

**2007 AQUATIC PESTICIDE PERMIT APPLICATION**

**SARATOGA LAKE  
Stillwater and Malta, NY**

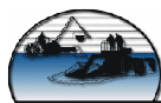
January 2007

***Prepared for:***

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

***Prepared by:***

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



**AQUATIC CONTROL TECHNOLOGY, INC.**

POND AND LAKE MANAGEMENT SPECIALISTS

## TABLE OF CONTENTS

- ◆ Transmittal Letter / Detailed Project Description
  
- ◆ Maps and Figures
  
- ◆ AQV Form for Sonar PR herbicide
  - Sonar PR product label
  
- ◆ AQV Form for Sonar Q herbicide
  - Sonar Q Product Label
  
- ◆ Joint Application for Permit Form
  
- ◆ Riparian Owner/User Notification
  - Copy of Notice
  - List of Recipients (to be sent under separate cover)
  - Certification of Mailing (to be send under separate cover)

January 3, 2007

John Bennett, Pesticide Control Specialist  
Bureau of Pesticide Management  
NYDEC Region 5  
P.O. Box 220  
Warrensburg, NY 12885

**Re: Herbicide Permit Applications – Saratoga Lake – 2007 Season**

---

Dear Mr. Bennett:

The following was prepared as supplemental information for the Aquatic Pesticide Permit Applications (AQV forms) for Saratoga Lake in 2007.

**Project Applicant / Lead Agency:** Saratoga Lake Protection and Improvement District (SLPID)

**Applicator:** Gerald N. Smith / Aquatic Control Technology, Inc. / ID# C062471 / Reg . # 07865

**Lake Manager:** Dean R. Long, Director of Environmental Planning, The LA Group, P.C.

**Requested Treatments:** Treatment of the southern third of Saratoga Lake targeting control of 158 acres of dense Eurasian watermilfoil (*Myriophyllum spicatum*) through a series of split-treatments with Sonar PR and Sonar Q pellets

**INTRODUCTION**

The treatment program proposed at Saratoga Lake for the 2007 season represents the first year of a three-year program that will target complete control of the dense Eurasian watermilfoil (EWM) beds throughout Saratoga Lake. The results of the 2007 treatment program will dictate continuance with or modifications to the treatment programs proposed for the 2008 and 2009 seasons.

This treatment program is based on recommendations of the following two documents that were previously provided to DEC:

1. Saratoga Lake Long-Term Aquatic Vegetation Management Plan (ACT, December 2005)
2. Draft Environmental Impact Statement (DEIS) for Saratoga Lake Invasive Species Long-Term Management Plan (The LA Group, July 2006)

Where Saratoga Lake is considered by DEC to be a Water Body Subject to Enhanced Review, it is expected that these two documents will sufficiently address the information requirements of the Supplemental Aquatic Vegetation Management Project Information Form (SAV) and the Environmental Assessment Form (EAF). Therefore, SAV and EAF forms were not prepared or submitted. Please contact us immediately if these forms are required.

## **DETAILED PROJECT DESCRIPTION**

### **Objective**

Eurasian watermilfoil (*Myriophyllum spicatum*) is a non-native and highly invasive submersed aquatic plant species. It is a canopy-forming plant that is capable of forming dense plant monocultures that mat along the water's surface. The dense beds of EWM greatly impair recreational use of the lake, namely swimming, boating and fishing. Abundant EWM growth can also out-compete and displace native plants, which can reduce species diversity and negatively alter habitat for fish and wildlife. The program objective is to selectively control EWM while preserving and promoting the recovery of a healthy native plant community.

### **History of the Problem and Current Management Plan**

The history of EWM growth in Saratoga Lake is well documented in the DEIS. In summary, EWM was first documented in Saratoga Lake in the mid 1970's and it reached nuisance densities by the early 1980's. In 1986 SLPID was formed to implement EWM control on Saratoga Lake. The primary management strategy utilized since the 1980's has been annual mechanical harvesting with SLPID owned and operated equipment.

