

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Request to Use Toxic Substances for Aquatic Life Management Purposes

New application _____ Renewal of TMP# _____ TMP _____ (for MDE use)

PERMIT HOLDER

Name, Title _____
Company/Org _____
Mailing address _____

Email _____
Phone _____

Permit holder is project site owner _____ manager _____
HOA _____ applicator _____ other _____

LICENSED PESTICIDE APPLICATOR

Name/Title _____
Company/Organization _____
Mailing address _____

Email _____
Phone _____

PROJECT SITE *Attach a map or aerial photo that clearly shows location and extent.*

Street _____
City _____ County _____
Zip _____
Name of water body _____
Coordinates _____
Stream/river _____ pond/lake _____ wetland _____
coast/tidal _____ Number of treatments _____
Size of treatment site _____ sq ft _____ acres _____
Depth of water _____
Drains to receiving water _____
Approx dates of treatment _____

PROJECT PURPOSE/TARGET ORGANISM

Habitat / species restoration _____
Nuisance / invasive species control _____
Algae _____ non-native phragmites _____
Mosquitoes: larvae _____ adult _____
SAV _____ EV _____ FV _____
Other _____

USE OF WATER AREA

Boating _____ Fishing/Shellfish _____ Swimming _____
ROW _____ Stormwater _____ Wetland mitigation _____
Conservation / restoration _____ Irrigation _____
Other _____

PROPOSED TOXIC MATERIALS *including surfactants, etc. Add additional sheets as necessary.*

ALL PRODUCTS MUST BE LABELED BY THE MANUFACTURER FOR AQUATIC USE.

Active Ingredients _____
% concentration _____ Trade Name _____
pellets _____ granular _____ liquid _____ other _____

Active Ingredients _____
% concentration _____ Trade Name _____
pellets _____ granular _____ liquid _____ other _____

Active Ingredients _____
% concentration _____ Trade Name _____
pellets _____ granular _____ liquid _____ other _____

Application Methods: truck _____ boat _____ aerial _____
backpack _____ hand wipe _____ pour _____ spray _____
spread _____ other _____

BEST MANAGEMENT PRACTICES¹

Use of nontoxic dyes _____
Mechanical removal of targeted organism _____
Prevention of pond discharge _____
Pond drawdown _____
Application at slack tide _____
Delineation markers to avoid nontarget species _____
Prescribed burning _____
Water quality monitoring _____
Treatment effectiveness monitoring _____
Riparian buffer improvement _____
Revegetation with native species _____
Species surveys²: _____

Applicant comments _____

¹ Disturbances in **tidal** wetland areas may require a Tidal Wetlands License from MDE (COMAR 26.24). Disturbances in **non-tidal** wetland areas may require a Nontidal Wetlands and Waterways Permit from MDE (COMAR 26.23).

² State agencies must insure that all actions, including permit actions, carried out by them do not jeopardize the continued existence of species which are listed by the State as endangered, threatened, or in need of conservation (DNR Statute 10-2A-04).

This permit (issued under authority of Environment Article §9-314(b)(4), Annotated Code of Maryland, and COMAR 26.08.03.02) is required for any person who adds toxic substances to State waters for aquatic life management purposes. Such discharges are also subject to the requirements of Maryland General Permit No. 11-PE (Discharges from the Application of Pesticides) available at <http://clktr4ck.com/PGP>.

This permit application should be submitted 30 days prior to the proposed toxic materials use. This application is co-reviewed by Maryland Department of the Environment (MDE) and Maryland Department of Natural Resources (DNR). Email (preferred) or mail this completed form to:

MARYLAND DEPARTMENT OF THE ENVIRONMENT

OR

MARYLAND DEPARTMENT OF NATURAL RESOURCES

Water and Science Administration

Wastewater Permits Program

Industrial and General Permits Division

1800 Washington Boulevard, Suite 455

Baltimore, MD 21230-1708

410-537-3323

swppp.permit@maryland.gov

Environmental Review Program

Tawes State Office Bldg

580 Taylor Avenue, B-3

Annapolis, MD 21401

877-620-8367

environmentalreview.dnr@maryland.gov

Maryland Department of Natural Resources (DNR) Review (for DNR use)

No objection _____ No objection with conditions _____ Need additional information _____ Objection _____

Reviewer signature: _____ Date: _____