



Department of
Environmental
Conservation

AQV (11/2016)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PEST MANAGEMENT
APPLICATION FOR A PERMIT TO USE A PESTICIDE
FOR THE CONTROL OF AN AQUATIC PEST - TITLE 6 NYCRR PART 327/328/329
<http://www.dec.ny.gov/chemical/8530.html>

FOR DEC USE:	
Application Number	_____
Water Body Name	_____
Date Received	_____
Fee Receipt Number	_____
Type of Application	_____
New ___ Previous #	_____
NYCDEP/APA/Other	_____

SUBMIT THE APPLICATION 3 MONTHS BEFORE THE PROPOSED TREATMENT
A CHECK OF \$100 MUST ACCOMPANY THE PERMIT APPLICATION
REFER TO THE ATTACHED APPLICATION INSTRUCTIONS

1. PERMIT APPLICANT INFORMATION

Name of Permit Applicant/Association/Agency: Mohican Lake Taxpayers Association		
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) George Vanalthuis		
Mailing Address PO 31		
City: Glen Spey	State: NY	Zip Code: 12737
Telephone Number: [REDACTED]	Email: [REDACTED]	Website:
The Permit Applicant is a (check appropriate):		
Riparian Owner: <input checked="" type="checkbox"/>	Lessee: <input type="checkbox"/>	Association of Riparian Owners: <input type="checkbox"/>

If the Permit Applicant is an Association of Riparian Owners/Lesseees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached

Other:
(please explain)

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application (if applicable): Solitude Lake Management LLC		
Business/ Agency Registration Number: 16505	Telephone Number: 8884805253	Contact: Brad Bowers
Business Mailing Address: 338 Mather Road, Suite 1		
City: Oneonta	State: NY	Zip Code: 13820
Email: bbowers@solitudelake.com	Website: www.solitudelakemanagement.com	
Name of Certified Applicator(s) performing application: see attached list	Certified Applicator(s) Identification Number:	
Mailing Address: (if different than Business Address) Same as above		
City:	State:	Zip Code:
		Telephone Number:

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

If Yes, provide the prior permit number(s):

Is the application identical to one covered by a previous permit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

If Yes, provide the prior permit number:

Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)

We are not away of alternative projects at this time.

What are the goals of the proposed permit application?
 The goal of the proposed application is to control Eurasian Milfoil (*Myriophyllum spicatum*) in Mohican Lake order to improve recreation and aesthetic values of the lake while promoting the growth of native desired aquatic plant growth.

4. WATER BODY INFORMATION

Name of water body Mohican Lake	DEC water classification (e.g. Class A, Class B):
--	---

Address or location of water body: **Town of Glen Spey, Sullivan County, NY**

County where water body is located: Sullivan	Town where water body is located: Glen Spey
---	--

Are fish present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Are fish stocked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
-------------------	---	-----------------------------	-------------------	---	-----------------------------

If fish are present, see the Instructions for AQV Section #4.

Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

Do application sites include lands under the control of the DEC?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

If Yes, please specify:

Total water body size in acres: 269	Average depth in feet: 9	Latitude: 41.515797 Longitude: -74.816624
--	---------------------------------	---

Water body uses (Check all that apply):

Swimming <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Livestock watering <input type="checkbox"/>	Potable water uses <input type="checkbox"/>	Domestic water uses <input type="checkbox"/>	Fishing <input checked="" type="checkbox"/>
--	-------------------------------------	---	---	--	---

Other uses (list)

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and average depths of the water body.
- The outline and average depths of the application site(s), with all streams/treated sites/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing sites, livestock watering sites, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous to the water body.

**6. WATER BODY APPLICATION INFORMATION
(FILL OUT THE APPLICABLE LETTERED SECTION)**

A. Whole or Partial Water Body Application:

Total number of application sites:	1
Surface acres of each application site:	up to 7
Total application area in surface acres:	up to 7
Average depth of each application site:	up to 5.1
Total number of acre feet:	up to 35.7

B. Stream Application for Black Fly or Lamprey Control:

Miles of streams treated: n/a	Stream flow estimates in cubic feet per second (cfs): n/a
-------------------------------	---

C. Mosquito Larvaciding Application:

Number of sites or catch basins: n/a	Total acreage/sq ft: n/a
--------------------------------------	--------------------------

