



**Connecticut Department of
 Energy & Environmental Protection**
 Bureau of Materials Management & Compliance Assurance
 Engineering & Enforcement Division

Permit Application for the Use of Pesticides in State Waters

Affiliations:

Description: **Hiltz**

Filed By: **Zachary Davis**

E-mail: **Zach@Thepondandlake.com**

Affiliations

Type	Name	Mailing Address	Business Phone	Contact
Applicant	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com
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Owner				
Pesticide Applicator	THE POND AND LAKE CONNECTION	1112 FEDERAL RD BROOKFIELD, CT 06804, US	203-885-0184	Zachary Davis 203-885-0184 Zach@Thepondandlake.com

Part I: Application Type and Description

Application Type

This application is to request (check one):

- One year permit
- Two year permit
- Three year permit

Note: Multi-year permits will be issued at the Department of Energy and Environmental Protection's (DEEP) discretion.

- Check here if DEEP has previously issued an Aquatic Pesticide Permit for this site.

Permit Number for most recent permit: **AQUA-2020-217ws**

- Check here if the information contained in this application is identical to the last application and the chemicals, quantities and number of treatments requested are identical to the chemicals, quantities and number of treatments permitted by the most recent permit issued.

Town where site is located: **Goshen**

Brief Description of Project: **Aquatic Pesticide Application to Hiltz Pond**

Part II: Fee Information

An application fee of \$200.00 [#1009] is to be submitted with each permit that you are applying for. Each site requires a separate permit. The application will not be processed without payment of the fee. If you are applying for a multi-year permit, see Part II of the instructions

for information on fee payment. There is no discount for municipalities. The fee shall be non-refundable and shall be paid by e-check or credit card to the Department of Energy and Environmental Protection.

Part III: Site Location

Name of Waterbody **Hiltz Pond**

SITE LOCATION

144 Bentley Cir, Goshen, CT 06756, [Goshen]

Part IV: Applicant Information

✓ Additional information is required for applicant

Please indicate the type of business
corporation

✓ limited liability company

limited partnership

limited liability partnership

statutory trust

other

ii) provide Pesticide Application Business Registration Number: **0685027**

Registration Expiration Date **01/31/2024**

b) Applicant's relationship to the property at which the proposed activity is to be located:

site owner

option holder

lessee

easement holder

operator

✓ pesticide applicator

other

2. Owner Information

a. If known, list the name and address of all owners of the area(s) to be treated. If unsure, go to item #2b.

b. If the applicant is unsure of who owns an area(s) to be treated, provide the name and address for all shoreline property owners located 200 feet or less from such area. However, if the applicant does know who owns the area to be treated, then return to the 'Companies/Entities/Individuals Associated with the Filing' section by selecting the arrow in the top left corner of this screen and add the Owner(s).

Name of Shoreline Property Owner	Address
Jim Hiltz	144 Bentley Circle Goshen

Does the State of Connecticut own any portion of the area to be treated?

Yes

No

**If an area(s) to be treated is owned or controlled by the state of Connecticut, see instructions*

for submitting an application to the DEEP Land Acquisition and Management Unit (LAM) for review and approval of the proposed treatment on state property. A LAM Authorization letter must be submitted as Attachment G for any application involving treatment of a waterbody that is owned or controlled by the state of Connecticut.

3. Pesticide Applicator

Is this a Commercial Application?

Yes

No

Pesticide application Certification Number **S-6687**

Pesticide application Certification Expiration Date **01/31/2024**

Part V: Additional Information

If the applicant is submitting this application on behalf of someone else, identify the person(s) or organization(s) seeking to have pesticides applied to the treatment area(s) and provide the following information. If more than one person or organization is being represented, attach additional sheets providing the information requested below.

Name	Mailing Address	Business Phone	Contact Person
Jim Hiltz	144 Bentley Circle Goshen	8603070687	Jim

Part VI: Site Information

1. COASTAL AREA

Is this pesticide application located in the municipality within the coastal area? (check town list in the instructions)

Yes

No

For assistance in determining if the water being treated is affected by tidal water as described above or in completing the Coastal Consistency Review form, contact the Office of Long Island Sound Programs (OLISP) at 860-424-3034.

2. NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES

According to the most current 'Natural Diversity Data Base Areas Maps', will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes

No

Date of Map **12/2023**

3. AQUIFER PROTECTION AREAS

Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354b of the General Statutes (CGS)?

Yes

No

To view the applicable list of towns and maps visit the DEEP website at <http://www.ct.gov/deep/aquiferprotection>

If yes, is the site within an area identified on a Level A or Level B map?

Yes

No

4. CONSERVATION OR PRESERVATION RESTRICTION

Is the property subject to a conservation or preservation restriction?

Yes

No

5. TYPE OF AREA TO BE TREATED

Select area type

Tidal Waters

Pond or Lake

Stream

6. PUBLIC WATER SUPPLY WATERSHED

Is the waterbody located in a public water supply watershed?

(See instructions)

Yes

No

If Yes, DPH comments may be required as Attachment I to this application.

7. WATERBODY LOCATION FROM PUBLIC WATER SUPPLY

Is the waterbody potentially located 200 ft. or less from a public water supply well?

Yes

No

8. Where does the waterbody flow to?

Name of receiving stream or waterbody? **Un Named Stream**

Is the outflow usually flowing?

Yes

No

Can outflow be stopped?

