



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

**APPLICATION FOR PERMIT FOR CHEMICAL TREATMENT
TO CONTROL SWIMMER'S ITCH**

Pursuant to Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), and Part 33, Aquatic Nuisance Control, of the NREPA, application is made by the undersigned for a permit to chemically treat the waters described below for the control of swimmer's itch.

SECTION I. GENERAL INFORMATION

APPLICANT NAME	WATERBODY NAME (IF CANAL/MARINA, ALSO LIST NAME OF CANAL/MARINA)			
MAILING ADDRESS	COUNTY(IES)	TOWN(S)	RANGE(S)	SECTION(S)
CITY, STATE, ZIP CODE	TOTAL AREA OF WATERBODY			
TELEPHONE (DAYTIME)	FACSIMILE		DIMENSION OF TREATMENT AREA (FEET)	
	LENGTH	WIDTH	DEPTH	
LAKE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	AREA TO BE TREATED – Multiply length in feet by width in feet and divide by 43,560 ACRES			

SECTION II. TREATMENT INFORMATION

1. a. Trade name of chemical to be used _____.
- b. Amount of chemical required _____.
- c. Approximate date of application of chemical _____.

Note: Copper sulfate is the only permitted molluscicide for swimmer's itch control. Due to copper toxicity to spawning fish, treatments may be permitted one-time only after June 15, when most panfish have finished spawning in lake shallows.

2. Provide a treatment map on 8½ " x 11" paper showing the location of the treatment area, depth contours, inlets, outlets, water level control structures, a scale in feet, and a north directional arrow. The treatment map provided must be of sufficient quality to allow the Michigan Department of Environmental Quality (DEQ) to evaluate the proposed treatment or the application may be returned. Certain depth contour maps may be downloaded from <http://www.michigan.gov/dnr>. If a map is not available, the applicant should estimate the depth contours within the treatment area at 5-foot intervals.
3. If the proposed treatment area for swimmer's itch control is 25 acres or more, provide the following information:
 - a. What is the snail species targeted for control? _____. Refer to the brochure "Swimmer's Itch in Michigan" for the swimmer's itch cycle, snail species involved, and snail habitat types.
 - b. What is the approximate density of this snail species within the treatment area? _____snails/square foot. This can be determined by placing a one-foot square frame at random points in treatment area. Count snails present in the frame, repeat several times at different locations in treatment area, and average the results.
 - c. How many medically documented cases of swimmer's itch occurred during the last summer season?

SECTION III. REQUIRED FEES

Fees are based on the size of the proposed treatment area. **ALL FEES ARE NON-REFUNDABLE.** Check appropriate box:

- For treatment of areas less than ½ acre, the required fee is \$75.00.
- For treatment of areas of ½ acre or more but less than 5 acres, the required fee is \$200.00.
- For treatment of areas of 5 acres or more but less than 20 acres, the required fee is \$400.00.
- For treatment of areas of 20 acres or more but less than 100 acres, the required fee is \$800.00.
- For treatment of areas of 100 acres or more, the required fee is \$1,500.00.

Payment must be made in full or your application will be returned. Checks should be payable to: STATE OF MICHIGAN. Submit your check, completed application form, treatment map, and if necessary, authorization letter or contract to:	
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY CASHIER'S OFFICE – WB – AQ P.O. BOX 30657 LANSING, MICHIGAN 48909-8157	FOR CASHIER'S USE ONLY: 37000-40509-9037-481003-00

SECTION IV. RESPONSIBILITY FOR UNDERTAKING TREATMENT

1. Treatment by: Individual Property Owner Statutory Lake Board (PA 451 of 1994, as amended)
 Group of Individual Property Owners Township (PA 188 of 1954, as amended)
 Lake Association, Condo Association, Homeowners Association, Other Association Other: _____

If the primary local contact person is not the applicant, please provide the following contact information:

NAME OF PERSON RESPONSIBLE FOR ORGANIZING THE TREATMENT			NAME OF ASSOCIATION, LAKE BOARD, TOWNSHIP BOARD, ORGANIZATION, ETC.		
MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE (DAYTIME)	FACSIMILE

2. If applicant is not the property owner, attach a letter or contract demonstrating authorization for treatment.
3. If more than one property is involved, provide contact information for all property owners. For five or more properties, provide information for five property owners with knowledge of the treatment. Note: Applicants who are commercial applicators with a current Emergency Notification Procedure (ENP) on file with the MDEQ, or riparian property owners who have hired a commercial applicator with an ENP (provide copy of contract), may skip this item.

Name Address City State Zip Code Telephone
Number

SECTION V. CERTIFICATION

I certify that the information provided is, to the best of my knowledge, correct. It is understood that a permit, if granted, can be revoked by the MDEQ, as specified in R 323.3109 promulgated pursuant to Part 33 of Act 451 of 1994, as amended. If a permit is granted, I agree to use materials strictly in accordance with label and permit requirements, take full responsibility for planning and carrying out the permitted treatment, and agree to indemnify and save harmless the State of Michigan against any and all actions, claims, briefs, demands, damages, costs, loss, and expenses in any manner resulting from or arising out of the permitted treatment. I agree to submit the post-treatment data required. I HEREBY CERTIFY THAT THE PROPERTIES TO BE TREATED ARE EITHER UNDER MY LEGAL CONTROL AND/OR UNDER THE LEGAL CONTROL OF PARTIES WHO HAVE GRANTED ME PERMISSION TO APPLY PESTICIDES, OR I REPRESENT A UNIT OF GOVERNMENT WITH AUTHORITY TO APPLY PESTICIDES. I ACCEPT RESPONSIBILITY FOR THE PERMIT THAT MAY BE ISSUED PURSUANT TO THIS APPLICATION AND UNDERSTAND THAT VIOLATIONS ARE SUBJECT TO PENALTIES UNDER PART 33 OF ACT 451 OF 1994, AS AMENDED INCLUDING IMPRISONMENT AND FINES UP TO \$25,000.

Prior to carrying out the permitted chemical treatment, I will have obtained written permission from all of the property owners within the treatment area, for the chemical treatment of their bottomland property:

- Yes (including property owner treating own property) No - check basis for authority:
 Statutory Lake Board
 Township/Special Assessment District

Applicant Signature: _____ Date: _____

Name (print): _____