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|  | Massachusetts Department of Environmental Protection Form: SRC-CU-ALGAEBureau of Water Resources – Drinking Water Program version: 2024-07-30\_LegacyNotification of Copper Algaecide ApplicationForm for Public Water Systems to notify MassDEP of the application of algaecides containing copper per 310 CMR 22.20B(8) |
|  | Purpose  |
|  | To provide a form for public water suppliers to comply with 310 CMR 22.20B(8) by reporting to MassDEP the application of algaecides containing copper to a reservoir or tributary.310 CMR 22.20B(8): “No person shall apply herbicide to any surface water body including but not limited to any reservoir and their tributaries, which serve as a source of public water supply without a permit issued by the Department pursuant to M.G.L. c. 111, s 5E. This requirement does not apply to the application of algaecides containing copper by the public water system. However, the public water system shall notify the Department in writing prior to the application of such algaecides.” |
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|  | Instructions |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.keys |  Complete and return this form to your [MassDEP regional office](https://www.mass.gov/info-details/massdep-regional-offices-by-community) or electronically as a PDF to program.director-dwp@mass.gov prior to applying the algaecide. This form is located online at <https://www.mass.gov/doc/notification-of-copper-algaecide-application/>.  We encourage you to read MassDEP’s PWS Applying Pesticides to Reservoirs at <https://www.mass.gov/doc/applying-pesticides-to-reservoirs-checklist-0>. For harmful algae blooms, please see MassDEP Guidance: Cyanobacteria and Public Water Systems at <https://www.mass.gov/guides/cyanobacterial-harmful-algal-blooms-cyanohabs-water#-additional-guidance-for-public-water-suppliers-(pws)->. Please be aware of any requirements to report fish kills during pesticide applications. A fish kill may be reported any time to the Mass. Environmental Police Radio Room at 1-800-632-8075. More information is available at <https://www.mass.gov/news/report-fish-kills-this-summer>.  |
| Algaecide Application Information |
|       PWS Name  |       PWS ID # |
|       Street Address  |
|       PWS Contact Name |       Telephone  |       Email Address |
|       Name of water body (tributary and/or reservoir) |       PWS Source ID # (if applicable) |
|  Aquatic Vegetation/Problem (describe): |
|        |
|  [ ]  The algaecide being applied contains copper (check if yes).  |
|  | [ ]  The algaecide is being applied by a pesticide applicator that holds an appropriate and current license from the Massachusetts Department of Agricultural Resources (check if yes). |
|  |       Date(s) of Application |  |
|  |  Describe the extent of proposed treatment – such as entire water body; shoreline; partial (note locations); distance from drinking water intake; etc.  |
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|  | Certification |
|  |  I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief. |
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|  |       Print PWS Contact Name |       Title of PWS Contact |
|  |  |  |
|  | Signature of PWS Contact |       Date |