

LETTER OF NOTIFICATION

Date: **June 20, 2019**

Re: **DEC Permit for the Application of aquatic herbicides Aquathol K (endothall) and Navigate (2,4-D) to Target Areas of Bemus Bay In Chautauqua Lake**

From: **The Town of Ellery**

The Town of Ellery has applied for permits from the New York State Department of Environmental Conservation (NYSDEC) to apply the aquatic herbicides Aquathol K (endothall) and Navigate (2,4-D) over a 1 day period beginning on a date between July 8-July 31, 2019 to control Eurasian watermilfoil and curlyleaf pondweed in areas of Bemus Bay in Chautauqua Lake. These areas were included as part of the Town of Ellery's earlier permit application, but were not authorized at that time. Please contact Glenn Sullivan of Solitude Lake Management at gsullivan@solitudelake.com or 908-310-8775 for the exact date of treatment for this area. Notification of the application of the treatment will be posted at public access points on the day(s) of the application.

Water use restrictions would be in effect in certain areas of the Lake and downstream waters for the time period of the treatment PLUS the timeframes indicated in the table below. The areas of the Lake to which each restriction applies are shown in the attached map.

Water Use Restrictions

Swimming/ Bathing	Fishing	Animal Consumption	Drinking, culinary or food processing purposes	Irrigation
24 Hours	24 Hours	24 Hours	Until herbicide concentration levels equal < 50 ppb*	21 days or until 2,4-D concentrations equal <100 ppb†

The timeframes start as soon as the treatment has been completed. Information on water use restrictions, including when those restrictions are lifted, will be posted on the website of the Town of Ellery.

* Potable uses will be restricted for the day of application and at least ten days after the application. The potable use restriction will be lifted when lab results indicate the concentration is less than 50 ppb at the water intake. Those residents who rely on lake water for drinking water and who need to be in residence during the water use restriction period (anticipated to be 1 to 2 weeks) should notify Rebecca Haines at ellerytc@windstream.net. Users who rely on the lake for drinking water and whose water intakes are within the water restriction zones can request bottled water for the duration of the drinking water restrictions.

† If treated water is intended to be used to irrigate or mix sprays for plants grown in commercial nurseries and greenhouses; and other plants or crops that are not labeled for direct treatment with 2,4-D, the water must not be used unless one of the following restrictions has been observed: (i) a setback distance from functional water intake(s) of greater than or equal to 2400 feet was used for the application, or, (ii) a waiting period of 21 days from the time of application has elapsed, or (iii) an approved test indicates that the 2,4-D concentration is 100 ppb (0.1 ppm) or less at the water intake.

When all water restrictions are lifted, posted signs will be removed. After the treatment is completed, information on the status of the restrictions may be found on Ellery's website or by contacting the Town Clerk, Rebecca Haines, at (716) 386-3465 ext. 200, ellertyc@windstream.net.

In the event that you as a riparian owner or those individuals or entities to whom you have granted legal access rights (vested riparian users), have any objections to the proposed aquatic plant management program or water use restrictions, please contact the NYSDEC at the address below within 21 days of receipt of this notice. All objections must be in writing and demonstrate that your use of water or the use of water by those in whom you have granted vested riparian rights will be significantly adversely affected (per the NYSDEC's policy). Lack of comment will be considered consent to the treatment and water use restrictions.

