



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

## APPLICATION FOR PERMIT TO CONTROL AQUATIC NUISANCES USING PESTICIDES

*Pursuant to provision of Chapter 23-25 The Rhode Island Pesticide Control Law of the General Laws of Rhode Island and its required Rules and Regulations Pertaining to Pesticides*

**RULE 19**—Pesticide applications to any surface waters of the State for the control of aquatic nuisances or for any other reason shall not be made unless such applications have been approved by the Director.

***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.***

**APPLICANT:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Owner/person responsible for property)  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### LOCATION AND TYPE OF AREA TO BE TREATED:

Town: \_\_\_\_\_

What is the body of water used for (check all that apply):  Recreation  
 Irrigation  
 Drinking Water Reservoir  
 Potable Water Source

Name of body of water: \_\_\_\_\_

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

Total size of body of water: \_\_\_\_\_

Type of Water Body:  Pond  Lake  Reservoir  Marsh  Estuary  Tidal Marsh  
 Stream  River  Ditches  Non-Irrigation Canal

Other: \_\_\_\_\_  
LIST SPECIFIC SITE

***A topographic map indicating the location of the treatment area with regard to nearest village and public roads must be attached along with a copy of the pesticide label. Also identify any community wells or public water supplies within ½ mile of area of treatment***

List all Plant Species Being Controlled (Common & Species Name(s)): \_\_\_\_\_

**TYPE OF TREATMENT: List Product Name, Active Ingredient, Product Manufacturer & EPA Registration#**

Product Name/Weed Species	Active Ingredient	Manufacturer	EPA Registration Number

Size of Area to be treated: \_\_\_\_\_  
Specify Unit of Measure (acre, sq.ft. etc)

Average depth of area to be treated: \_\_\_\_\_

Application rate/acre: \_\_\_\_\_  
List Application Rate & Specify Unit of Measure for each Product Listed

Describe in detail how the product will be applied to the area and the equipment being used.

\_\_\_\_\_  
\_\_\_\_\_

Approximate or anticipated dates for treatment: \_\_\_\_\_

(If using different chemicals at different times or making more than one treatment please list dates for each application)

Name of Person(s) doing treatment (if different from applicant): \_\_\_\_\_

If contracting with a Certified/Licensed Applicator, List Company Name and Person(s) Name Doing Treatment:

\_\_\_\_\_

RI Pesticide Applicator Certification/License No.: \_\_\_\_\_

Address of the Person( if not certified/licensed) or Licensed Company Doing Treatments:

\_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

St

Zip Code

Phone Number of Person or Company doing treatment: \_\_\_\_\_

Fax Number of Person or Company doing Treatment: \_\_\_\_\_

Is area under one ownership? \_\_\_\_\_ If not, have other landowners been notified? \_\_\_\_\_  
(A letter must be included verifying all property owners have agreed to application)

Identify and list any outlets to this body of water: \_\_\_\_\_

To What Body of Water: \_\_\_\_\_

Can water level be controlled? How? \_\_\_\_\_

Number of days flow can be restricted: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**Official Use Only**

Approved: \_\_\_\_\_ Approved with Conditions: \_\_\_\_\_ ( See attached Permit)

Disapproved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Date of Approval/Disapproval: \_\_\_\_\_

Signature of DEM Division of Agriculture Official: \_\_\_\_\_

Phone Number: \_\_\_\_\_