



Permit Application for Pesticide and/or Fertilizer Application by Aircraft

Please complete this form in accordance with section 22a-54(e) CGS, sections 22a-54-1, 22a-66-7 RCSA and the instructions (DEP-PEST-INST-100) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the initial fee along with this form.

| DEP USE ONLY | |
|-----------------|-------|
| Application No. | _____ |
| Permit No. | _____ |

Part I: Permit Type and Fee Information

| Size of area to be treated (check one of the following): | Fees: |
|--|-----------|
| <input type="checkbox"/> 10-49 acres | \$ 200.00 |
| <input type="checkbox"/> 50-149 acres | \$ 285.00 |
| <input type="checkbox"/> ≥ 150 acres | \$ 565.00 |

Part II: Applicant Information

- Fill in the name of the applicant(s) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):
 Applicant:
 Phone: _____ ext. _____ Fax: _____
 Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information to this sheet.
- List primary contact for departmental correspondence and inquiries, if different than the applicant.
 Name: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Business Phone: _____ ext. _____ Fax: _____
 Contact Person: _____ Title: _____
- List attorney or other representative, if applicable:
 Firm Name: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Business Phone: _____ ext. _____ Fax: _____
 Attorney: _____

Part II: Applicant Information (continued)

| | | | |
|---|------|--------|-----------|
| 4. List the person or company applying the pesticides and/or fertilizer, if different than the applicant: | | | |
| Name: | | | |
| Mailing Address: | | | |
| City/Town: | | State: | Zip Code: |
| Business Phone: | ext. | Fax: | |
| Contact Person: | | Title: | |
| Certification Number: | | | |

Part III: Site Information

| | | | |
|--|--|--------|-----------|
| 1. Location of pesticide and/or fertilizer application (Street Address and/or Description of Location): | | | |
| City/Town: | | State: | Zip Code: |
| 2. GIS/ID No. (if known): | | | |
| 3. COASTAL BOUNDARY: Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, and this application is for a new authorization, you must submit a <i>Coastal Consistency Review Form</i> (DEP-APP-004) with your application as Attachment C. | | | |
| [Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).] | | | |
| 4. ENDANGERED OR THREATENED SPECIES: Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Map: | | | |
| If yes, complete and submit a <i>Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form</i> (DEP-APP-007) to the address specified on the form. Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. DEP strongly recommends that applicants complete this process before submitting the subject application. | | | |
| When submitting this application form, include copies of any correspondence to and from the NDDB, including copies of the completed <i>CT NDDB Review Request Form</i> , as Attachment D. | | | |
| For more information visit the DEP website at www.ct.gov/dep/angeredspecies (Review/Data Requests) or call the NDDB at 860-424-3011. | | | |
| 3. Approximate size of area to be treated: | | acres | |
| 4. Identify all pests to be controlled: | | | |

Part III: Site Information (continued)

5. Identify crop or type of area to be treated:

6. Identify chemicals to be used (include trade names, formulas and rates of application per acre):

| Name of Chemical | Formula | Rate Of Application Per Acre |
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9. Identify projected date(s) of pesticide use:

10. Provide the location site where the aircraft mixing/loading will be conducted:

11. Describe where the pesticide storage site is located:

a. Describe how the storage site is secured:

Part IV: Supporting Documents

Please check the attachments being submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- Attachment A1: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the area to be treated.
- Attachment A2: Copy of a town's assessor's map or any other map which clearly identifies the property's boundaries.
- Attachment B: *Applicant Compliance Information Form* (DEP-APP-002)
- Attachment C: *Coastal Consistency Review Form* (DEP-APP-004), if applicable
- Attachment D: CT NDDDB Information, if applicable
- Attachment E: *Property Owner Release Form - Aircraft Application of Pesticides and/or Fertilizer* (DEP-PEST-APP-101): for aerial applications of pesticides and/or fertilizers other than *Bacillus thuringensis* (B.t.).
- Attachment F: *Property Owner Notification - Aircraft Application of Bacillus thuringensis (B.t.)* (DEP-PEST-APP-103): for aerial applications of *Bacillus thuringensis* (B.t.) only.
- Attachment G: Proof of notification: 1) receipts of certified mail; 2) certificates of mailing; or 3) *Waiver of Right to Object Form - Aircraft Application of Bacillus thuringensis (B.t.)* (DEP- PEST-APP-102A &102B): for aerial applications of *Bacillus thuringensis* (B.t.) only.
- Attachment H: Letter of Approval from the local Director of Health (if applicable)

