

2. DIMENSIONS OF PROPOSED TREATMENT AREA. I propose to control vegetation in an area that

extends feet along shore and into the lake a distance of feet, where the lake is approximately feet deep.

PLEASE NOTE- YOU WILL ONLY BE PERMITTED TO TREAT AN AREA NOT MORE THAN 50 FEET ALONG THE SHORELINE OR ONE-HALF THE LENGTH OF YOUR SHORELINE, WHICHEVER IS LESS. THE PERMITTED TREATMENT AREA MAY NOT EXCEED 2,500 SQUARE FEET.

3. WHO WILL BE DOING THE TREATMENT?

The Applicant

Provide your applicator license number _____

A Commercial Applicator

If a commercial applicator will be doing the work, provide his name/address/applicator license #:

4. DATE OF PROPOSED TREATMENT:

5. METHOD OF TREATMENT APPLICATION:

CHEMICAL INFORMATION:

The following chemical(s) will be used (list trade/brand name and EPA Registration #):

Chemical Name/EPA #	Rate of Application	Total Amount Used	Target Species

Attach a copy of the most recent product label and Material Safety Data Sheets for each chemical used.

Are there any water-use restrictions associated with the chemical(s)? If yes, list them below.

How does the Applicant intend to ensure compliance by users of the waterbody with the water-use restrictions on the product label?

ADDITIONAL REQUIRED INFORMATION:

1. Attach an 8.5" x 11" topographical map or aerial photo to show the exact location of the treatment area.

This information will be used to compare the proximity of the treatment area to receiving streams, other permitted treatment areas and other water users such as public water supplies. *Applications without map location information will be returned as incomplete.*

2. On an additional sheet of paper, describe the proposed project, including the following items:

- a) the reason(s) the Applicant desires to control the aquatic species;
- b) a history of the growth of the nuisance species in the water (for example, the time of year the aquatic plants begin to lessen the enjoyment of the area);
- c) other methods that have been used to control the aquatic species; and
- d) an explanation as to why the use of non-pesticide control methods is not reasonable.

NOTIFICATION AND APPLICANT CERTIFICATION:

1. Notification of potential users of treated water:

- Has occurred Will occur prior to treatment

Potential users of treated water must be notified at least one week in advance of treatment.

Are you aware of any objections to treatment from potential users of treated water? Yes No

If yes, describe:

2. Signatures of Adjoining Property Owners indicating that they are aware that a chemical will be applied in the water to control aquatic vegetation. Please provide a printed name, address, phone number and signature.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Signature: _____ Signature: _____

3. The applicant (a) accepts responsibility for any damage to properties not covered by this application that may result from the performance of the permitted activity;

(b) guarantees to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity;

(c) recognizes that by signing this application, I am giving consent to employees of the State to enter the subject property for the purpose of processing this application and for ensuring permit compliance; and

(b) certifies that the statements presented on this application are true and accurate.

Applicant Signature: _____ Date: _____

Completed applications may be sent to : South Dakota Game, Fish and Parks
Attn: Aquatic Resource Coordinator
523 East Capitol Avenue
Pierre, SD 57501