Yes

No

9. SIZE OF WATERBODIES TO BE TREATED

Identify the size of the waterbody(ies) and the portion of the waterbody(ies) to be treated. Refer to the instructions.

What type of waterbodies will be treated?

Ponds and Lakes

Streams and Rivers

Will more than 80 Acres be treated?

Yes

No

Name of Waterbody	Total Acres	Average Depth ft.	Total Volume Acre ft.	Acres	Volume Acre ft.
Hiltz Pond	0.23	4	0.92	0.23	0.92

10. PROPOSED PRODUCT TO BE USED

Identify each proposed product to be used, the amount per treatment, the number of treatments and the surface area (acres) or volume (acre feet) of water to be treated with that product. If more than one waterbody will be treated, provide this information for each waterbody. Provide quantities using only in the units specified in the instructions.

Name of Waterbody	Full Product Name	Active Ingredient	Amount per Treatment	Measurement Units	Number of Treatment	Acres	Volume Acre-ft
Hiltz Pond	Cutrine Plus	Copper Ethanolamine Complex (27.9%)	1.65	Gallons	3	0.23	0.92
Hiltz Pond	Nautique	Copper Ethylenediamine Complex (13.2%)/ Copper Triethanolamine Complex (14.9%)	0.92	Gallons	3	0.23	0.92
Hiltz Pond	Clearcast	Ammonium Salt of Imazamox (12.1%)	0.1	Gallons	1	0.1	0.92

11. PUBLIC ACCESS

Does the waterbody have public access?

- Yes
- No

12. STATE-OWNED BOAT LAUNCH

Is there a state-owned boat launch?

- Yes
- No

13. STOCKED WITH FISH

Is the waterbody stocked with fish by the state?

- Yes
- No

14. USE OF WATERBODY

Identify use(s) of waterbody:

- Domestic Water Supply
- Irrigation
- Watering Livestock
- Swimming
- Fishing
- None

15. DOWNSTREAM USERS AFFECTED BY TREATMENT

Are there any downstream users of the water who may be affected by treatment?

Yes

No

16. PRIVATE DRINKING WELLS

Within 200 ft. inclusive of the treatment area are there any private drinking water wells 50 ft. or less from the shoreline?

Yes

No

17. PLANTS OR ANIMALS TO BE CONTROLLED

Identify all plants or animals to be controlled: **Algae, Spadderdock, Curly Leaf, Pondweeds, Phragmites.**

18a. FISH PRESENT

Identify all types of fish present: **Bluegill Bass Minnows**

18b. ALKALINITY OF WATER

If a copper-based product will be used and there are fish species sensitive to copper, what is the alkalinity of the water to be treated? Please include units.

Value

19. TIME PERIOD OF PESTICIDE USE

Projected Date(s) of Pesticide Use **April-October**

20. PRIOR YEARS CHEMICALS WERE APPLIED TO WATERBODY

List prior years in which chemicals were applied to this waterbody: **Every other year since 2018-Present: Stahl Holdings LLC**

Part VII: Supporting Documentation

Be sure to read the instructions (DEEP-PEST-INST-200) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being 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 this application form.

✓ **Attachment A - Aerial Map**

File name: Pond Map.pdf

File Update Date: 01/19/2024 10:06:46

✓ **Attachment B - Applicant Compliance Review Form**

File name: complianceformpdf.pdf

File Update Date: 01/03/2023 10:58:48

Applicant Compliance Information Form

(DEEP-APP-002), if applicable.

Attachment C - Coastal Consistency Review Form

Coastal Consistency Review Form

(DEEP-APP-004), if applicable.

Attachment D - NDDB Determination Response

A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do not submit any NDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDB Determination if it expires before project work commences.

Attachment E - Verification of Notification to Local Inland Wetland Agency

Verification of Notification to Local Inland Wetland Agency:

Note:

To submit your Verification of Notification to Local Inland Wetland Agency, you must first complete all other portions of this application, select 'Save', then select 'Download PDF' from the bottom of this screen to download a copy of your application.

You must send a copy of your completed application to the local Inland Wetland Agency, and then return to this application page to upload your verification as Attachment E above.

You will then be able to submit your completed application for review.

The following are acceptable forms of Verification of Notification:

- copy of a certified mail receipt, or*
- a copy of the application stamped and dated as received by the local inland wetlands agency, or*
- an e-mail from the local inland wetlands agency verifying that this completed application has been received by such agency. If sending via email, you must first contact the local inland wetlands agency to verify that this method of delivery is acceptable.*

*Refer to the
instructions*

Attachment F - Conservation or Preservation Restriction Information

Conservation or Preservation Restriction Information, if applicable.

Attachment G - DEEP Land Management Unit Authorization

DEEP Land Management Unit's Authorization letter for treatment of a state-owned or controlled waterbody and/or use of a state-owned boat launch, if applicable.

Attachment H - Approval under G.P. for Point Source Dischargers to Waters of the State from Application of Pesticides

*Approval under the
General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides
, if applicable.*

Attachment I - Department of Public Health comments

Department of Public Health comments if the proposed treatment area(s) is located 200 ft. or less from a public water supply well or if the waterbody is located within a public water supply watershed and the application proposes the use of flumioxazin or triclopyr.

Attachment J - Other Supporting Documents

If you have additional documents or information to support your application that are not otherwise specified above, upload them here. This can include recent vegetation surveys, long term management plans, or other information specific to your site that could aid in the review of your application.

DRAFT COPY