Alternate management strategies including stocking of the herbaceous milfoil weevil (*E.lecontei*) and partial lake treatments with Sonar (active ingredient fluridone) herbicide were evaluated as part of the watershed management plan prepared by the LA Group in 2002. The pellet formulations of Sonar herbicide proved to be effective at controlling EWM in Saratoga, but it was determined that larger block treatment areas would improve efficacy.

The proposed multiple-year management plan seeks to integrate large-block (one-third of the EWM infestation) herbicide treatments, continued mechanical harvesting in non-treatment areas, and continuation of the annual winter drawdown program.

### **Proposed Chemical Treatment Program - 2007**

Treatment of dense EWM beds in the southern third of the lake with Sonar herbicide is proposed for the 2007 season. Details on the proposed treatment approach are provided below:

<b>Area to be Treated</b>	158 acres  Located at south end of lake (Figure 1)
<b>Herbicide</b>	<b>Sonar PR / Precision Release</b> / <u>EPA Reg. No.:</u> 67690-12 / <u>Active Ingredient:</u> fluridone 5%  and <b>Sonar Q / Quick Release</b> / <u>EPA Reg. No.:</u> 67690-3 / <u>Active Ingredient:</u> fluridone 5%

**Application Rate** Targeting total application of 90-150 ppb of Sonar PR and Sonar Q combined, over 3-4 separate applications

**Treatment Timing** Between mid April and July, 2007  
  
This treatment timing is preferred to target milfoil when in its most active phase of growth and when the plants are still close to the bottom.

**Method of Application** The pellet formulations will be evenly spread throughout the designated treatment areas using a calibrated, cyclone spreader mounted on the bow of airboats.  
  
A DGPS system with sub-meter accuracy will be used to provide real-time navigation and to insure that the herbicide is evenly applied throughout the designated treatment area.

**Treatment Schedule (tentative)**

Date	Description	Sonar PR		Sonar Q		Cumulative Total ppb of fluridone applied
		ppb	lbs	ppb	lbs	
04/24/07	1st Application	30	1920	10	640	40
05/08/07	FasTEST 1st round					
05/15/07	2nd Application	20	1280	10	640	70
05/29/07	FasTEST 2nd round					
06/05/07	FasTEST 3rd round					
06/12/07	3rd Application	25	1600	5	320	100
06/26/07	FasTEST 4th round					
07/17/06	FasTEST 5th round					

Notes:

- ◆ This is an example of the intended treatment approach.
- ◆ We are expecting to apply a total of 100 ppb of Sonar PR and Sonar Q over three separate applications.
- ◆ We are requesting permit approval to apply up to 150 ppb total and to perform a fourth application, if necessary.
- ◆ Timing of the initial application will be dictated by the condition of EWM growth and weather conditions.
- ◆ Timing of follow-up applications will be largely dictated by the results of FasTEST monitoring and condition/response of EWM plants to treatment.

**FasTEST Monitoring** At least five rounds of water samples will be collected from 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.

Results of the FasTEST monitoring will help guide timing of the follow-up Sonar applications.

<b>Post-Treatment Vegetation Surveys</b>	DFWI will be contracted to replicate the point-intercept aquatic plant survey that they completed in 2004. Survey work will occur in August and September, which will correspond with timing of the 2004 survey.
<b>Water Use Restrictions and Notification</b>	<p>The temporary water use restrictions listed on the product labels of Sonar PR and Sonar Q are the same.</p> <p>The products cannot be applied at rates greater than 20 ppb within ¼ mile (1320 feet) of a functioning potable water intake. There are not believed to be any affected intakes in the proposed treatment area, but SLPID is working to confirm this.</p> <p>Use of treated lake water for irrigation is restricted for 7-days following each application. It is recommended that the irrigation restriction be extended throughout the duration of the treatment program throughout the treatment area and for an adjacent buffer area.</p> <p>There are no other water use restrictions listed on the product label, but we intend to comply with any specific conditions imposed by DEC</p> <p>Notification of the permit application and the proposed treatment program will be direct mailed to property owners around Saratoga Lake in January 2007. 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>

## **SUMMARY**

The Sonar herbicide treatment program proposed for the 2007 season represents the first year of a multiple-year, integrated management program designed to provide improved control over non-native Eurasian watermilfoil growth in Saratoga Lake. The 2007 program follows the program that was detailed in the DEIS submitted in 2006. This program will need to remain fluid and adaptable in future years in order to meet the stated project objectives.