Part V: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

| | |
|--|-----------------------|
| <p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> | |
| Signature of Applicant | Date |
| Name of Applicant (print or type) | Title (if applicable) |
| Signature of Preparer (if different than above) | Date |
| Name of Preparer (print or type) | Title (if applicable) |
| <p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.</p> | |

Note: Please submit the Permit Application Transmittal Form, Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Attachment E: Property Owner Release Form Aircraft Application of Pesticides and/or Fertilizer

Applicant Name:
(as indicated on the *Permit Application Transmittal Form*)

Grower/Company Name:

The undersigned hereby acknowledge that the above named grower/company will apply pesticides and/or fertilizer, by aircraft, to agricultural lands adjacent to their property, within the minimum distance restrictions for areas subject to pesticidal drift.

The undersigned hereby release the above named grower/company from the minimum distance restrictions (200 feet-helicopter, or 300 feet-fixed-wing aircraft) as stated in Section 22a-66-7 of the Regulations of Connecticut State Agencies. The regulation states that:

"A written release is necessary from any landowner or resident whose property is under the spray pattern of the airplane application. The area subject to drift will be considered to be a minimum from the flight path of the plane of 200 feet (helicopter) or 300 feet (fixed-wing aircraft)."

Please print legibly

Reproduce this sheet as necessary.

| Property Owner | Address | Town | Phone | Signature and Date |
|----------------|---------|------|-------|--------------------|
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Attachment F: Property Owner Notification Aircraft Application of *Bacillus thuringensis* (B.t.)

To: *Property Owners*

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

From: *Permit Applicant*

Name:

Mailing Address:

City/Town:

State:

Zip Code:

This letter will serve as official notification that your property is under the proposed flight pattern for aerial spraying, or is within 200 feet of a helicopter's or 300 feet of an airplane's flight pattern.

The proposed spraying of the pesticide, *Bacillus thuringensis* (B.t.), will take place on or about the date of:

The name of the proposed applicator (individual or company) is:

If you object to this spraying on or near your property, you must object *in writing* to the permit applicant. If your objection is received within *30 days*, the aircraft must stay within 200 feet or 300 feet from your property. If no objection is received from you, it will be assumed that you have no objection and the spraying will proceed as planned.

This notification is part of the permit process required by the Connecticut Department of Environmental Protection (DEP). Any objections will be forwarded to DEP. No spraying will be authorized unless and until a permit is issued by DEP.

(Signed)

Permit Applicant

Name of Permit Applicant (print or type)

Attachment G: Waiver of Right to Object Aircraft Application of *Bacillus thuringensis* (B.t.)

Area to be sprayed only

Applicant Name:
(as indicated on the *Permit Application Transmittal Form*)

Grower/Company Name:

We, the undersigned property owners acknowledge that we have received notification of aerial spraying, and waive our right to object, so that spraying can take place sooner than 30 days from the date of notification.

***Reproduce This Sheet as Necessary
Use A Separate Sheet For Each Street***

Please Print Legibly

| Property Owner | Address | Town | Phone | Signature and Date |
|----------------|---------|------|-------|--------------------|
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Attachment G: Waiver of Right to Object Aircraft Application of *Bacillus thuringensis* (B.t.)

Buffer zone only

Applicant Name:
(as indicated on the *Permit Application Transmittal Form*)

Grower/Company Name:

We, the undersigned property owners acknowledge that we have received notification of aerial spraying, and waive our right to object, so that spraying can take place sooner than 30 days from the date of notification.

***Reproduce This Sheet as Necessary
Use A Separate Sheet For Each Street***

Please Print Legibly

| Property Owner | Address | Town | Phone | Signature and Date |
|----------------|---------|------|-------|--------------------|
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