

U.S. ARMY CORPS OF ENGINEERS
OLD HICKORY LAKE
Application for Aquatic Plant Control Permit
PERMIT 24-_____

1. Complete the enclosed application and plans showing the work you propose to do. **Incomplete applications cannot be processed and will be returned for completion.**
2. Return original packet with all pages attached. You will receive a copy of the permit after it is approved. Mail to:

Resource Manager's Office
Old Hickory Lake
5 Power Plant Road
Hendersonville, TN 37075
3. Permittee and/or contractor shall familiarize themselves with all permit conditions before work is performed.
4. **Do not perform any work until you have received written approval.**
5. If you have any questions, telephone (615) 822-4846

Date

Park Ranger

Data Required By The Privacy Act of 1974

1. Authority - Section 4, Flood Control Act as amended, PL 87-874.
2. Principal Uses: To provide information for contact of responsible party available on short notice in the case of emergency. Needed for description of facility to assure conditions of permit requirements are met.
3. Routine Uses: These applications are used in considering the issuance of permits for the application of aquatic herbicides to specified aquatic plants by private landowners adjacent to Corps lakes. This information is collected and maintained at project offices and is used as a basis for issuing permits.
4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information:
Voluntary: Failure to provide information will preclude issuance of a permit.

APPLICATION FOR AQUATIC PLANT CONTROL PERMIT
U.S. ARMY CORPS OF ENGINEERS
OLD HICKORY LAKE
PERMIT 24-_____

Print or type the information requested below. Submit completed and signed copy of this application and plans of proposed work to the Resource Manager.

NAME _____ **LICENSED AQUATIC APPLICATOR**
ADDRESS _____ **NAME** _____
_____ **ADDRESS** _____
PHONE : HOME _____ **WORK** _____
SUBDIVISION _____ **PHONE :** _____
LOT # _____ **TENN REGISTRATION NO.** _____
Proposed Starting Date _____ Area to be Treated _____ Sq Feet
Target Plant(s) to be Treated _____
Other Plant(s) in Treatment Area _____
Proposed Aquatic Herbicide to be Used _____
Application Rate _____
Herbicide will be Applied by: Boat _____ Land _____

I hereby apply for a permit to perform the above work in waters of the United States and agree to abide by all conditions that govern such privileges. I agree that NO WORK will begin until I receive **Written Approval** to proceed. I have read and understand the permit conditions and restrictions. I further agree to complete the attached pesticide application record and return it to the Resource Manager within seven (7) days of completion of treatment.

DATE SIGNATURE OF APPLICANT

(Do not write below this line)

OFFICIAL USE ONLY

Tract _____ Classification _____ River Mile _____ RB or LB
Ranger _____ Resource Manager _____

Aquatic Plant Control Permit

Permit No. 24-_____ Issue Date _____ Expiration Date _____

This permit is hereby granted by delegation of the Secretary of the Army under authority conferred on him by the Act of Congress approved 31 August 1951(USC 140). The permittee shall adhere to the conditions for shoreline use and all other rules and regulations of the U.S. Army Corps of Engineers.

DATE RESOURCE MANAGER

Aquatic Plant Control Permit Conditions - 2024

1. This permit is granted solely for the purpose described by the attached permit.
2. The permittee does hereby release and agree to save and hold the Government harmless from any and all causes of action, suits at law or equity, or claims or demands or from any liability of any nature whatsoever, for, or on account of, any damages to persons or property, including the permitted work.
3. Attached Pesticide Application Record **must** be completed and signed by a licensed applicator and permittee and returned to the Resource Manager within **seven (7) days** of completion of work.
4. The contractor shall furnish the Government and the applicator a Safety Data Sheet for all herbicides used.
5. The Government shall in no case be liable for any reinfestation of aquatic plants due to fragmentation or fluctuations in water levels that may cause plants to float back into a treated area, and damage or injury to adjoining private property due to the improper application of the permitted work. No claims or right to compensation shall accrue to the Government from any such damage.
6. All herbicides used must be approved by the Environmental Protection Agency for aquatic application. The application of herbicides is subject to all applicable Federal, State, and local laws and regulations.
7. The permittee shall be responsible for **notifying all property owners within 150 feet of boundaries of treatment area** as shown on plans of the proposed application area and informing them of the proposed date and time of the aquatic plants control treatment. **The permittee shall supply the Resource Manager with the name(s), address(es) and phone numbers of these property owner(s) as well as method of notification, (i.e. verbal or written).** The permittee must make the contractor fully aware of all permit plans and conditions prior to commencement of the work and furnish a copy of the permit to the contractor.
8. The permittee shall notify adjoining land owners with water intakes within the proposed treatment area. **The adjoining land owners must be informed to discontinue use of their water pumps until the residual time limits have expired.** See herbicide manufacturer's label for distance allowed from potable water intakes.
9. **If more than one property owner is within the physical boundaries of the treatment area, the permittee shall supply the Resource Manager with the name(s), address(es), phone number(s) and signature(s) of each property owner as shown on attached plans showing their acknowledgment of the proposed herbicide use and treatment calendar. Acknowledgment emails may be submitted in lieu of signatures from absentee property owners.**
10. The permittee or his/her contractor shall post warning signs on land at the treatment area boundaries and at **50** foot intervals along the shoreline of the treatment area. Buoys shall be placed at the treatment area boundaries and at **50** foot intervals in the water outside of the treatment area where boaters can read

prior to entering the treatment area. Treatment area notice is provided for this purpose which must remain in place **seven (7) days** after treatment.

