## SOUTH DAKOTA DEPARTMENT OF GAME, FISH & PARKS

## APPLICATION FOR PERMIT TO CHEMICALLY CONTROL AQUATIC VEGETATION IN SOUTH DAKOTA WATERS

APPLICANT INFORMATION:			
First, MI, Last:	Daytime Telephone Number:		
Lake Home Address:	Lake Residence Phone Number:		
Permanent Mailing Address:	Email Address:		
Terminent Haming Hauress.	Email Marcos.		
Have you ever applied for an Aquatic Vegetation Control Permit before?			
□Yes □ No If yes, list permit number:			
WATERDON'S PROPERTY OF			
WATERBODY INFORMATION:	COLINITY		
WATERBODY NAME:	COUNTY:		
LENGTH OF LOT ADJACENT TO LAKESHORE:			
I own feet of shoreline on the above water.			
IS ALL THE LAND SURROUNDING THIS WATERBODY OWNED BY TI	HE APPLICANT?		
□Yes □ No			
DOES THE WATERBODY HAVE AN OUTLET?			
GAN THE ARRIVANT CONTROL THE WATER FLOW OUT OF THE WA	TERRODY2		
CAN THE APPLICANT CONTROL THE WATER FLOW OUT OF THE WATERBODY?  □Yes □ No If yes, by what method and for how long?			
USES OF THE WATERBODY BY SHORELINE PROPERTY OWNERS ANI	O PUBLIC:		
	Boating		
	Other:		
TREATMENT INFORMATION:			
1. TYPE / SPECIES OF VEGETATION TO BE TREATED (SPECIES IS REQ	UIRED):		
□ Submerged Vegetation (LIST SPECIES)			
☐ Floating Leaf Vegetation (LIST SPECIES)			
□ Emergent Vegetation (LIST SPECIES)			
Plankton Algae	- Dualewood		

2. DIMENSIONS OF PROPOSED TREATMENT AREA. I propose to control vegetation in an area that				
	1 1' , , , 1 1 1' ,			
	g shore and into the lake a dist	ance of feet, whe	re 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 lice	nse number			
□ A Commercial Applicator				
If a commercial applicator w	ill be doing the work, provide	his name/address/applicator l	cense #:	
4. DATE OF PROPOSED TREA	ATMENT.			
4. DATE OF PROPOSED TREATMENT:				
5. METHOD OF TREATMENT APPLICATION:				
CHEMICAL INFORMATION:				
	ill be used (list trade/brand na	me and EPA Registration #):		
Chemical Name/EPA #	Rate of Application	Total Amount Used	Target Species	
	**		<u> </u>	
Attach a copy of the most rece	nt product label and Material	Safaty Data Sheets for each ch	amical used	
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Attach a copy of the most rece	•	·		
1,	•	·		
1,	•	·		
Are there any water-use restric	ctions associated with the cher	nical(s)? If yes, list them below	v.	
Are there any water-use restrictions of the How does the Applicant inter-	ctions associated with the cher nd to ensure compliance by use	nical(s)? If yes, list them below	v.	
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Are there any water-use restrictions and the state of the Applicant interests.	ctions associated with the cher nd to ensure compliance by use	nical(s)? If yes, list them below	v.	

## 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?   No			
If yes, describe:			
2. Signatures of Adjoining Property Owners indicating that the	vy and arream that a shamical will be		
applied in the water to control aquatic vegetation. Please pro			
number and signature.	vide a printed name, address, phone		
number and signature.			
Name:	Name:		
	- (42.6)		
Address:	Address:		
Phone:	Phone:		
Signature:	Signature:		
3. The applicant (a) accepts responsibility for any damage to pr that may result from the performance of the			
•	-		
<ul><li>(b) guarantees to hold the State harmless from all suits, claims or causes of action that arise from the permitted activity;</li></ul>			
•	I am giving consent to employees of the		
(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			
(d) certifies that the statements presented on this application are true and accurate.			
(u) certifies that the statements presented on the	and appreciation are true and accurace		
Applicant Signature:	Date:		
Completed applications may be sent to: South Dakota Game,			
Attn: Rhet Russell – Wildlife Biologist			
400 West Kemp Avenue			
Watertown, SD 57201			

Revised 2/2014