**7. PESTICIDE APPLICATION INFORMATION
(A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)**

Pesticide name:	Aquathol K
Pesticide active ingredient:	Dipotassium Salt of Endothall
% Active Ingredient:	40.3
Pesticide EPA Registration Number:	70506-176
Formulation:	Liquid
Application rate: (e.g. gals/acre ft. or gals/surface acre)	up to 1.9 gal / acre foot
Dosage rate: (e.g. ppm, ppb)	3 ppm
Total number of applications: (including bump/split applications)	1
Approximate date(s) of application: (including bump/split applications)	5/1/2017-6/15/2017
Amount of pesticide needed per application:	up to 67.83 gals
Total amount of pesticide needed per calendar year:	up to 67.83 gals
Target pest: (scientific and common name)	Eurasian Watermilfoil (Myriophyllum spicatum)
Method of application (e.g. sprayed on surface, bag dragged behind boat):	Calibrated Subsurface Injection from Boat
If the proposed application involves an aircraft, indicate FAA Number(s):	n/a

8. WATER USE RESTRICTIONS

List all the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.

Swimming	Duration of treatment and until the day after application
Irrigation	Turf, ornamental plants and crops are restricted during the treatment
Livestock watering	None
Potable water uses	** Do not exceed 50 ppb endoathall acid concentrations in potable drinking water at the time of consumption.
Domestic water uses	** Do not exceed 50 ppb endoathall acid concentrations in potable drinking water at the time of consumption.
Fishing	Fishing is restricted during the treatment
Other	

9. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

- Check the box if the applicant proposes to hold the water for the required water use restrictions, fill out Attachment C, and describe how the water will be held.
- Check the box if the applicant cannot hold the water for the required water use restrictions, see Attachment D, and complete the Downstream Modeling spreadsheet.

10. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

11. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

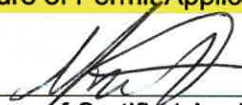

- All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on 3/31/17. A copy of the letter is attached.
- A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
- A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on / / . A copy of the letter is attached.
- To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name: <u>George O. Van Mather's</u>	If Applicant is not an individual, include the title of signatory: <u>As President for MCTA</u>
Signature: <u>George O. Van Mather</u>	Date: <u>3-20-17</u>

12. AFFIRMATION:

The applicant/applicator guarantees that they will employ the listed pesticides in conformance with all conditions of the permit and agrees to accept the following conditions as a prerequisite to the issuance of a permit: that the issuance of the permit is based on the accuracy of all statements presented by the applicant/applicator; that damage resulting from the inaccuracy of any computations, improper application of the pesticide, or legal responsibility for the representations made in obtaining approvals or releases, or the failure to obtain approvals or releases from the riparian owners/users likely to be affected is the sole responsibility of the applicant/applicator.

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of Permit Applicant or Representative:	Title	Date:
	Pres	3/20/17
Signature of Certified Applicator:	Title	Date:
	Agencatz Biologist	3/24/17

13. NOTES

We are treating less than 50% of Saratoga Lake to address the concern of reducing dissolved oxygen too much within the water. A dissolved oxygen test will be done before treatment to make sure that DO is within acceptable parameters.

Aquathol K Treatment
Treatment area: 7 acres
Average depth: 5.1
Total number acre feet: 35.7
Dosage rate: 3 ppm
Total amount product: up to 67.83 gals
Target Species: Eurasian Watermilfoil