11. The contractor must have a commercial applicator's license from the State of Tennessee. Herbicides must be used strictly in accordance with the label instructions.

12. The permittee shall notify the Resource Manager's Office **and the State Division of Water Pollution Control, Environmental Assistance Center, 711 R.S. Gass Blvd., Nashville, TN 37243 (615) 687-7000** within **three (3) days** prior to treatment.

13. Treatment areas are subject to periodic inspection by Corps personnel. If an inspection reveals conditions which make the treatment unsafe in any way or conditions which deviate from the approved plans, such conditions will be corrected immediately by the owner upon receipt of notification. No deviation or changes from approved plans will be permitted without **prior written approval** of the Resource Manager.

14. No vegetation other than that prescribed in the permit may be damaged, destroyed or removed.

15. This permit is non-transferable. The permit is valid for the dates specified. Subsequent treatments require that a new application with original signatures be submitted for approval.

16. If emergency circumstances dictate otherwise, the Resource Manager may summarily revoke this permit.

Name _____

Aquatic Plant Control
Permit 24-_____
Treatment Area Plan

Acknowledgement of Adjoining Property Owners Within Proposed Treatment Area

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use an attachment if necessary)

Area to be Treated _____ Sq Feet
Water Depth at Deepest Point _____ Feet
Number of Signs _____ Buoys _____ within treatment area

PLAN

(show shoreline measurements, location of signs and buoys, and existing permitted features)

Note: Treatment area boundaries must be posted with notices along shoreline at 50 foot intervals and with buoys along water boundaries at 50 foot intervals. Notices must remain in place seven (7) days after treatment.

AQUATIC PLANT CONTROL PERMIT NO. 24-_____
** TREATMENT AREA NOTICE **

PERMITTEE _____ PHONE _____

WATER WITHIN 150 FEET OF THIS NOTICE WAS TREATED FOR
AQUATIC PLANT CONTROL ON _____

- * DO NOT SWIM FOR _____
- * DO NOT USE FISH FOR FOOD OR FEED WITHIN _____
OF TREATMENT
- * DO NOT USE WATER FOR HOUSEHOLD, DOMESTIC, OR
IRRIGATION PURPOSES FOR _____ AFTER TREATMENT

Do not remove this notice within 7 days of treatment
If you have any questions or comments, contact:

Resource Manager's Office
Old Hickory Lake OR (615) 822-4846
5 Power Plant Road
Hendersonville, TN 37075

AQUATIC PLANT CONTROL PERMIT NO. 24-_____
** TREATMENT AREA NOTICE **

PERMITTEE _____ PHONE _____

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Do not remove this notice within 7 days of treatment
If you have any questions or comments, contact:

Resource Manager's Office
Old Hickory Lake OR (615) 822-4846
5 Power Plant Road
Hendersonville, TN 37075

OLD HICKORY LAKE

POST-TREATMENT APPLICATION RECORD
PERMIT 24-_____

CONTRACTOR

Name _____ Applicator _____
Address _____ TN Reg. No. _____
_____ Crew _____
Phone _____

TARGET PEST DESCRIPTION

Pest Treated _____ Purpose _____
Date _____ Air Temp _____ Rel. Humid. _____
Time _____ % Overcast _____ Water Temp. _____
Acreage Treated _____ Wind Speed & Direction _____

DESCRIPTION OF TREATMENT AREA

PESTICIDE USED

Common Name _____ Trade Name _____
Manufacturer _____ Purpose _____
Registered Use _____ Active Ingredients _____
Form Applied _____ Amount _____

EPA Reg. No. _____ EPA Classification _____
Pesticide Mixture _____ Application Rate _____
Application Equipment Used _____

Special Precautions _____

Additional Remarks _____

Accumulative Treatment (Quantity of pesticide applied to a given area during the calendar year)

	Units Treated	Quantity Used
Previous	_____	_____
Present	_____	_____
Total	_____	_____

Cooperating Agencies _____

I hereby certify that this information is a true and correct record of the pesticide application.

Signature of Certified Applicator

OLD HICKORY LAKE
PRE-TREATMENT INSPECTION RECORD
Permit 24- _____

CONTRACTOR

Name _____ Applicator _____
Address _____ TN Reg. No. _____
Crew _____
Phone _____

DESCRIPTION OF TREATMENT AREA

APPROXIMATE ACREAGE _____

WATER DEPTH _____

SUGGESTED NUMBER OF SIGNS _____ BUOYS _____

TARGET PEST DESCRIPTION

OTHER PLANTS IN TREATMENT AREA _____

NUMBER OF PROPERTY OWNERS INVOLVED _____

PLAN

DATE

RANGER