

February 25, 2014

Mr. John W. Bennett
New York Department of Environmental Conservation, Region 5
Pesticide Management
232 Golf Course Road
Warrensburg, NY 12885

Re: 2014 Permit Applications for Aquatic Herbicide Treatment Program at Saratoga Lake

Dear Mr. Bennett:

On behalf of the Saratoga Lake Protection and Improvement District (SLPID) we are submitting applications for Aquatic Pesticide Permits and a Freshwater Wetlands Permit for the invasive aquatic species herbicide treatment program planned for Saratoga Lake in 2014.

Permit approval is being requested for three different treatments in 2013;

1. Renovate OTF & Aquathol K combination of 42 acres for Eurasian watermilfoil and curlyleaf pondweed control
2. Aquathol K treatment of 40 acres for Eurasian watermilfoil and curlyleaf pondweed control
3. Clearcast treatment of up to 5 acres for water chestnut control

An original and four complete copies of the permit application package with Attachments A and B are enclosed. One original copy of Attachment C – Riparian and Downstream Riparian Notification material is enclosed. Since the downstream herbicide migration calculations show that triclopyr concentrations in excess of 1 ppb may migrate downstream of Winnie's Reef Dam, riparian owners were notified all the way to the Hudson River.

We believe that the treatments proposed for 2014 are consistent with the objectives of the ongoing invasive aquatic plant management program that has been performed annually at Saratoga Lake since 2007. Please contact me if you have any questions or require additional information.

Sincerely,

AQUATIC CONTROL TECHNOLOGY

Marc D. Bellaud
President/Aquatic Biologist

cc: Joe Finn, SLPID Commissioner

Enclosures:

- \$300 check to cover Aquatic Pesticide (AQV) permit filing fees (3 products)
- \$200 check to cover Freshwater Wetland permit filing fee
- Original plus four copies of the completed permit applications and supporting information including Attachments A & B
- Original copy of Riparian and Downstream Riparian Notification materials

2014 AQUATIC PESTICIDE PERMIT APPLICATION

SARATOGA LAKE

Malta & Saratoga Springs, NY

February 2014

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
POND AND LAKE MANAGEMENT SPECIALISTS

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 - Figure 1a – Proposed 2014 Treatment Areas, for Eurasian Watermilfoil and Curlyleaf Pondweed (Renovate OTF & Aquathol K)
 - Figure 1b – Proposed 2014 Treatment Areas, for Water Chestnut (Clearcast)
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- ◆ ATTACHMENT B – Product Labels
 - Renovate OTF – EPA Reg. No. 67690-42; SLN NY-070004
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 - Clearcast – EPA Reg. No. 241-437-67690

- Under Separate Cover***

- ◆ ATTACHMENT B – Riparian Owner/User Notification
 - Copy of Notice
 - List of Recipients
 - Certification of Mailing

AQUATIC HERBICIDE PERMIT APPLICATIONS

SARATOGA LAKE – PROJECT DESCRIPTION

2014 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 2014 Season:	<ol style="list-style-type: none"> Renovate OTF (triclopyr) and Aquathol K (endothall) combination treatment of 42 acres in the southwest corner of the lake for control of EWM and CLP. Renovate OTF will be applied at 0.5 ppm and Aquathol K will be applied at 1.0 ppm. This combination treatment was used successfully at the lake in 2011. An additive effect has been documented with this herbicide combination by the US Army Corps of Engineers and other researchers. The lower use rates should help reduce the extent and duration of water use restrictions following treatment. Aquathol K treatment of up to 40 acres along the southwest shoreline for EWM and CLP control. Aquathol K will be applied at 2.0 ppm. This will allow us to evaluate the efficacy of this herbicide, which has fewer water use restrictions than triclopyr. Clearcast (imazamox) treatment of up to 5 acres on the northwest shoreline for water chestnut control. This would be a foliar application to dense growth of water chestnut near the mouth of the Kayaderosseras Creek inlet in areas that are too shallow to access with the harvesters.

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)

PROPOSED EURASIAN WATERMILFOIL AND CURLYLEAF PONDWEED TREATMENT FOR 2014

Two distinct treatment protocols are proposed for EWM and CLP control in the along the southwest shoreline during the 2014 season.

1. Areas A and B (42 acres total) will be treated with the combination of Renovate OTF at 0.5 ppm and Aquathol K at 1.0 ppm.
2. Up to 40 acres in Area C will be treated with Aquathol K at 2.0 ppm for EWM and CLP control. The final location will be determined following a pre-treatment survey.

These two treatments are proposed for the mid-late May period. 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.



In 2011 a successful combination treatment with Renovate and Aquathol was performed at Saratoga Lake along the eastern shoreline. The triclopyr and endothall herbicide combination treatment was studied by the U.S. Army Engineer Research and Development Center and the GeoResources Institute of Mississippi State University. The following two technical notes available from the U.S. Army ERDC were previously provided to DEC.

1. Selective Control of Eurasian Watermilfoil and Curlyleaf Pondweed Using Low Doses of Endothall Combined with 2,4-D; J. G. Skogerboe and K. D. Getsinger; ERDC/TN APCR-CC-05, October 2006.
2. Combinations of Endothall with 2,4-D and Triclopyr for Eurasian Watermilfoil Control; J. D Madsen, R. M. Wersal, K. D. Getsinger, and J. G. Skogerboe; ERDC/TN APCR-CC-14, April 2010

