



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management

BRP WM 04

Application to Apply Herbicide(s) to the Waters of the Commonwealth

Transmittal Number _____

Facility ID (if known) _____

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Pursuant to the authority granted to the Department of Environmental Protection, by Massachusetts G.L.c. 111, s5E, a license is required for application of chemicals to water bodies for the control of nuisance aquatic vegetation, except under the following conditions:

1. When treatment is undertaken by employees and agents of the Departments of Environmental Protection, Environmental Management, and Fisheries, Wildlife and Environmental Law Enforcement or the state Reclamation Board or of related Federal agencies, while in the conduct of their official duties; or
2. when treatment is undertaken with algicides approved by the Department and used by legally established water supply agencies to control taste and odors; and

3. when treatment is undertaken in privately owned (single owner) ponds from which there are no flowing outlets. Although a license is not required under the aforementioned conditions, any state or municipal agency or private person planning an herbicide application to a water body exempt from this license requirement is requested to inform the Department by letter of such treatment for the purpose of record keeping.

This license application to chemically treat waters for control of nuisance aquatic vegetation must be completed and submitted to the Division of Watershed Management, 8 New Bond Street, Worcester, MA 01606, at least 30 days prior to the proposed date(s) of treatment.

B. Applicant Information

1. Licensed Applicator:

Name

Address

City/Town

State

Telephone Number

Pesticide Bureau License Number

2. Representing Project Proponent:

(e.g. town, lake association, or private party)

Telephone Number

3. Date submitted:

4. Proposed date(s) of treatment:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management

BRP WM 04

Application to Apply Herbicide(s) to the Waters of the Commonwealth

Transmittal Number _____

Facility ID (if known) _____

C. Waterbody Information

1. Name of waterbody: _____
2. Location of waterbody: _____
(city/town)
3. Area of waterbody: _____
(acres)
4. Depth: _____
Maximum depth _____
Mean depth _____
5. Description of ownership of waterbody (check one):
☐ Great Pond ☐ Great Pond enhanced by flowage ☐ Private Pond (with flowing outlet)
☐ Other (please describe) _____

D. Treatment

Extent of proposed treatment (Check One) and provide acreage to be treated:

- | | |
|--|--------------|
| <input type="checkbox"/> Entire water body | Acres: _____ |
| <input type="checkbox"/> Entire shoreline | Acres: _____ |
| <input type="checkbox"/> Partial treatment | Acres: _____ |

F. Mapping Information

A map of the waterbody must be submitted with this application. This map should be of good quality and must contain the following information:

- a. Relative abundance and species composition of vegetation in the pre-treatment area.
- b. If partial treatment is proposed, the map must clearly show the areas to be treated.
- c. Location of all public and private bathing beaches.
- d. Name and location of any public and/or private water supply wells or intakes within 400 feet of the shoreline.
- e. Location of all inlet and outlet streams.
- f. Location of any livestock watering or access areas.
- g. If separate areas of the waterbody are to be treated with different chemicals, then this information must be clearly indicated.



BRP WM 04

Application to Apply Herbicide(s) to the Waters of the Commonwealth

Transmittal Number _____

Facility ID (if known) _____

G. Water Use

1. Is the water from the lake or pond used for:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Private Water Supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Watering Livestock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contact Recreation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Irrigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Water Supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooling Water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Describe any uses made of the lake or pond water within 400 feet of the shoreline or within one mile of the outlet. Make special note of any public water supply wells or intakes:

H. Vegetation

List the vegetation to be controlled in descending order of abundance (genus name of macrophyton and/or major phytoplankton groups):

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management

BRP WM 04

Application to Apply Herbicide(s) to the Waters of the Commonwealth

Transmittal Number _____

Facility ID (if known) _____

I. Chemical Information

1. List chemicals:	1.	2.	3.	4.
Chemical Names(s) (trade name)	_____	_____	_____	_____
Chemical Form (dry/liquid)	_____	_____	_____	_____
Total Weight/Volume Applied (lbs/gallons)	_____	_____	_____	_____
Acres Treated (for each chemical)	_____	_____	_____	_____
Application Rate (lbs or gal/acres)	_____	_____	_____	_____
Planned Maximum Concentration (ppm)	_____	_____	_____	_____

2. Briefly describe treatment method including any additional information on chemicals applied or remarks concerning this particular treatment:



BRP WM 04

Application to Apply Herbicide(s) to the Waters of the Commonwealth

Transmittal Number _____

Facility ID (if known) _____

J. Additional Information

The applicant is hereby advised of the following:

- a. Within fourteen days of the date of treatment authorized in this license, the licensee is required to submit a written response to the Department certifying the treatment date, application rate, and the total weight/volume for each chemical used in the treatment.
- b. The licensee shall not apply chemicals in a manner contrary to, or inconsistent with, the application conditions set forth in Section I A. in the license without the prior written approval of the Department.
- c. The applicant is hereby notified that chemical treatments to control aquatic nuisances in public or private lakes and ponds of the Commonwealth involve the alteration of wetland resource areas protected under MG.L. c. 131, s. 40, the Wetlands Protection Act, and 310 CMR 10.00, Massachusetts Wetlands Protection Regulations.
- d. A final Order of Conditions or a Negative Determination of Applicability must be obtained from the local Conservation Commission prior to application of chemicals under any license issued by the Department.
- e. Shoreline areas of the lake must be posted with signs warning the general public of any water use restrictions stated on the chemical label for a minimum of one week. This is especially important at bathing beaches and other areas of common access. These signs shall clearly state that the chemical treatment is being conducted pursuant to a license issued by the Department of Environmental Protection.
- f. The Department may require the licensee to cease application of chemicals to a body of water at any time following the issuance of a license if the Department determines that chemical treatment will be ineffective, or will result in unreasonable restrictions on current water uses, or will produce unnecessary adverse side effects on nontarget vegetation.
- g. Chemical applications shall be performed in accordance with the manufacturers label directions, existing pesticide use laws, and any conditions imposed by local or state agencies.
- h. Chemical treatments shall only be performed by an applicator currently licensed by the Massachusetts Department of Food and Agriculture Pesticide Bureau in the aquatic weed category.
- i. Issuance of a license does not release the licensee from liability resulting from the use of chemicals or from negligent or reckless application of chemicals specified in this application.

K. Certification

The applicant hereby certifies the truth of the above statements and agrees to accept the following conditions as a prerequisite to the issuance of a license: that the issuance of the license is based on the accuracy of all statements presented by the applicant; that damage resulting from the inaccuracy of any computations, improper application of the chemical(s), or legal responsibility for the representations made in obtaining required approvals or releases, or failure to obtain said approvals or releases is the sole responsibility of the applicant.

Print Name

Title

Signature

Date