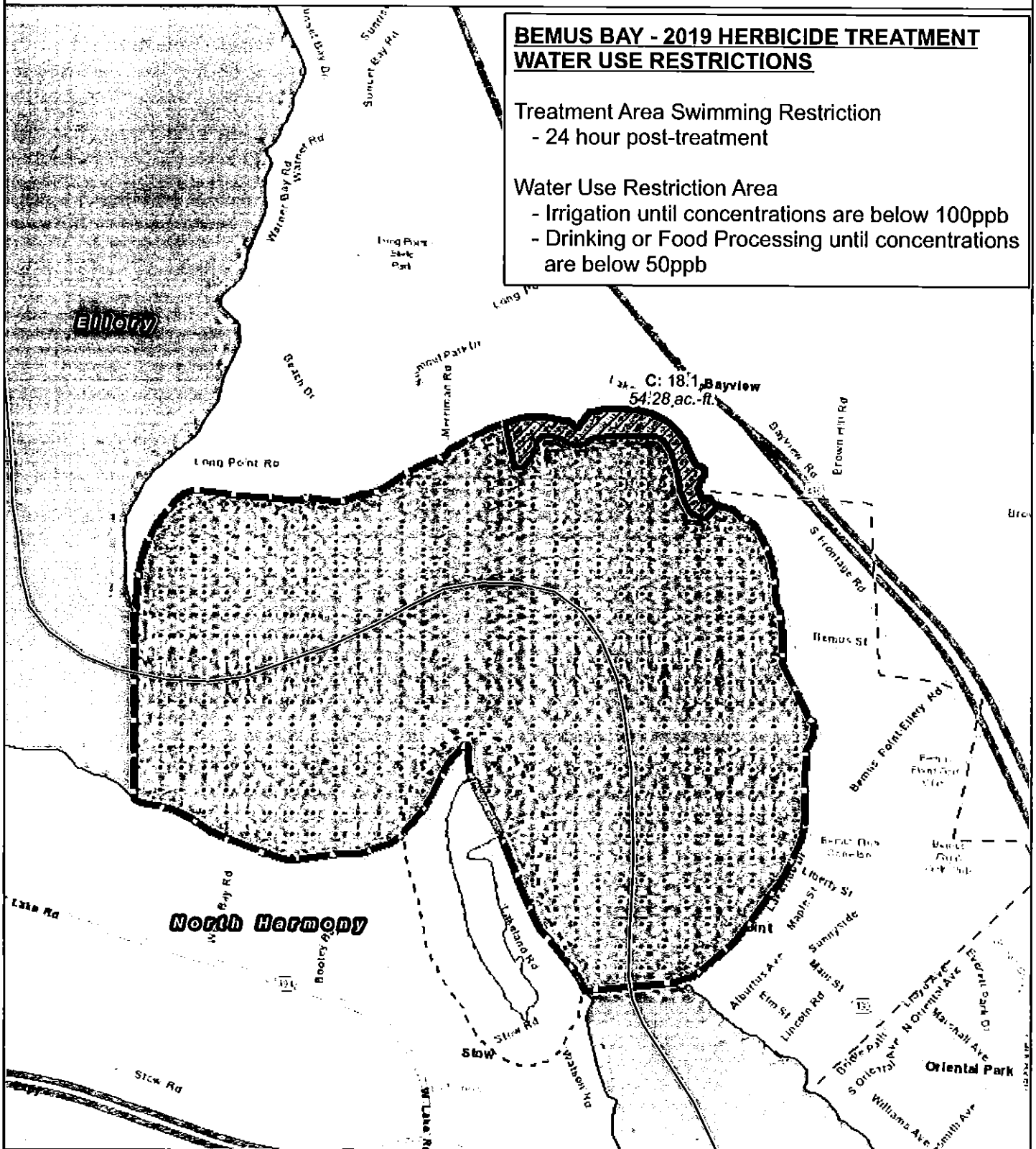
Robert Freese
NYSDEC, Region 9, Bureau of Pest Management
270 Michigan Avenue
Buffalo, NY 14203

Information on the products to be applied, including product labels, may be obtained from SOLitude Lake Management at 888-480-LAKE (5253). Product labels can also be viewed online at <http://www.solitudelakemanagement.com/product-labels-new-york>.



BEMUS BAY - 2019 HERBICIDE TREATMENT
WATER USE RESTRICTIONS



Treatment Area Swimming Restriction
- 24 hour post-treatment

Water Use Restriction Area
- Irrigation until concentrations are below 100ppb
- Drinking or Food Processing until concentrations are below 50ppb



BEMUS BAY
CHAUTAQUA LAKE

 NYDEC FWW
 FWW Checkzone

 Proposed Treatment Areas (18.1 ac.)
 Dilution/Water Use Restriction Area (801 ac.)



0 1,000 2,000 3,000
Feet



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

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

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

1. PERMIT APPLICANT INFORMATION

Name of Permit
Applicant/Association/Agency: Town of Ellery
Name of Authorized Person signing the Application: Arden Johnson
Mailing Address: PO Box 429
City: Bemus Point State: NY Zip Code: 14712
Telephone Number: 716-383-3465 Email: ellerytc@windstream.net Website: www.elleryny.org
The Permit Applicant is a (check appropriate):
Riparian Owner: [checked] Lessee: [] Association of Riparian Owners: []
If the Permit Applicant is an Association of Riparian Owners/Lessees, 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: Glenn Sullivan
Business Mailing Address: 20 Main Street
City: Worchester State: NY Zip Code: 12197
Email: gsullivan@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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the prior permit number(s): AV92018-042		
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)		
An SEIS was completed on April, 5, 2018 and is available on the Town of Ellery's website. In 2017, a Macrophyte Management Strategy was issued.		
What are the goals of the proposed permit application?		
The goal of the proposed application is to control the invasive species eurasian watermilfoil and curlyleaf pondweed, while restoring balance and increasing the abundance of native species. Improved recreational access and reduction of weed fragment build up are also goals of the proposed permit application.		