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

Area to be Treated	Areas A (31 acres) & Area B (11 acres) – Renovate OTF & Aquathol K combination Area C (40 acres) – Aquathol K
Herbicides	<p>Renovate OTF / EPA Reg. No.: 67690-42; SLN NY-070004 <u>Active Ingredient:</u> triclopyr: 3,5,6-trichloro-2-pyridinyloxyacetic acid, triethylamine salt 14%; triclopyr acid equivalent 10%</p> <p>Aquathol K / EPA Reg. No.: 70506-176; SLN NY-080004 <u>Active Ingredient:</u> Dipotassium salt of endothall 40.3%; 7-oxabicyclo [2.2.1]heptane-2,3-dicarboxylic acid equivalent 28.6%</p>
Application Rates	<p>Application rates/dose calculations have been calculated based on an average depth of 7 feet throughout the water column.</p> <p><u>Area A – 31 acres</u></p> <ul style="list-style-type: none"> ▪ Renovate OTF - 0.5 ppm or 94.5 lbs/acre; 2929.5 lbs for 31 acres ▪ Aquathol K – 1.0 ppm or 0.6 gals/ac-ft; 130.2 gals for 31 acres <p><u>Area B – 11 acres</u></p> <ul style="list-style-type: none"> ▪ Renovate OTF - 0.5 ppm or 94.5 lbs/acre; 1039.5 lbs for 11 acres ▪ Aquathol K – 1.0 ppm or 0.6 gals/ac-ft; 46.2 gals for 11 acres <p><u>Area C – 40 acres</u></p> <ul style="list-style-type: none"> ▪ Aquathol K – 2.0 ppm or 1.3 gals/ac-ft; 364 gals for 40 acres
Treatment Timing	<p>Treatment in mid-late May 2014 is proposed. A tentative date of May 20th is planned. Contingent treatment dates will be arranged with SLPID in the event of unfavorable weather. Treatment should be completed in one extended work day.</p> <p>Treatment is recommended early in the growing cycle when targeted EWM plants are more susceptible to impacts from the proposed herbicide but once there is enough actively growing plant tissue to insure that sufficient herbicide absorption will occur. This timing should still control EWM before it reaches full biomass and should limit lake user conflicts with the temporary water use restrictions that will be imposed following treatment.</p>
Method of Application	<p>The liquid Aquathol K herbicide will be diluted in an onboard mixing tank and applied subsurface using weighted hoses trailing the treatment boat.</p> <p>The granular Renovate OTF formulation will be evenly spread throughout the designated treatment areas using a calibrated, cyclone seeder/spreaders.</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 treatment in a truck and/or trailer 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>

<p>Water Use Restrictions and Notification</p>	<p>The temporary water use restrictions listed on the Specimen Labels and the New York Special Local Needs (SLN) Labels for Renovate OTF and Aquathol K will be complied with, as follows:</p> <table border="1" data-bbox="532 296 1409 825"> <thead> <tr> <th>Water Use Restrictions</th> <th>Renovate OTF (triclopyr)</th> <th>Aquathol K (endothall)</th> </tr> </thead> <tbody> <tr> <td>Swimming & Bathing</td> <td>24 hours</td> <td>24 hours</td> </tr> <tr> <td>Animal Consumption</td> <td>---</td> <td>14 days</td> </tr> <tr> <td>Irrigation</td> <td>Lake water and downstream water cannot be used for irrigation purposes until testing shows that the triclopyr concentrations are less than 1 ppb, but there is no restriction on use of treated water to irrigate established grasses.</td> <td>Do not use treated water to irrigate annual nursery or greenhouse crops including hydroponics and newly seeded or transplanted ornamentals, and newly sodded or seeded turf.</td> </tr> <tr> <td>Potable/Domestic Use</td> <td>Treated lake water cannot be used as a potable/domestic water source for 14 days and until the in-lake triclopyr concentrations are <50 ppb.</td> <td>Do not exceed 0.1 ppm endothall acid concentrations in potable drinking water at the time of consumption. The drinking water setback from functioning potable water intakes in the treated water body must be greater than or equal to 600 feet.</td> </tr> </tbody> </table> <p>The residents with known intakes along Manning Cove will be notified of the treatment date. Treatment areas with Renovate OTF are located more than 4000 feet away from known intakes. Regular water testing will be conducted to confirm that the in-lake concentrations are below 50 ppb near the known intakes.</p>	Water Use Restrictions	Renovate OTF (triclopyr)	Aquathol K (endothall)	Swimming & Bathing	24 hours	24 hours	Animal Consumption	---	14 days	Irrigation	Lake water and downstream water cannot be used for irrigation purposes until testing shows that the triclopyr concentrations are less than 1 ppb, but there is no restriction on use of treated water to irrigate established grasses.	Do not use treated water to irrigate annual nursery or greenhouse crops including hydroponics and newly seeded or transplanted ornamentals, and newly sodded or seeded turf.	Potable/Domestic Use	Treated lake water cannot be used as a potable/domestic water source for 14 days and until the in-lake triclopyr concentrations are <50 ppb.	Do not exceed 0.1 ppm endothall acid concentrations in potable drinking water at the time of consumption. The drinking water setback from functioning potable water intakes in the treated water body must be greater than or equal to 600 feet.
Water Use Restrictions	Renovate OTF (triclopyr)	Aquathol K (endothall)														
Swimming & Bathing	24 hours	24 hours														
Animal Consumption	---	14 days														
Irrigation	Lake water and downstream water cannot be used for irrigation purposes until testing shows that the triclopyr concentrations are less than 1 ppb, but there is no restriction on use of treated water to irrigate established grasses.	Do not use treated water to irrigate annual nursery or greenhouse crops including hydroponics and newly seeded or transplanted ornamentals, and newly sodded or seeded turf.														
Potable/Domestic Use	Treated lake water cannot be used as a potable/domestic water source for 14 days and until the in-lake triclopyr concentrations are <50 ppb.	Do not exceed 0.1 ppm endothall acid concentrations in potable drinking water at the time of consumption. The drinking water setback from functioning potable water intakes in the treated water body must be greater than or equal to 600 feet.														
<p>Herbicide Residue Monitoring</p>	<p>Water samples will be collected from locations inside and outside of the treatment area for immunoassay analysis of triclopyr residues following treatment. SLPID staff will be trained on how to properly collect and ship the samples.</p> <p>A suggested sampling protocol involves collection of samples at the following intervals following completion of the treatment:</p> <p>1 hr, 24 hrs, 48 hrs, 7 days, 14 days, 21 days, then weekly until concentrations are <1 ppb</p> <p>At a minimum samples will be collected at the following locations:</p> <ol style="list-style-type: none"> 1. Area A middle 2. Area B middle 3. Manning Cove Road shoreline 4. Route 9P Bridge 5. Bryant's Bridge 6. and downstream if triclopyr concentrations ever exceed 1 ppb at Bryant's Bridge <p>Results of sample analyses will be forwarded to DEC immediately upon receipt.</p>															
<p>Downstream Herbicide Migration</p>	<p>In calculating the theoretical maximum herbicide concentrations that will be achieved in the lake a conservative water volume of 69,300 acre-feet was assumed, which is based on mixing to the 18 foot depth contour throughout the 3850 acre lake. In reality, the mixing volume will likely be greater because thermoclines have not been established by late May in prior years.</p> <p>The lake-wide endothall concentration is not expected to exceed 12.2 ppb, which is well below the 100 ppb (0.1 ppm) MCL for potable water. No application of endothall will occur within 600 feet of known intakes.</p> <p>The lake-wide triclopyr concentration is not expected to exceed 2.12 ppb after mixing. Uniform concentrations of triclopyr were seen throughout the lake within one week of treatment in prior years. Using the dissipation model prepared by SePRO in 2013 (see</p>															