Again, it is important for us to submit this application early because we are requesting approval for an early spring (mid April) herbicide application. If additional information is required to process this permit application, please let us know at your earliest convenience and we will prepare submit the requested material immediately.

In our opinion, the SLPID has and continues to demonstrate a commitment to utilizing an integrated management program at Saratoga Lake to control nuisance aquatic weeds.

Please do not hesitate to contact me directly if you have any questions or require additional information.

Sincerely,

**AQUATIC CONTROL TECHNOLOGY, INC.**

Marc Bellaud  
Senior Biologist



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

[www.dec.state.ny.us](http://www.dec.state.ny.us)

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

APPLICATION MUST BE SUBMITTED 45 DAYS 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 # _____

1. Check type of application: New \_\_\_\_\_ ; Repeat \_\_\_\_\_  
If, repeat application , prior Permit Number \_\_\_\_\_
  2. Name of Applicant: \_\_\_\_\_
  3. Name and Title of Authorized Person signing the Application  
(if Block # 2 is an organization): \_\_\_\_\_
  4. Applicant street address: \_\_\_\_\_
  5. Applicant mailing address : \_\_\_\_\_
  6. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_
  7. Is the applicant a (check):Riparian Owner \_\_\_\_\_ ; Lessee \_\_\_\_\_ ; Association of Riparian Owners/Lessees \_\_\_\_\_ ; NYS Department of Environmental Conversation representative \_\_\_\_\_ ; Other (specify) \_\_\_\_\_
  8. Name of Water body: \_\_\_\_\_ 9. Township of water body: \_\_\_\_\_ 10. County of water body: \_\_\_\_\_
  11. Purpose of treatment (Specific species to be controlled): \_\_\_\_\_
  12. Uses of water proposed for treatment (check ): Swimming \_\_\_\_\_ ; Irrigation \_\_\_\_\_ ; Watering Livestock \_\_\_\_\_ ; Public Water Supply \_\_\_\_\_ ; Private Water Supply \_\_\_\_\_ ; Fishing \_\_\_\_\_ ; Other (specify) \_\_\_\_\_
  13. Total acreage of water body: \_\_\_\_\_ 14. Acres/Acre Feet to be treated: \_\_\_\_\_ 15. Number of areas in water body to be treated: \_\_\_\_\_
  16. Does the water body have an outlet?: Yes \_\_\_ No \_\_\_ (Note: the outlet location must be shown on the detailed map of the water body).
  17. If "yes" to question 16, can applicant control water level during and for the required period of time after treatment?: Yes \_\_\_ ; No \_\_\_
  18. 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 \_\_\_\_\_ AND attach outflow study.
  19. If applicable: Number of streams proposed for treatment: \_\_\_\_\_ Miles of streams to be treated: \_\_\_\_\_
  20. Name and location of any public and private water supply intakes within the treatment area: \_\_\_\_\_  
\_\_\_\_\_
- NOTE: All public and private water supply intakes must be located on the detailed map.
21. 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.
  22. Are Fish Present? Yes \_\_\_\_\_ ; No \_\_\_\_\_ . Are they stocked by the State? Yes \_\_\_\_\_ ; No \_\_\_\_\_
  23. Pesticide Requested (Product Name): \_\_\_\_\_
  24. Active ingredient: \_\_\_\_\_ 25. % Active ingredient: \_\_\_\_\_