Inlet

Inlet

Text

Outlet

SOLITUDE
LAKE MANAGEMENT

888.480.LAKE (5253)
www.solitudelakemanagement.com

Mohican Lake
Glen Spey, New York
41°31'19.4"N 74°48'49.6"W



0 255 510 1,020
Feet

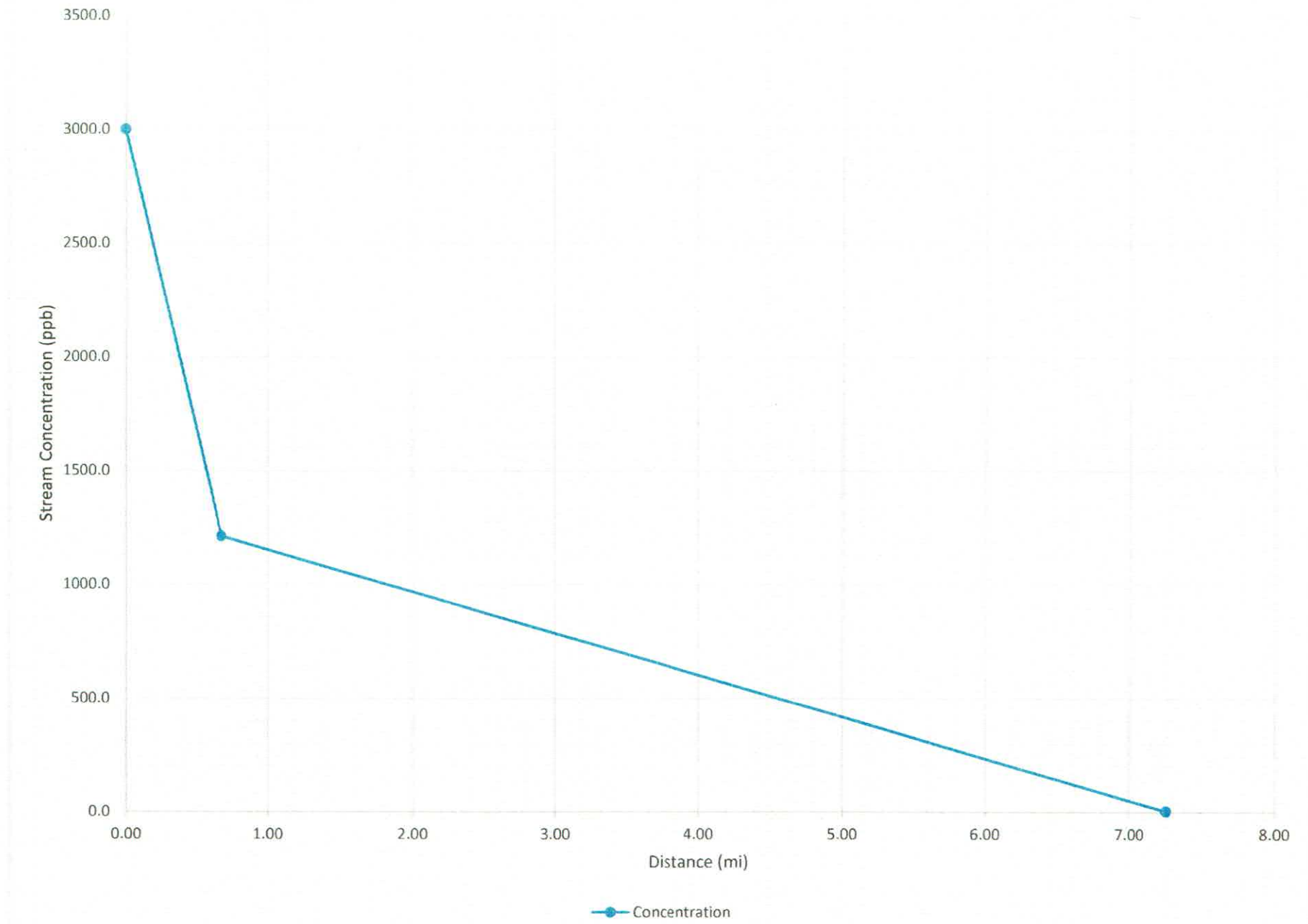
Date: 3/9/2017
File: Mohican Lake Wetland Map
Prepared by: Tim Schnauer
Office: Oneonta, NY