attached map), anticipated in-lake and downstream triclopyr concentrations were calculated as follows:

Concentration remaining (assuming 14 day half-life of triclopyr)				
Day	in-lake	at 9P	WRD (4 day travel @ 70% of 9P)	Hudson (2.7 day travel @ 66% or WRD)
0	2.12	0.00	0.00	0.00
1	2.02	0.00	0.00	0.00
2	1.93	0.68	0.17	0.00
3	1.85	1.20	0.55	0.04
4	1.76	1.72	1.17	0.50
5	1.68	1.68	1.18	0.76
6	1.61	1.61	1.18	0.78
7	1.53	1.53	1.07	0.71
8	1.46	1.46	1.03	0.68
9	1.40	1.40	0.98	0.65
10	1.34	1.34	0.93	0.62
11	1.28	1.28	0.89	0.59
12	1.22	1.22	0.85	0.56
13	1.16	1.16	0.81	0.54
14	1.11	1.11	0.78	0.51
15	1.06	1.06	0.74	0.49
20	0.84	0.84	0.59	0.39
25	0.67	0.67	0.47	0.31
30	0.53	0.53	0.37	0.24

WRD = Winnie's Reef Dam

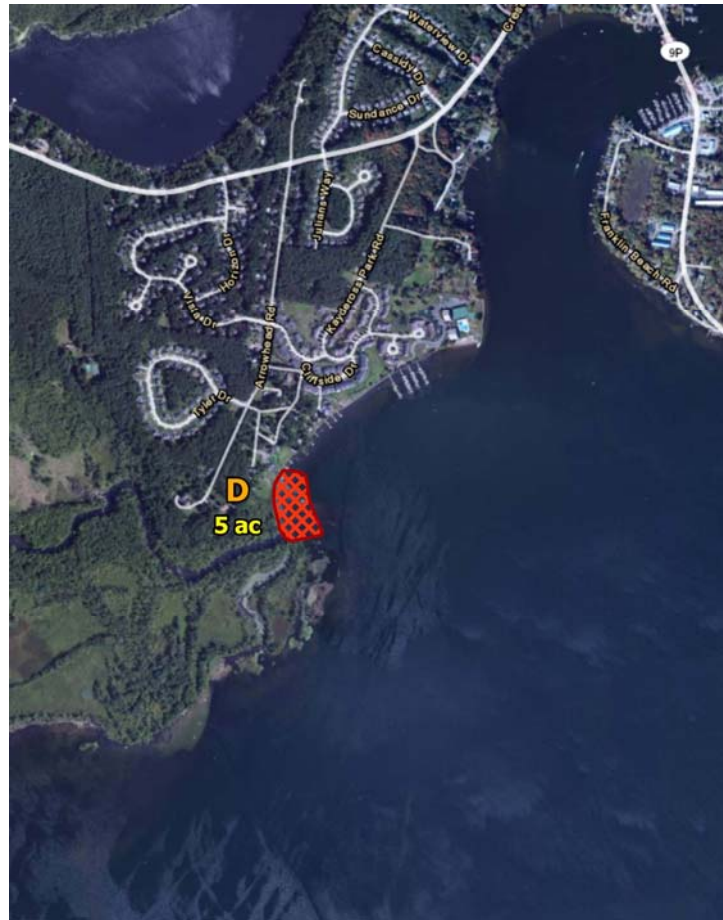
The in-lake triclopyr concentrations are expected to drop below 1 ppb between 15 and 20 days following treatment. Triclopyr concentrations above 1 ppb may migrate downstream of WRD, but are not expected to reach the Hudson River.

PROPOSED WATER CHESTNUT TREATMENT FOR 2014

Invasive water chestnut has been present in Saratoga Lake for many years. Most of the growth has occurred in the vicinity of the Kayaderosseras Creek inlet, and other nearby areas in the northwest corner of the lake. While herbicide treatment was considered in prior years, the infestation had been effectively managed through volunteer hand-pulling efforts coordinated by SLPID and SLA.

Considerable expansion of water chestnut was seen just north of the Kayaderosseras Creek inlet during the summer of 2013. The area is too shallow to access with the SLPID harvesters and the growth was too extensive to manage with a volunteer hand-pulling effort. SLPID hired a hand-harvesting contractor and spent \$20,000 to attempt removal in 2013 with only partial success.