- 
26. EPA Registration Number: \_\_\_\_\_ 27. Application rate: \_\_\_\_\_
28. Total amount of product per application: \_\_\_\_\_
29. Proposed Date (s) of treatment (month/day/year): \_\_\_\_\_
30. Method of application: \_\_\_\_\_ 31. Type of application equipment: \_\_\_\_\_
32. If the proposed treatment involves an aircraft, indicate FAA Number(s): \_\_\_\_\_
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? \_\_\_\_\_ ; How? \_\_\_\_\_  
 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: \_\_\_\_\_
35. Name of pesticide Business/Agency performing application: \_\_\_\_\_
36. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
37. Business/Agency Registration Number: \_\_\_\_\_
38. Name of Certified Applicator performing the application: \_\_\_\_\_
39. a. Certified Applicator Identification Number: \_\_\_\_\_ b. Certified Applicator Telephone Number: \_\_\_\_\_
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): \_\_\_\_\_
- 

**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 Identified in Item 2 or 3 above: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
42. Signature of Applicator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_





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

[www.dec.state.ny.us](http://www.dec.state.ny.us)

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

APPLICATION MUST BE SUBMITTED 45 DAYS 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 # _____

1. Check type of application: New \_\_\_\_\_ ; Repeat \_\_\_\_\_  
If, repeat application , prior Permit Number \_\_\_\_\_
  2. Name of Applicant: \_\_\_\_\_
  3. Name and Title of Authorized Person signing the Application  
(if Block # 2 is an organization): \_\_\_\_\_
  4. Applicant street address: \_\_\_\_\_
  5. Applicant mailing address : \_\_\_\_\_
  6. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_
  7. Is the applicant a (check):Riparian Owner \_\_\_\_\_ ; Lessee \_\_\_\_\_ ; Association of Riparian Owners/Lessees \_\_\_\_\_ ; NYS Department of Environmental Conversation representative \_\_\_\_\_ ; Other (specify) \_\_\_\_\_
  8. Name of Water body: \_\_\_\_\_ 9. Township of water body: \_\_\_\_\_ 10. County of water body: \_\_\_\_\_
  11. Purpose of treatment (Specific species to be controlled): \_\_\_\_\_
  12. Uses of water proposed for treatment (check ): Swimming \_\_\_\_\_ ; Irrigation \_\_\_\_\_ ; Watering Livestock \_\_\_\_\_ ; Public Water Supply \_\_\_\_\_ ; Private Water Supply \_\_\_\_\_ ; Fishing \_\_\_\_\_ ; Other (specify) \_\_\_\_\_
  13. Total acreage of water body: \_\_\_\_\_ 14. Acres/Acre Feet to be treated: \_\_\_\_\_ 15. Number of areas in water body to be treated: \_\_\_\_\_
  16. Does the water body have an outlet?: Yes \_\_\_ No \_\_\_ (Note: the outlet location must be shown on the detailed map of the water body).
  17. If "yes" to question 16, can applicant control water level during and for the required period of time after treatment?: Yes \_\_\_ ; No \_\_\_
  18. 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 \_\_\_\_\_ AND attach outflow study.
  19. If applicable: Number of streams proposed for treatment: \_\_\_\_\_ Miles of streams to be treated: \_\_\_\_\_
  20. Name and location of any public and private water supply intakes within the treatment area: \_\_\_\_\_  
\_\_\_\_\_
- NOTE: All public and private water supply intakes must be located on the detailed map.
21. 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.
  22. Are Fish Present? Yes \_\_\_\_\_ ; No \_\_\_\_\_ . Are they stocked by the State? Yes \_\_\_\_\_ ; No \_\_\_\_\_
  23. Pesticide Requested (Product Name): \_\_\_\_\_
  24. Active ingredient: \_\_\_\_\_ 25. % Active ingredient: \_\_\_\_\_