4. WATER BODY INFORMATION

Name of water body: Chautauqua Lake	DEC water classification (e.g. Class A, Class B): A				
Address or location of water body: 42.122696, -79.358119					
County where water body is located: Chautauqua	Town where water body is located: Ellery				
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: 13,421.5	Average depth in feet: 23.4				
Latitude: 42.122696 , Longitude: -79.358119					
Water body uses (Check all that apply):					
Swimming <input checked="" type="checkbox"/>	Irrigation <input checked="" type="checkbox"/>	Livestock watering <input type="checkbox"/>	Potable water uses <input checked="" type="checkbox"/>	Domestic water uses <input checked="" type="checkbox"/>	Fishing <input checked="" type="checkbox"/>
Other uses (list) Boating					

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 18.1
Total application area in surface acres:	up to 18.1
Average depth of each application site:	3
Total number of acre feet:	up to 54.28

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
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C. Mosquito Larvaciding Application:

Number of sites or catch basins: n/a	Total acreage/sq ft: n/a
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**7. PESTICIDE APPLICATION INFORMATION
(A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)**

Pesticide name:	Navigate
Pesticide active ingredient:	Butoxyethyl Ester of 2,4-Dichlorophenoxyacetic Acid
% Active Ingredient:	27.6
Pesticide EPA Registration Number:	228-378-8959
Formulation:	Granular
Application rate: (e.g. gals/acre ft. or gals/surface acre)	28.4 lbs / acre foot
Dosage rate: (e.g. ppm, ppb)	2.0 ppm
Total number of applications: (including bump/split applications)	1
Approximate date(s) of application: (including bump/split applications)	7/1/19-7/31/19
Amount of pesticide needed per application:	up to 1,541.5 pounds
Total amount of pesticide needed per calendar year:	up to 1,541.5 pounds
Target pest: (scientific and common name)	Eurasian Watermilfoil (Myriophyllum spicatum)
Method of application (e.g. sprayed on surface, bag dragged behind boat):	Calibrated Granular Spreaders or Educator 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	During treatment and 24 hrs after
Irrigation	21 days or an assay indicating concentrations <100 ppb ***
Livestock watering	During treatment and 24 hrs after
Potable water uses	< 50 ppb *
Domestic water uses	< 50 ppb *
Fishing	During treatment and 24 hrs after
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"/>
<input 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.		
<input checked="" type="checkbox"/> 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

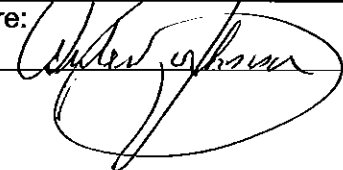
If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through 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:

<input checked="" type="checkbox"/>	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 <u>6/20/19</u> . A copy of the letter is attached.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 <u> / / </u> . A copy of the letter is attached.
<input type="checkbox"/>	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

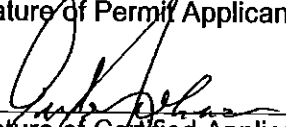
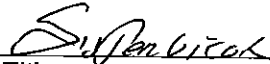
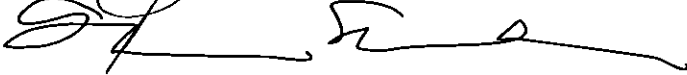
Name: ARDEN F. JOHNSON If Applicant is not an individual, include the title of signatory: Town Supervisor

Signature:  Date: 6/20/19

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: 6-30-19
Signature of Certified Applicator: 	Title Certified Lake Manager	Date: 1/23/19

13. NOTES

***If treated water is intended to be used to irrigate or mix sprays for plants grown in commercial nurseries and greenhouses; and other plants or crops that are not labeled for direct treatment with 2,4-D, the water must not be used unless one of the following restrictions has been observed: i. A setback distance from functional water intake(s) of greater than or equal to 1200-2400 feet was used for the application, or, ii. A waiting period of 21 days from the time of application has elapsed, or, iii. An approved assay indicates that the 2,4-D concentration is 100 ppb (0.1 ppm) or less at the water intake.

A dissolved oxygen test will be done before treatment to make sure that DO is within acceptable parameters.

Both Aquathol k and Navigate are proposed to be used on the same date. In the event that ProcellaCOR EC permit is approved in time, ProcellaCOR EC will be applied in lieu of Aquathol k and Navigate.