For the 2014 season, a foliar herbicide application using Clearcast (imazamox) is proposed. Water chestnut is listed on the Clearcast label as a species controlled with foliar application. This treatment approach now is being utilized in the Oswego River by the Oswego County Soil and Water Conservation District. Liquid 2,4-D and Glyphosate were used previously, but Clearcast is now preferred due to its favorable toxicology profile.



Details on the proposed water chestnut treatment are provided below:

Area to be Treated	Areas D (up to 5 acres) Two separate applications are anticipated
Herbicides	Clearcast / EPA Reg. No.: 241-437-67690 <u>Active Ingredient</u> : ammonium salt of imazamox, 12.1%
Application Rate	Foliar application using 128 fl ozs is proposed An aquatic labeled MSO will be used as a surfactant
Treatment Timing	Tentative treatment dates of 6/24/14 and 7/15/14 are proposed. Contingent treatment dates will be arranged with SLPID in the event of unfavorable weather. Each application should be completed in one work day. Treatment is recommended when the plants have developed a surface canopy of floating leaves, but before they start to flower and produce seeds/nutlets. Two applications are anticipated approximately 3 weeks apart. The reasoning for two applications is that a follow-up application will be needed to treat the boat lanes where the herbicide was washed off and other areas where complete coverage was not achieved.

Method of Application	<p>The liquid Clearcast will be mixed with MSO surfactant and diluted with lake water in a mixing tank on board the treatment boat. The herbicide solution will be applied using a hand-gun sprayer.</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 boat launch at the Route 9P bridge will serve as the base of operations for these herbicide treatments. The herbicide will be brought to the lake on the day of treatment in a 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 will be complied with, as follows:</p> <table border="1" data-bbox="570 682 1406 947"> <thead> <tr> <th data-bbox="570 682 813 709">Water Use Restrictions</th> <th data-bbox="813 682 1406 709">Clearcast (imazamox)</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 709 813 737">Swimming & Bathing</td> <td data-bbox="813 709 1406 737">24 hours</td> </tr> <tr> <td data-bbox="570 737 813 867">Irrigation</td> <td data-bbox="813 737 1406 867">Do not use treated water for irrigation until residue levels are shown to be ≤ 50 ppb. Do not use treated water to irrigate greenhouses, nurseries or hydroponics until the imazamox concentration has been determined by an acceptable method to be ≤ 1.0 ppb.</td> </tr> <tr> <td data-bbox="570 867 813 947">Potable/Domestic Use</td> <td data-bbox="813 867 1406 947">Within ¼ mile of a potable water intake, treated lake water cannot be used as a potable/domestic water source for until the in-lake imazamox concentrations are <50 ppb.</td> </tr> </tbody> </table> <p>No herbicide application will occur within ¼ mile of a known potable water intake.</p>	Water Use Restrictions	Clearcast (imazamox)	Swimming & Bathing	24 hours	Irrigation	Do not use treated water for irrigation until residue levels are shown to be ≤ 50 ppb. Do not use treated water to irrigate greenhouses, nurseries or hydroponics until the imazamox concentration has been determined by an acceptable method to be ≤ 1.0 ppb.	Potable/Domestic Use	Within ¼ mile of a potable water intake, treated lake water cannot be used as a potable/domestic water source for until the in-lake imazamox concentrations are <50 ppb.
Water Use Restrictions	Clearcast (imazamox)								
Swimming & Bathing	24 hours								
Irrigation	Do not use treated water for irrigation until residue levels are shown to be ≤ 50 ppb. Do not use treated water to irrigate greenhouses, nurseries or hydroponics until the imazamox concentration has been determined by an acceptable method to be ≤ 1.0 ppb.								
Potable/Domestic Use	Within ¼ mile of a potable water intake, treated lake water cannot be used as a potable/domestic water source for until the in-lake imazamox concentrations are <50 ppb.								

FRESHWATER WETLANDS

We understand that a Freshwater Wetlands Permit will be required for the 2014 treatment program due to the proximity of treatment to the State-regulated Freshwater Wetlands Q-11 & Q-31 located along the northeastern and northern shorelines, respectively, and FW ME-8 located along the southeast shoreline.

We do not believe that there will be any impacts to these wetlands from the proposed Renovate OTF and Aquathol K treatments along the southwest shoreline. These treatments will be highly 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.

The Clearcast application to control water chestnut will occur within FWW Q-11. This will be a targeted application and the herbicide solution will be applied directly to the floating water chestnut plants. The water chestnut forms a monoculture in this location and little off-target drift is anticipated.

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.



WRD
(Channel = 560 sq feet)

~8 miles from WRD to
Hudson River

~6.5 miles from 9P
To Winnie's Reef Dam (WRD)

9P Bridge
(Channel = 20800 sq ft)

Based on 0.09 avg ft/s from 9P to WRD @ 100 cfs
Travel time = 4 days
Estimated photolytic half life = 10 days
14% untreated contribution from Suckers Creek
Based on these numbers, herbicide level at WRD will be 70% of level at 9P.

Based on 0.18 ft/s at WRD @ 100 cfs
Time to Hudson River = 2.7 days
Estimated photolytic half life = 4 days
Unknown tributary contribution (assume no further dilution)
Based on these numbers, herbicide level at Hudson will be 66% of level at WRD.

Schuylerville

Saratoga Springs



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: _____
- Name and Title of Authorized Person signing the Application
(if Block # 2 is an organization): _____
- Applicant street address: _____
- Applicant mailing address : _____
- Telephone Number: (_____) _____
- Is the applicant a (check): Riparian Owner _____ ; Lessee _____ ; Association of Riparian Owners/Lessees _____ ;
NYS Department of Environmental Conversation representative _____ ; Other (specify) _____
- Name of Water body: _____ 9. Township of water body: _____ 10. County of water body: _____
- Purpose of treatment (Specific species to be controlled): _____
- 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: _____ 14. Acres/Acre Feet to be treated: _____ 15. Number of areas in water body to be treated: _____
- 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 _____ AND attach outflow study.
- If applicable: Number of streams proposed for treatment: _____ Miles of streams to be treated: _____
- 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.

