



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
PESTICIDES SECTION
235 PROMENADE STREET, ROOM 370
PROVIDENCE, RI 02908
401-222-2781

REQUEST FOR APPROVAL TO AERIALLY APPLY PESTICIDES TO CONTROL INSECT PESTS

Pursuant to provision of Chapter 23-25 The Rhode Island Pesticide Control Law of the General Laws of Rhode Island; its required Rules and Regulations Pertaining to Pesticides and the RIPDES Pesticide General Permit (PGP)

RULE 19—No application of pesticides by means of aircraft shall be made within the state without prior approval of the director or their designated representative.

ALL AERIAL APPLICATIONS MUST BE IN COMPLIANCE WITH THE FEDERAL AVIATION AGENCY (FAA) AND APPLICABLE FEDERAL AND STATE LAWS.

NO APPLICATION OF ANY CHEMICAL CAN BE MADE PRIOR TO THE DATE OF APPROVAL OF THE PERMIT AND A COPY OF THE APPROVED PERMIT MUST BE IN THE PHYSICAL POSSESSION OF THE APPLICATOR AT THE TIME OF APPLICATION. APPLICATIONS MUST BE SUBMITTED TO THE DEM DIVISION OF AGRICULTURE AT LEAST 45 Calendar DAYS PRIOR TO THE PROPOSED TREATMENT DATE TO ALLOW SUFFICIENT REVIEW AND PROCESSING TIME.

(Please Print or Type Information)

APPLICANT INFORMATION

1. **Name** _____ **Phone** _____
Print Name (Owner/person responsible for property)

Company Name: (If applicable) _____

Address _____ **Fax#** _____

City/Town _____ **State** _____ **Zip Code** _____

Email Address: _____

SPRAY CONTRACTING FIRM

2. **Firm Name:** _____

Street Address: _____ **Fax#** _____

City _____ **State** _____ **Zip Code** _____

Phone # _____ **Pesticide Applicator's License/Certification #** _____

Email address: _____

Aircraft to be used _____ **Make/Model** _____ **N-Number** _____

Color _____

3. PILOT ROSTER LIST ALL PILOTS & THEIR COMMERCIAL PESTICIDE CERTIFICATION/LICENSE

Name _____ License# _____

Name _____ License# _____

Name _____ License# _____

4. TYPE OF AERIAL APPLICATION

- FOREST INSECT PESTS FOREST VEGETATION OTHER FOREST
 RIGHT OF WAY MOSQUITO LARVICIDE MOSQUITO ADULTICIDE
 OTHER _____

5. PESTICIDE APPLICATION INFORMATION

PRODUCT INFORMATION

List all Nuisance Plant and/or insect Species to be controlled
(List both Scientific and Common Name(s):

TYPE OF TREATMENT: List Product Name, Product Manufacturer, Active Ingredient, Target Pest Species (please list name of insect &/or weed), Application Rate & EPA Registration Number for each intended product

Product Name	Manufacturer	Active Ingredient (% of mixture)	Targeted Pest Species	Application Rate	EPA Registration Number

Note: Notify DEM Division of Agriculture if there are any changes to the product to be used prior to treatment

Diluent(s) _____

Crop(s) or area(s) to be treated:

Site Locations: _____

- (A Detailed map showing areas of application and which pesticide to be used on each area, sensitive areas & major public routes of ingress & egress)

Number of Acres to be treated: _____

Date(s) and Time(s) of Application(s):

6. Are there any rare and/or protected plants or animal species in the area? If yes, what efforts are being made to provide protection? For further determination of protected species in the area, please contact Paul Jordan, DEM Supervising GIS Specialist at: paul.jordan@dem.ri.gov.

7. Uses in water body:

- Recreational Primary/Swimming Secondary/Boating Fish Angling/Wildlife
 Irrigation
 Drinking Water Supply/Reservoir Public Private
 Potable Water Source

8. Water Body Ownership: Public Private
(A copy of the Town Plat and Lot map must be provided)

A topographic map indicating the location of the treatment area with regard to nearest village and public roads must be attached along with photos of the treatment area and a copy of the pesticide label. Also identify any community wells or public water supplies within 2 miles of area of treatment.

Please indicate if the community wells are within 200' of the treatment area for drilled, driven or dug wells and transient wells and/or 400' of the treatment area for higher-capacity overburden wells of the treatment area.

Pursuant to the Rules & Regulations Pertaining to Public Drinking Water, R46-13-DWQ; a variance from the DOH Office of Drinking Water Quality is required if any pesticide or herbicide application is applied within the 200' and 400' distances described above (a.k.a. the Inner Protective Radius).

9. Please provide the following information:
(Attach additional pages, if necessary)

- Map showing the location of pesticide application (treatment area) for this request.
 Description, identification & location of exact areas of the pesticide application.
(If partial treatment is proposed, the map must clearly show areas to be treated
(If separate areas of the waterbody are to be treated with different chemicals, then this information must be clearly indicated.)

10. Is the waterbody stocked with fish by the State? Yes No

11. Is the waterbody to be treated on the state's most recent 303(d) list? Yes No

12. If yes, what "cause(s)/impairment(s)" is the waterbody listed for?

(Reference RI's 303(d) List: <http://www.dem.ri.gov/pubs/303d/index.htm>):

13. How will access to the site be obtained and will it be protective of wetlands? (Ex. Via existing or new path, existing boat ramp)

CERTIFICATION AND SIGNATURE

By signing below, I certify that I am the owner/person responsible for the treatment area, or that I am an authorized representative of said owner/responsible party, and that I have read and understand the Rhode Island Pesticide Control Law, RIGL Chapter 23-25, the related Rules and Regulations Pertaining to Pesticides, and the RIPDES Pesticide General Permit. I further certify that all information provided in this application is true and accurate to the best of my knowledge as of the date of filing this application.

The Applicant agrees to and accepts the following statements:

- A. The sole responsibility for any damages that may result from inaccurate computations and/or improper application of the product falls on both the pesticide applicator and the applicant signing below.
- B. The Applicant must apply the product in compliance with all label conditions
- C. The Applicant must guarantee to hold the state harmless from all suits, claims or causes of action that arise from the use of the product.

36. Signature of Applicant: _____

Title: _____ Date: _____

Official Use Only

STATE ACTION: Approved Approved with Conditions: __ (See attached Permit) Disapproved _____

State will: Monitor Application Conduct Use Inspection Take No Action At This Time

Remarks _____

Date of Approval/Disapproval: _____

Phone Number: _____

DEM Signatures: _____
Director, DEM

Senior Environmental Scientist
Division of Agriculture