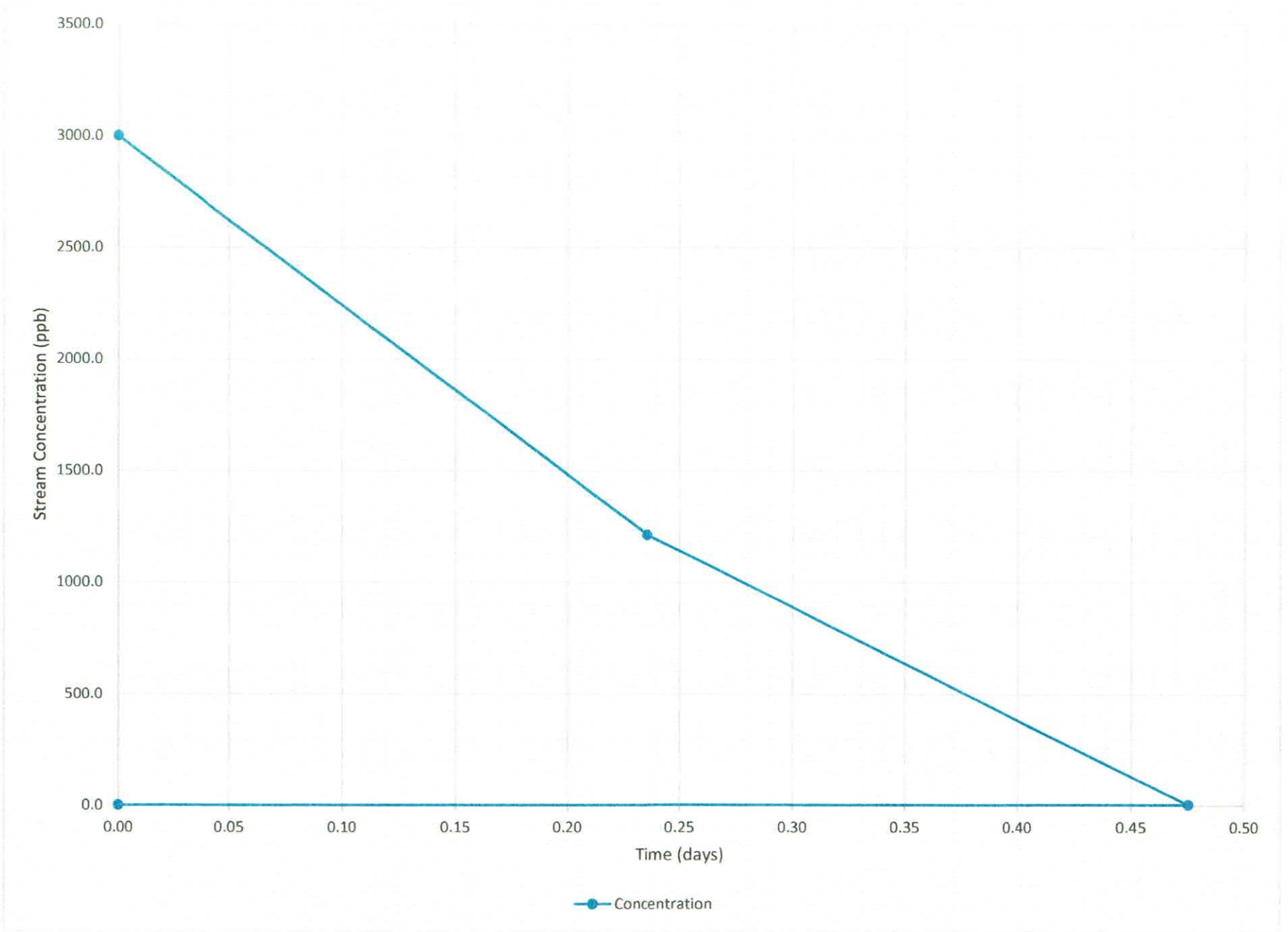
1) Treated Waterbody Name:	Mohican Lake
2) County:	Sullivan
3) Product Name:	Aquathol K
4) Active Ingredient:	Endothall
5) Applicator:	SOLitude Lake Management
6) Today's Date:	March 9th, 2017
7) Total Waterbody Size (acres):	269
8) Total proposed Treated Surface Area (acres)	7
9) Total Proposed Volume to be Treated (acre feet):	35.7
10) Name of Outlet Stream:	Mill Brook
11) Date of Application:	4/15/17 - 6/15/17

Key:
Input
Calculation / Carry Over
Drop Down

12) Provide a brief description of the location, target concentration and scope of the proposed pesticide applications within the waterbody, and justification why the specific application modeled will result in the outflow of pesticide concentrations that flow the greatest distance downstream:

Mohican Lake is applying for a permit to treat 7 acres of the lake with Aquathol K at a rate of 3ppm. The purpose of the application is to improve recreationa oppurunities and auestic values of the lake while promoting native vegation.





Supporting Documents Mohican Lake Modeling

Percentile values are shown to the right of the graph and exceedance probability values are on the x-axis. These terms are defined on the [percentile description](#) page.

USGS 01433500 MONGAUP RIVER NEAR MONGAUP NY
Drainage Area: 200 Square Miles, Length of Record: 56 Years