- 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): _____

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 in Item 2 or 3 above: _____ Title: _____ Date: _____

42. Signature of Representative of Applicator: _____ Title: _____ Date: _____



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: _____
- Name and Title of Authorized Person signing the Application
(if Block # 2 is an organization): _____
- Applicant street address: _____
- Applicant mailing address : _____
- Telephone Number: (_____) _____
- Is the applicant a (check): Riparian Owner _____ ; Lessee _____ ; Association of Riparian Owners/Lessees _____ ;
NYS Department of Environmental Conversation representative _____ ; Other (specify) _____
- Name of Water body: _____ 9. Township of water body: _____ 10. County of water body: _____
- Purpose of treatment (Specific species to be controlled): _____
- 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: _____ 14. Acres/Acre Feet to be treated: _____ 15. Number of areas in water body to be treated: _____
- 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 _____ AND attach outflow study.
- If applicable: Number of streams proposed for treatment: _____ Miles of streams to be treated: _____
- 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.

- 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): _____

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.

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

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FOR DEPARTMENT USE ONLY	
Application Number	_____
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Type of Application	_____
New ____ Repeat ____ Previous #	_____

- Check type of application: New _____ ; Repeat _____
If, repeat application , prior Permit Number: _____
- Name of Applicant: _____
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(if Block # 2 is an organization): _____
- Applicant street address: _____
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- 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.
- If applicable: Number of streams proposed for treatment: _____ Miles of streams to be treated: _____
- 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.

- Are there any regulated freshwater or tidal wetlands in the water body or streams?: Yes _____ ; No _____ ; Unknown _____
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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: _____ Title: _____ Date: _____

42. Signature of Representative of Applicator: _____ Title: _____ Date: _____



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</p> <p>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>_____</p> <p>_____</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																		
<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																		
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<input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> Fish Control																		
	<input type="checkbox"/> Incidental Take of Endangered/Threatened Species																		

<p>5. Name of Applicant (use full name) Saratoga Lake Protection and Improvement District (SLPID) c/o Joe Finn</p>	<p>Applicant must be:</p> <p><input checked="" type="checkbox"/> Owner</p> <p><input type="checkbox"/> Operator</p> <p><input type="checkbox"/> Lessee</p> <p>(check all that apply)</p>
<p>Mailing Address P.O. Box 2551</p>	<p>Taxpayer ID (If applicant is NOT an individual):</p>
<p>Post Office City Ballston Spa</p>	<p>State NY Zip Code 12020</p>
<p>Telephone (daytime) (518) 581-0409</p>	<p>Email jfinn@nycap.rr.com</p>

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

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

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

<p>For Agency Use Only</p>	<p>DEC Application Number:</p>	<p>USACE Number:</p>
-----------------------------------	--------------------------------	----------------------

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", the Saratoga Lake Protection and Improvement District (SLPID), is seeking approval to continue an invasive species management program in 2014. Approval for the following treatments is being requested:

- 1) Treatment of 42 acres with Renovate OTF (triclopyr) and Aquathol K (endothall) herbicides for Eurasian watermilfoil and curlyleaf pondweed
- 2) Treatment of 40 acres with Aquathol K (endothall) herbicide for Eurasian watermilfoil and curlyleaf pondweed
- 3) Treatment of 5 acres with Clearcast (imazamox) herbicide for water chestnut control

The treatment areas will be finalized following a pre-treatment survey May 2014. 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 2014	Estimated Completion Date: July 2014
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.

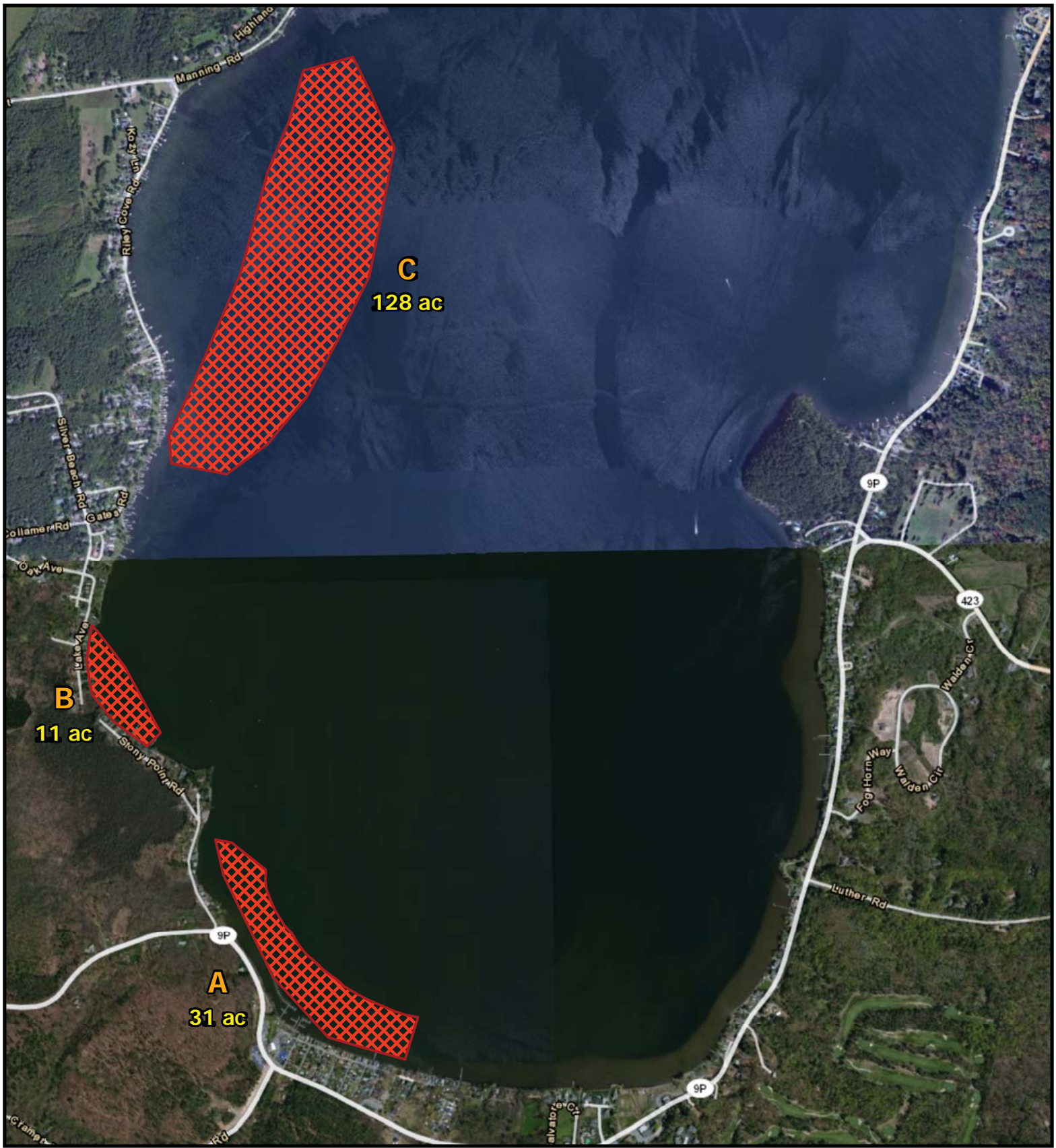
Signature of Applicant	Printed Name	Title	Date
Signature of Owner	Printed Name	Title	Date
Signature of Agent	Printed Name	Title	Date