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

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

1. PERMIT APPLICANT INFORMATION			
Name of Permit Applicant/Association/Agency: Town of Ellery			
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) Arden Johnson			
Mailing Address PO Box 429			
City: Bemus Point	State: NY	Zip Code: 14712	
Telephone Number: 716-386-3465	Email: ellerytc@windstream.net	Website: www.elleryny.org	
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/Lessees, 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: Glenn Sullivan	
Business Mailing Address: 20 Main Street			
City: Worcester	State: NY	Zip Code: 12197	
Email: gsullivan@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 checked="" type="checkbox"/>	No <input type="checkbox"/>	
If Yes, provide the prior permit number(s): AV92018-042					
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)					
An SEIS was completed on April, 5, 2018 and is available on the Town of Ellery's website. In 2017, a Macrophyte Management Strategy was issued.					
What are the goals of the proposed permit application?					
The goal of the proposed application is to control the invasive species eurasian watermilfoil and curlyleaf pondweed, while restoring balance and increasing the abundance of native species. Improved recreational access and reduction of weed fragment build up are also goals of the proposed application.					
4. WATER BODY INFORMATION					
Name of water body Chautauqua Lake			DEC water classification (e.g. Class A, Class B): A		
Address or location of water body: 42.122696, -79.358119					
County where water body is located: Chautauqua			Town where water body is located: Town of Ellery, Village of Bemus Point		
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: 13,421.5		Average depth in feet: 23.4		Latitude: 42.122696, -79.358119	
Longitude: 42.122696, -79.358119					
Water body uses (Check all that apply):					
Swimming <input checked="" type="checkbox"/>	Irrigation <input checked="" type="checkbox"/>	Livestock watering <input type="checkbox"/>	Potable water uses <input checked="" type="checkbox"/>	Domestic water uses <input checked="" type="checkbox"/>	Fishing <input checked="" type="checkbox"/>
Other uses (list) Boating					
5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION					
<ul style="list-style-type: none"> 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 18.1
Total application area in surface acres:	up to 18.1
Average depth of each application site:	3'
Total number of acre feet:	up to 54.28 (based on map volumes)
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)	1.0 gal / acre foot
Dosage rate: (e.g. ppm, ppb)	1.5 ppm
Total number of applications: (including bump/split applications)	1
Approximate date(s) of application: (including bump/split applications)	7/1/19-7/31/19
Amount of pesticide needed per application:	up to 54.28 gallons
Total amount of pesticide needed per calendar year:	up to 54.28 gallons
Target pest: (scientific and common name)	Eurasian Watermilfoil (<i>Myriophyllum spicatum</i>) Curly-leaf Pondweed (<i>Potamogeton crispus</i>)
Method of application (e.g. sprayed on surface, bag dragged behind boat):	Calibrated Subsurface Injection or surface spray(depth <4') 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 endothall acid concentrations in potable drinking water at the time of consumption.
Domestic water uses	** Do not exceed 50 ppb endothall 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.

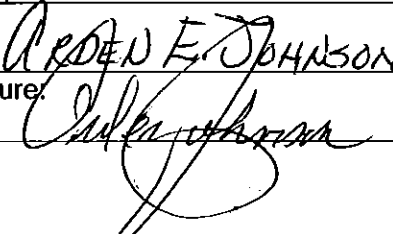
10. RIPARIAN OWNER/USER NOTIFICATIONS

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:

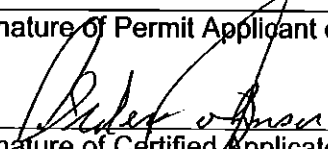


<input checked="" type="checkbox"/>	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the 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 <u>6/20/19</u> . A copy of the letter is attached.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 <u> / / </u> . A copy of the letter is attached.
<input type="checkbox"/>	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>ARDEN E. JOHNSON</u>	If Applicant is not an individual, include the title of signatory: <u>Town Supervisor</u>	Date: <u>6-20-19</u>
Signature: 		

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: 6-28-19
Signature of Certified Applicator: 	Title Certified Lake Manager	Date: 5/31/19

13. NOTES

This proposed treatment site was not treated in 2018, and was not approved for Spring treatment in 2019 due to limitations from the Region 9 Fisheries biologist.

Normally we would not propose aquatic weed treatment in July due to oxygen concerns, however the treatment area is sufficiently small within the Bay, and within the lake overall, that no significant oxygen deprivation is expected as a result of the application and corresponding plant mortality.

Both Aquathol k and Navigate are proposed to be used on the same date. In the event that a ProcellaCOR EC permit is approved in time, ProcellaCOR EC will be applied in lieu of Aquathol k and Navigate.