- 
26. EPA Registration Number: \_\_\_\_\_ 27. Application rate: \_\_\_\_\_
28. Total amount of product per application: \_\_\_\_\_
29. Proposed Date (s) of treatment (month/day/year): \_\_\_\_\_
30. Method of application: \_\_\_\_\_ 31. Type of application equipment: \_\_\_\_\_
32. If the proposed treatment involves an aircraft, indicate FAA Number(s): \_\_\_\_\_
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? \_\_\_\_\_ ; How? \_\_\_\_\_  
 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: \_\_\_\_\_
35. Name of pesticide Business/Agency performing application: \_\_\_\_\_
36. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
37. Business/Agency Registration Number: \_\_\_\_\_
38. Name of Certified Applicator performing the application: \_\_\_\_\_
39. a. Certified Applicator Identification Number: \_\_\_\_\_ b. Certified Applicator Telephone Number: \_\_\_\_\_
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): \_\_\_\_\_
- 

**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 Identified in Item 2 or 3 above: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
42. Signature of Applicator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# JOINT APPLICATION FOR PERMIT



New York State  
United States Army Corps of Engineers

Applicable to agencies and permit categories listed in Item 1. Please read all instructions on back. Attach additional information as needed. Please print legibly or type.

- 1. Check permits applied for:**
- NYS Dept. of Environmental Conservation**
- Stream Disturbance (Bed and Banks)
  - Navigable Waters (Excavation and Fill)
  - Docks, Moorings or Platforms (Construct or Place)
  - Dams and Impoundment Structures (Construct, Reconstruct or Repair)
  - Freshwater Wetlands
  - Tidal Wetlands
  - Coastal Erosion Control
  - Wild, Scenic and Recreational Rivers
  - 401 Water Quality Certification
  - Potable Water Supply
  - Long Island Wells
  - Aquatic Vegetation Control
  - Aquatic Insect Control
  - Fish Control
- NYS Office of General Services**  
(State Owned Lands Under Water)
- Lease, License, Easement or other Real Property Interest
  - Utility Easement (pipelines, conduits, cables, etc.)
  - Docks, Moorings or Platforms (Construct or Place)
- Adirondack Park Agency**
- Freshwater Wetlands Permit
  - Wild, Scenic and Recreational Rivers
- Lake George Park Commission**
- Docks (Construct or Place)
  - Moorings (Establish)
- US Army Corps of Engineers**
- Section 404 (Waters of the United States)
  - Section 10 (Rivers and Harbors Act)
  - Nationwide Permit (s)
  - Identify Number(s)

<b>2. Name of Applicant (Use full name)</b>		<b>Telephone Number (daytime)</b>	
<b>Mailing Address</b>			
<b>Post Office</b>		<b>State</b>	<b>Zip Code</b>
<b>3. Taxpayer ID</b> (If applicant is not an individual)			
<b>4. Applicant is a/an:</b> (check as many as apply) Owner          Operator          Lessee          Municipality / Governmental Agency			
<b>5. If applicant is not the owner, identify owner here - otherwise, you may provide Agent/Contact Person information.</b>			
<b>Owner or Agent/Contact Person</b>		<b>Owner</b>	<b>Agent /Contact Person</b>
<b>Mailing Address</b>			<b>Telephone Number (daytime)</b>
<b>Post Office</b>		<b>State</b>	<b>Zip Code</b>
<b>6. Project / Facility Location</b> (mark location on map, see instruction 1a.)			
County:		Town/City/Village:	
		Tax Map Section/ Block /Lot Number:	
<b>Location</b> (including Street or Road)			<b>Telephone Number (daytime)</b>
<b>Post Office</b>	<b>State</b>	<b>Zip Code</b>	<b>7. Name of Stream or Waterbody</b> (on or near project site)
<b>8. Name of USGS Quad Map:</b>		<b>Location Coordinates:</b>	
		NYTM-E                                  NYTM-N 4	
<b>9. Project Description and Purpose:</b> (Category of Activity e.g. new construction/installation, maintenance or replacement; Type of Structure or Activity e.g. bulkhead, dredging, filling, dam, dock, taking of water; Type of Materials and Quantities; Structure and Work Area Dimensions; Need or Purpose Served)			
<b>10. Proposed Use:</b>	<b>11. Will Project Occupy State Land?</b>	<b>12. Proposed Start Date:</b>	<b>13. Estimated Completion Date:</b>
Private    Public    Commercial	Yes    No		

For Agency Use Only:

DEC APPLICATION NUMBER

---

US ARMY CORPS OF ENGINEERS

<b>14. Has Work Begun on Project?</b> (If yes, attach explanation of why work was started without permit.) Yes    No		<b>15. List Previous Permit / Application Numbers and Dates:</b> (If Any)	

<b>16. Will this Project Require Additional Federal, State, or Local Permits?</b>	Yes    No	If Yes, Please List:

**17. 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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Title \_\_\_\_\_

## Saratoga Lake Protection and Improvement District



**P.O. Box 2551**

**Ballston Spa, New York 12020**

**(518) 373-1608**

January 31, 2007

Saratoga Lake Property Owner:

Saratoga Lake Protection and Improvement District (SLPID) continues to work towards effectively controlling the invasive (non-native) species weeds in Saratoga Lake. The methods currently used to control invasive weeds are winter lake drawdown and cutting weeds with weed harvester machines. In 2000 and 2003 Sonar herbicide was used to control the milfoil growth in the Lake's south and north end weed beds. To continue our mission of lake management and milfoil control, SLPID has developed the Saratoga Lake Invasive Species Long-Term Plan. This project proposes a segmented whole lake herbicide treatment to control Eurasian watermilfoil (EWM). In Saratoga Lake, EWM will be controlled by three herbicide applications in three successive years.

Starting in 2007 EWM growth in the southern third of Saratoga Lake will be treated. Our research has determined that the safest and most effective herbicide currently available to control EWM in Saratoga Lake is Sonar (active ingredient fluridone). Two time-release pellet formulations, Sonar PR and Sonar Q, are proposed for the 2007 treatment program. Copies of the product labels are available for viewing on the following websites [www.sara-lake.org](http://www.sara-lake.org) and [www.AquaticControlTech.com](http://www.AquaticControlTech.com). Sonar PR and Sonar Q have been approved for aquatic weed control by the U.S. Environmental Protection Agency (EPA) and New York State. Sonar PR and Sonar Q have been successfully used and its effects studied throughout the United States and across New York State.

SPLID proposes to treat the southern-third of the lake between Stony Point and Snake Hill. Three or four separate applications of Sonar PR and Sonar Q will be made between late April and early July by a licensed applicator under a permit issued by the New York State Department of Environmental Conservation (DEC). Prior notification of the actual treatment dates will be provided by posting the shoreline. The non-native aquatic weeds, EWM and curlyleaf pondweed, are the weeds Sonar PR and Sonar Q controls most effectively. Other important native aquatic plants in the treated areas will remain to provide a habitat for fish and other marine life.

As a property owner within the treatment area you have the right to object to the proposed treatment application. The only anticipated restrictions on water use that will result from the applications will be closure of the treated area to swimming on the day of treatment and a restriction on using lake water from the treated area for irrigation purposes for a period of 7 days following each application. Although the area being considered for treatment have been surveyed for water intake lines you are requested to notify us at the above address or phone number as soon as possible if you have a water intake line in Saratoga Lake within ¼ mile of the treatment area. If you wish to object to the proposed treatment you need to send a written notice stating your objection to: John Bennett, NYS Department of Environmental Conservation, Region 5, 232 Hudson Street, P.O. Box 220, Warrensburg, New York 12885-0220, telephone (518) 623-3671. Your notification must be submitted within 21 days of the date of this letter. If you do not object to this proposed treatment you do not need to do anything.

Notice of the specific treatment dates will be provided by posting of the lake shoreline, publishing notices in the Saratogian newspaper, and on the following websites: [www.sara-lake.org](http://www.sara-lake.org), [www.saratogalake.org](http://www.saratogalake.org) and [www.AquaticControlTech.com](http://www.AquaticControlTech.com). If you wish further information about the treatment, please contact the following person: Joe Finn, Saratoga Lake Protect and Improvement District, telephone (518) 581-0409.

Sincerely,

Ed Dweck  
Chairman  
Saratoga Lake Protection and Improvement District

# SARATOGA LAKE - 2007 WEED TREATMENT MAP

