

Application to use **Biological Controls**  
 under an **Aquatic Nuisance Control Permit**  
 Per 10 VSA Chapter 50, § 1455



VERMONT DEPARTMENT OF  
 ENVIRONMENTAL CONSERVATION  
**WATERSHED**  
 MANAGEMENT DIVISION  
 LAKES & PONDS PROGRAM

*For Aquatic Nuisance Control Permit Program Use Only*

Application Number:

Submission of this application constitutes notice that the entities listed below intend to use biological controls in waters of the State to control aquatic nuisance plants, insects, or other aquatic life; and that the entities below have demonstrated that (1) there is acceptable risk to the nontarget environment; (2) there is negligible risk to public health; and (3) there is either benefit to or no undue adverse effect upon the public good. Submit a permit review fee of \$75 for a private pond or \$300 for all other waterbodies, made payable to the State of Vermont. All information required on this form must be provided, and the requisite fees must be submitted to be deemed complete.

**A. Applicant**

1. Entity's Name: \_\_\_\_\_

2a. Mailing Address: \_\_\_\_\_

2b. Municipality: _____	2c. State: _____	2d. Zip: _____
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3. Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_

**B. Biological Control Applicator** (Check box if same as above in Section A: )

1. Entity's Name: \_\_\_\_\_

2a. Mailing Address: \_\_\_\_\_

2b. Municipality: _____	2c. State: _____	2d. Zip: _____
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3. Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_

**C. Application Preparer** (Check box if same as above: Section A  and/or B )

1. Preparer's Name: \_\_\_\_\_

2a. Mailing Address: \_\_\_\_\_

2b. Municipality: _____	2c. State: _____	2d. Zip: _____
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3. Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_

**D. Waterbody Information**

1. Name of waterbody: \_\_\_\_\_ 2. Town - County \_\_\_\_\_

3. Are there wetlands associated with the waterbody?  Yes  No  
 Contact the Vermont Wetland Program: (802) 828-1115 for additional information.

4. Are there rare, threatened or endangered species associated with the waterbody?  Yes  No  
 Contact the Vermont Fish & Wildlife Natural Heritage Inventory: (802) 241-3700 for additional information.

5a. Is this waterbody a private pond (per 10 V.S.A. 5210)?  Yes  No If No, skip to Question D6.

5b. Is this private pond totally contained on Applicant's property?  Yes  No

5c. Does the private pond have an outlet?  Yes  No  
 If yes, what is the name of the receiving water from this outlet? \_\_\_\_\_

5d. Is the flow from this outlet controlled?  Yes  No  
 If yes, how and for how long? \_\_\_\_\_

6. List the uses of the waterbody – check all that apply:  
 Water supply  Irrigation  Boating  Swimming  Fishing  Other:

**E. Control Activity Information**

1a. Proposed start date: \_\_\_\_\_ 1b. Proposed end date (if known) : \_\_\_\_\_

2. Aquatic nuisance(s) to be controlled: \_\_\_\_\_ 3. Biological Control(s) to be used: \_\_\_\_\_

*Submit additional information as needed.*

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4. Provide a map of control activity area.  
*Provide location of (each) treatment area in waterbody.*

5. Biological control application rate:  
*Explain the above application rate & provide calculations/reasoning.*

6. Attach a narrative description of the proposed project to include the following items:  
 a) Reason(s) to control the aquatic nuisance;  
 b) Brief history of the aquatic nuisance in the waterbody; and,  
 c) Description of the proposed control activity.

**F. Adjoining Property Owner Notification** (For additional information, please see the [APO Notification Guidance](#))

\_\_\_\_\_ I certify, by initialing to the left, that I have notified adjoining property owners of the proposed project using the [DEC Adjoiner Form](#) template letter that was sent by U.S. Mail.

**G. Applicant/Applicator Certification**

As APPLICANT, I hereby certify that the statements presented on this application are true and accurate; guarantee to hold the State of Vermont harmless from all suits, claims, or causes of action that arise from the permitted activity; and recognize that by signing this application, I agree to complete all aspects of the project as authorized. I understand that failure to comply with the foregoing may result in violation of the 10 VSA Chapter 50, § 1455, and the Vermont Agency of Natural Resources may bring an enforcement action for violations of the Act pursuant to 10 V.S.A. chapter 201.

Applicant/Applicator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**H. Application Preparer Certification (if applicable)**

As APPLICATION PREPARER, I hereby certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Application Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Application Fees**

**Refund Policy:**  
 Permit Review Fees are non-refundable unless an application is withdrawn prior to administrative review.

**Submit this form and the \$75 or \$300 fee to:**  
**Vermont Department of Environmental Conservation**  
**Watershed Management Division**  
**Aquatic Nuisance Control Permit Program**  
**1 National Life Drive, Davis 3**  
**Montpelier, VT 05620-3522**

Municipalities are exempt and do not need to submit fee.

Direct all correspondence or questions to the Aquatic Nuisance Control Permit Program at: [ANR.WSMDShoreland@vermont.gov](mailto:ANR.WSMDShoreland@vermont.gov)

For additional information visit: <https://dec.vermont.gov/>