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

Attachment A

Maps/Figures

- Figure 1a – Proposed 2014 Treatment Areas, for Eurasian Watermilfoil and Curlyleaf Pondweed (Renovate OTF & Aquathol K)
- Figure 1b – Proposed 2014 Treatment Areas, for Water Chestnut (Clearcast)
- Figure 2 – Bathymetric Contours
- Figure 3 – NYS Freshwater Wetlands Map



Saratoga Lake

Proposed 2014 Treatment Areas

Legend:



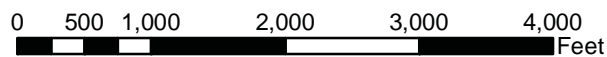
Proposed 2014 Treatment Areas

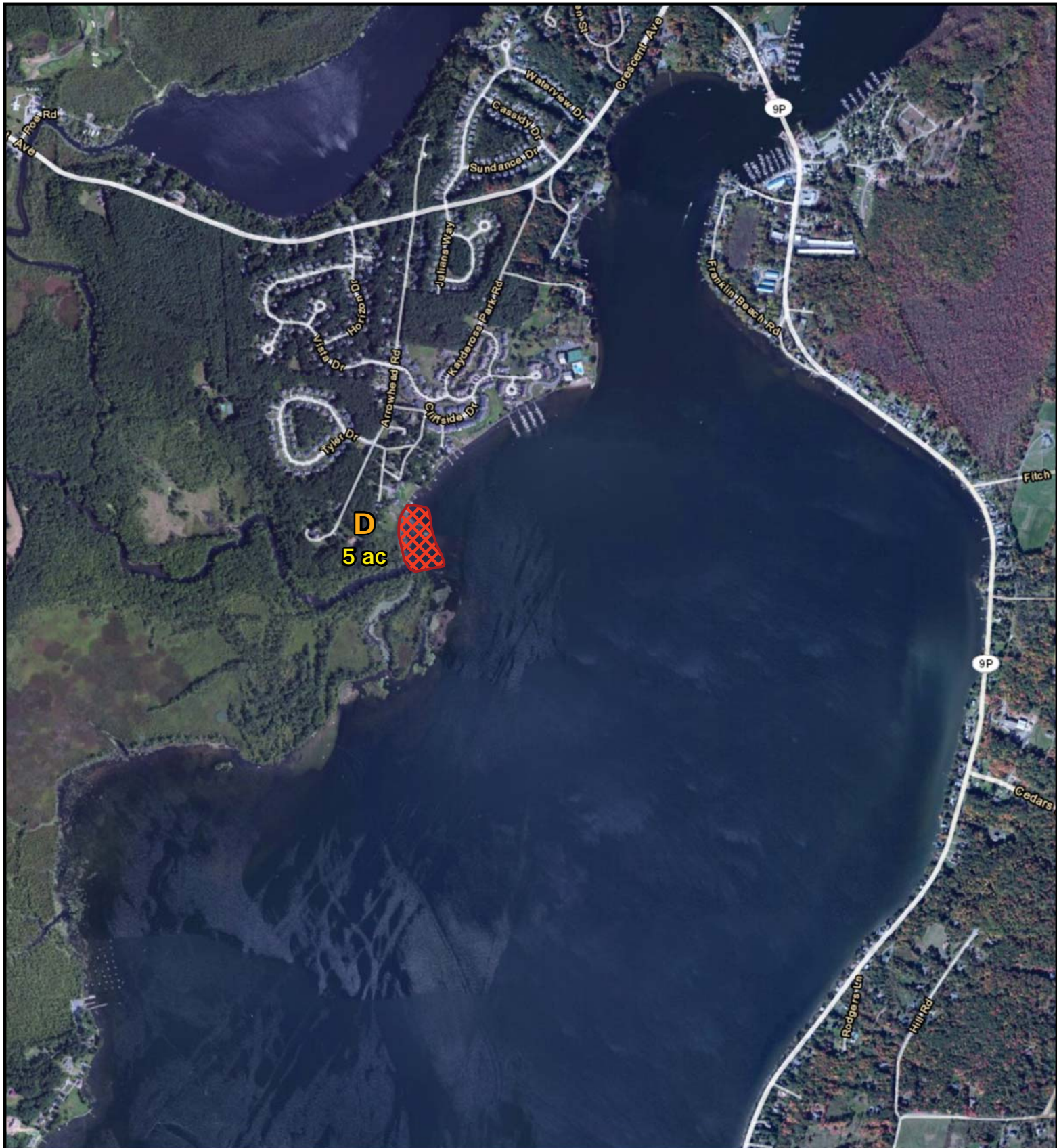


AQUATIC CONTROL TECHNOLOGY
 POND AND LAKE MANAGEMENT SPECIALISTS
 11 JOHN ROAD
 SUTTON, MASSACHUSETTS 01590
 PHONE: (508) 865-1000
