ammonium Salt of	0.5	Gallons	2	0.5	6.35
Pond		Imazamox (12.1%)					
		and the second s					

11. PUBLIC ACCESS

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17000	tha	zzzotorko dzz	horza	211 110	0000007
LAUES	HIL	waterbody	HAVE	DIBUIL	access:

□ 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 TREAT	MENT
Are there any downstream users of the water who may Yes	y be affected by treatment?
16. PRIVATE DRINKING WELLS	
Within 200 ft. inclusive of the treatment area are there less from the shoreline? ☐ Yes ☐ No	e any private drinking water wells 50 ft. or
17. PLANTS OR ANIMALS TO BE CONTROLLED	
Identify all plants or animals to be controlled: Algae, Cattail, Phragmites	Duckweed, Watershield, Coontail,
18a. FISH PRESENT	
Identify all types of fish present: Bluegill, Bass, Mini	now
18b. ALKALINITY OF WATER	
If a copper-based product will be used and there are finalkalinity of the water to be treated? Please include un Value	

Projected Date(s) of Pesticide Use April-October

19. TIME PERIOD OF PESTICIDE USE

20. PRIOR YEARS CHEMICALS WERE APPLIED TO WATERBODY

List prior years in which chemicals were applied to this waterbody: 2018 & Previous:Solitude Lake Management 2019-Present: Stahl Holdings LLC

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: 01/17/2025 10:37:18

■ 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: 123080-re202200567-Salisbury_Pesticide_NobleHorizons_CobbleRd.pdf

File Update Date: 01/14/2025 11:10:43

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