

**NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 PESTICIDE CONTROL PROGRAM (PCP)  
 BUREAU OF PESTICIDE OPERATIONS – PERMITS UNIT  
 PO BOX 411 TRENTON NJ 08625 - 0411**

**AQUATIC PESTICIDE PERMIT FORM (BPO-01)**

**RENEWAL**

(Information must be exactly the same as last year's permit)

<input type="checkbox"/>	FG&W S – M - P	
<input type="checkbox"/>	PINELANDS	
<input type="checkbox"/>	LAND USE	
<input type="checkbox"/>	LAKE HOPATCONG	
<input type="checkbox"/>	INSPECTION-DATE _____	
This box for PCP use only		PERMIT #

**1. Person or Organization contracting treatment:**

Name of Organization		
Contact Person's Name		
Address		
City	State	Zip
Telephone # (      )		
Fax # (      )		

**2. Aquatic pesticide application to be made by:**

Name of Organization or Applicator Business	Business License #
Responsible Applicator's Name	Applicator License #
Address	
City	State      Zip
Telephone # (      )	
Fax # (      )	
Email:	

3. Site Name \_\_\_\_\_ Site ID # \_\_\_\_\_ Site Watershed \_\_\_\_\_

4. County \_\_\_\_\_ Municipality \_\_\_\_\_ Site area \_\_\_\_\_ (acres)

5. Treatment area \_\_\_\_\_ (acres) Average depth of treatment area \_\_\_\_\_ (feet)

6. Check the uses of the aquatic site to be treated: (indicate where these areas are located on the sketch required in #14)

Potable Water  Irrigation  Stock Watering  Swimming  Fishing  Fire Protection  None

7. a. List Fish Species that are present in the waterbody \_\_\_\_\_

b. Is this aquatic site stocked with fish?

Yes  No  If Yes, please list stocked species \_\_\_\_\_

8. Site Coordinates: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

9. Target Pest(s) (specify species)	10. Proposed treatment date(s)	11. Pesticide(s) to be used: (refer to Document BPO-02 for further instructions)			12. Dosage Rate	
		Brand Name	EPA Registration #	Active	(rate)	(ppm)

13. Does this aquatic site have an outlet structure or stream? Yes  No

14. Are there any shallow wells within 50 feet of the shoreline adjacent to the treatment site or within 1/2 mile of that treatment site still within 50 feet of the shoreline?

Yes  No  If Yes, indicate where each one is located on the sketch required in #16.

15. Is the aquatic site and surrounding shoreline owned and controlled by one person? If No, you must attach a detailed explanation on the form provided (BPO-07 Aquatic Pesticide Permit Form – Justification (#'s 15 & 19).

Yes  No  See definition of Person in Document BPO-02.

16. Attach a sketch of the aquatic site to be treated as required in Document BPO-02.

17. Aquatic application to be made from (check all that apply): Land  Water  Air

18. Attach a list of Integrated Pest Management (IPM) practices used at this site to help correct the aquatic pest problem\*. If IPM is not practiced at this aquatic site, explain why. \*See Document BPO-02 regarding Goose Control.

19. Is this aquatic site currently permitted by and/or awaiting permit approval from any other NJ DEP Program?

Yes  No  If Yes, you must provide a detailed explanation on the form provided.  
See BPO-07 – Aquatic Pesticide Permit Form – Justification (#'s 15 & 19)

The undersigned licensed responsible applicator certifies the truth of the above statements, is familiar with the PCP Document BPO-02, and agrees to do the following when the permit is approved:

A. Follow all label directions for the aquatic pesticide(s) used.

B. Be responsible for all damages which occur from this proposed treatment.

C. Abide by any further conditions as specified upon approval of this permit. The Department has the right to amend such conditions as deemed necessary.

D. Provide the contracting party (person/organization requesting treatment) with pretreatment notification as specified below:

I. A copy of the approved permit.

II. Label instructions of the aquatic pesticide(s) to be used relating to the contracting party for public safety, including precautions.

III. No treatments shall be made until the contracting party has been given the opportunity to review the above information, which shall be provided by the applicator/applicator business in writing.

E. Perform the pretreatment requirements for all algaecide applications as specified below:

I. Take at least one Secchi depth from the middle of aquatic sites  $\geq 3$  acres in size, or from the deepest edge of aquatic sites  $< 3$  acres in size, immediately prior to treatment, but at least 1 hour after sunrise and 1 hour before sunset. Coves or separate areas proposed for treatment require an additional reading. Secchi depth and time of day Secchi was taken shall be recorded and kept.

II. No treatment is to be made for Secchi depths  $\leq$  one foot.

III. Treatment area must be reduced to half for Secchi depths  $\leq$  two feet.

F. Signs shall be posted on the shoreline of all treated water as specified below:

I. Signs shall be posted at the start of all applications, and shall contain date and completed time of application. The signs shall remain legible and posted until the greatest time restriction for the use of the treated water has passed according to label direction when applicable.

II. Signs must be made on a minimum 90 weight paper with letters at least 1 inch high and shall bear the following statement: „PESTICIDE TREATED WATER“.

III. The signs shall also contain the brand name of products applied, all water use restrictions and length of time water use is restricted as specified by the label(s) of the aquatic pesticide(s) applied.

IV. The signs shall be posted in such a manner that they are legible from the principle and common access points to the treated site. For golf course aquatic sites, the signs may be posted at the starting tees instead of at each treated aquatic site. If posted at the starting tees, each hole that has a treated aquatic site shall be listed.

V. The pesticide applicator/applicator business shall be responsible for the posting and removal of the signs. If any part of this task is delegated to the contracting party, the responsibility still lies with the pesticide applicator/applicator business.

G. Notify all users of the aquatic site, and all users of downstream water (under circumstances when movement of the pesticide may be reasonably foreseen), who likely will be impacted by the treatments, of the water use restrictions as specified on the label of the aquatic pesticide(s) used. Record such notification.

H. Community or Areawide Notification is required as per NJAC 7:30 –9.10 on aggregate treatment sites  $> 3$  acres in size.

I. The aquatic pesticide applicator/applicator business shall keep and maintain for each application of aquatic pesticides, a record of application (Record of Actual Pesticide Treatment -Form BPO-03). These records will be submitted to the PCP-Permits Unit by November 15th of the treatment year.

Responsible Applicator's Name (print)

Responsible Applicator's Name (signature)

Date

**THIS AQUATIC PESTICIDE PERMIT IS ONLY VALID WITH AN ATTACHED OFFICIAL CONDITION PAGE THAT IS ISSUED AND SIGNED BY THE PESTICIDE CONTROL PROGRAM – AQUATIC PERMITS UNIT.**

If this aquatic site has been previously granted a permit,  
Please fill in the most recent permit number in the box to the right

previous permit #