 FAX: (508) 865-1220
 WEB: WWW.AQUATICCONTROLTECH.COM



FIGURE:	SURVEY DATE:	MAP DATE:
1a	8/2013	2/25/14





Saratoga Lake

Proposed 2014 Treatment Areas

Legend:



Proposed 2014 Treatment Areas

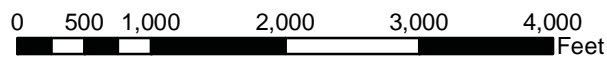


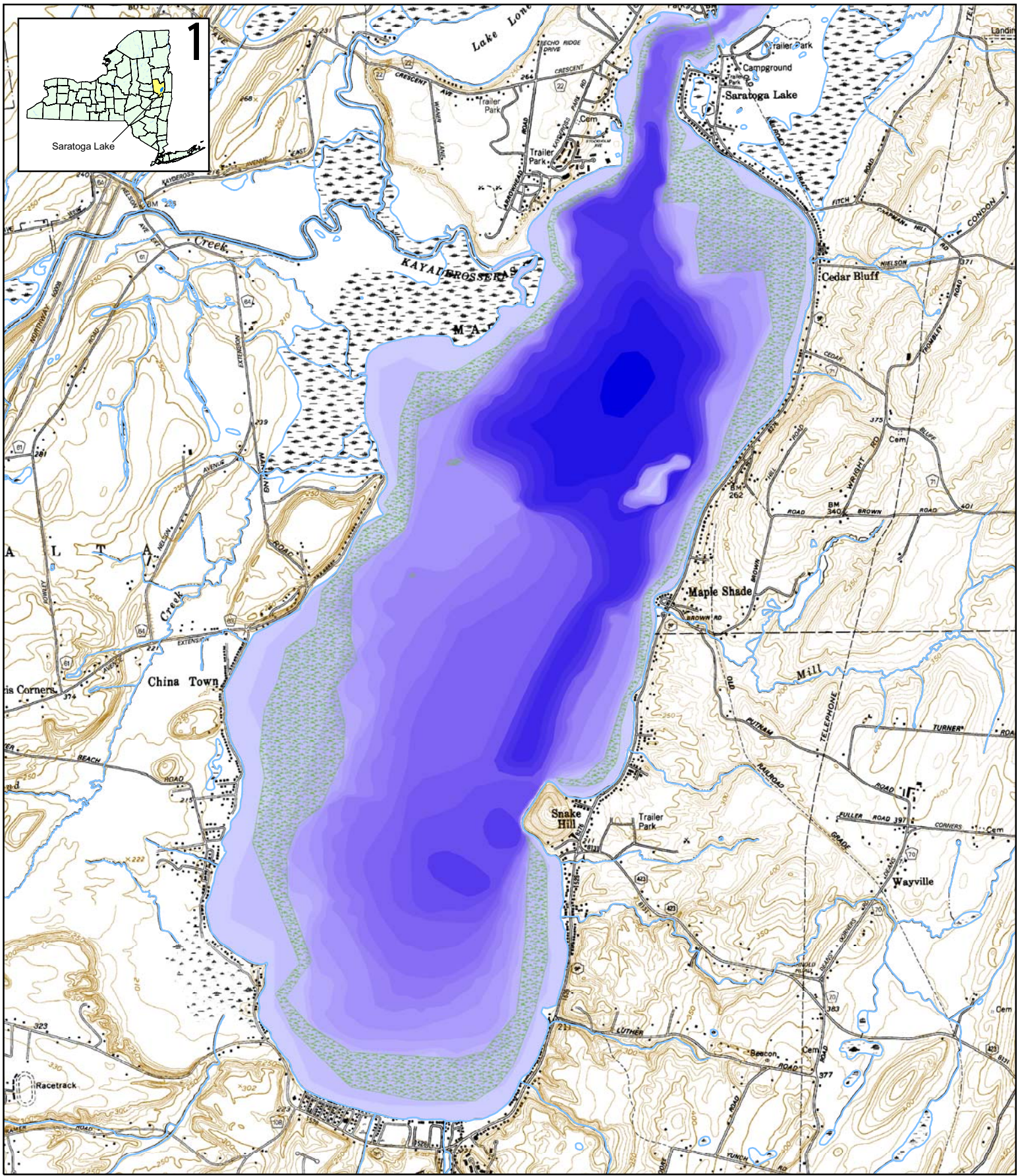
AQUATIC CONTROL TECHNOLOGY
POND AND LAKE MANAGEMENT SPECIALISTS

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SUTTON, MASSACHUSETTS 01590
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FIGURE:	SURVEY DATE:	MAP DATE:
1b	8/2013	2/25/14





Saratoga Lake

Updated Bathymetric Contours
Figure 2

SCALE:	DATE:	PROJECT:
1 : 18,000	March 2005	ACT Saratoga

Legend:

Bathymetry (2004)

0 - 3	19 - 21	37 - 39	84 - 93	Eurasian watermilfoil beds mapped by DFWI Aug. 2004
4 - 6	22 - 24	40 - 43		
7 - 9	25 - 27	44 - 53		
10 - 12	28 - 30	54 - 63		
13 - 15	31 - 33	64 - 73		
16 - 18	34 - 36	74 - 83		

Universal Transverse Mercator Coordinate system
Zone 18 North, North American Datum 1927



AQUATIC CONTROL TECHNOLOGY, INC.
POND AND LAKE MANAGEMENT SPECIALISTS

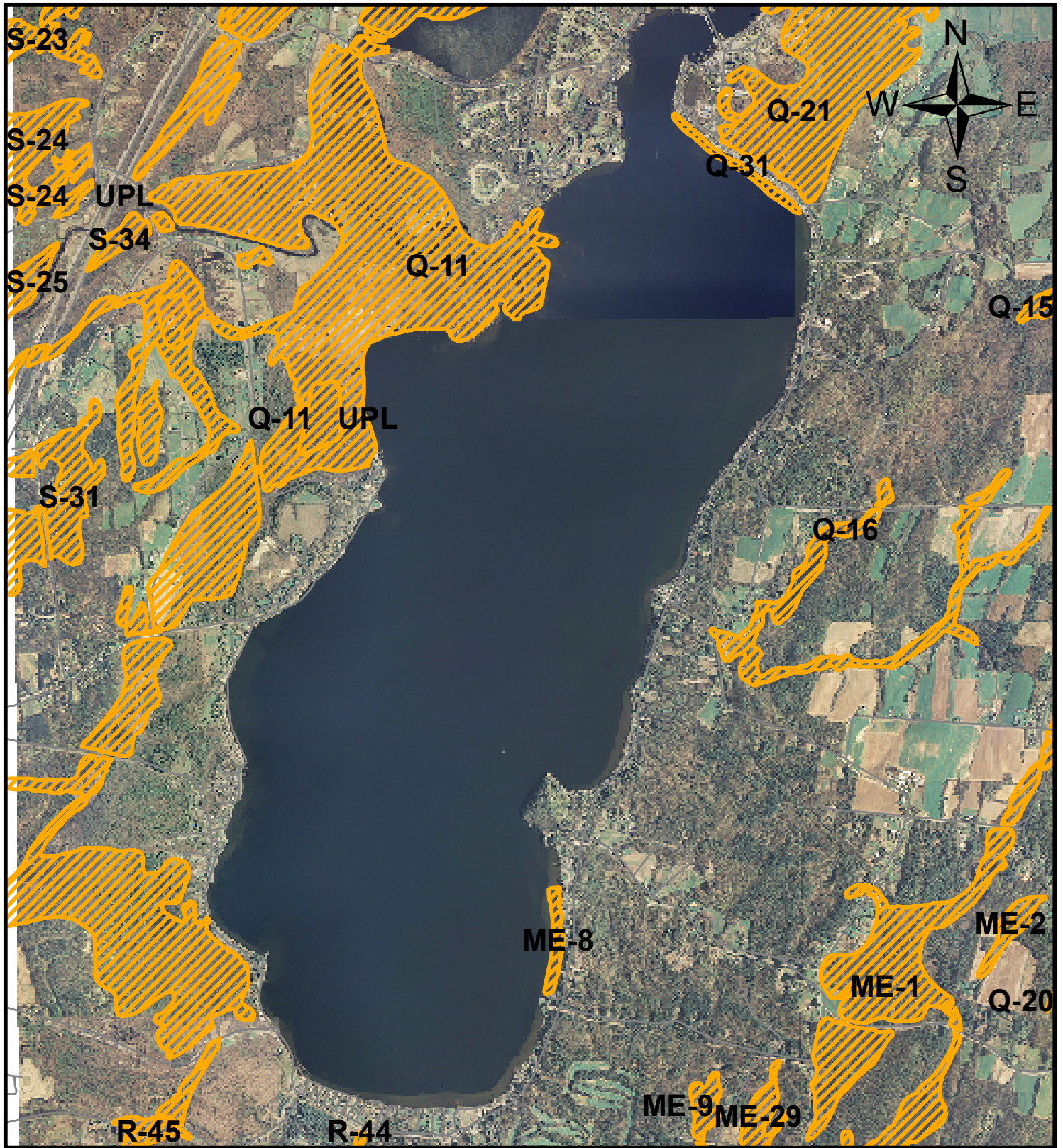
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WEB: WWW.AQUATICCONTROLTECH.COM



animasgeographictechnology
WWW.ANIMASGEOTECH.COM



SARATOGA LAKE
NYS Freshwater Wetlands Map

FIGURE:	SURVEY DATE:	MAP DATE:
3	--	3/15/10

Legend:

NYS Freshwater Wetlands

3,500 1,750 0 3,500 Feet

AQUATIC CONTROL TECHNOLOGY, INC.
 11 JOHN ROAD
 SUTTON, MASSACHUSETTS 01590
 PHONE: (508) 865-1000
 FAX: (508) 865-1220
 WEB: WWW.AQUATICCONTROLTECH.COM

Attachment B

- Renovate OTF – EPA Reg. No. 67690-42; SLN NY-070004
- Aquathol K– EPA Reg. No. 70506-176; SLN NY-080004
- Clearcast – EPA Reg. No. 241-437-67690

ATTACHMENT C

2014 AQUATIC PESTICIDE PERMIT APPLICATION SARATOGA LAKE Malta & Saratoga Springs, NY

February 2014

RIPARIAN & DOWNSTREAM RIPARIAN OWNER/USER NOTIFICATION

Information Enclosed:

- Certification of Notification
- Notification/Consent Letter
- Riparian Owners/Users List

Applicant:

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

Applicator:

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