

Application No: _____
Date Received: _____

Special Permit Application-WATERSHED
NH Division of Pesticide Control
PO BOX 2042 Concord NH 03302-2042

02/2022

OFFICE USE ONLY

Referred to:

	Approve	Disapprove	Signature	Date
Dept. Environ. Services	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dept. Nat. & Cult. Res.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fish & Game Department	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
State Entomologist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Division Public Health	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Div. of Pesticide Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check here if there are attached comments or conditions, or use space below:

Comments: _____

APPLICANT INFORMATION

1. Name of applicant (Individual, Municipality, Organization, Firm, or Agency):

Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ Cell* _____ Lic.# : _____
Contact _____ Name: _____
Tel: _____
Cell* _____ E-mail* _____

2. Licensed pesticide applicator(s) (if other than party named on Line 1):

Address: _____
City: _____ State: _____ Zip: _____ E-Mail _____
Tel: _____ Fax: _____ Cell* _____ Lic #: _____

3. Client on whose behalf the application is being made (if other than shown on Lines 1 or 2):

Name (Person or Organization): _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ E-Mail* _____
Contact/Spokesperson (Name/Title (if any)): _____
Tel: _____ Cell* _____ E-Mail* _____

* Cell # and E-mail address Optional

TREATMENT AREA INFORMATION

4. Have there been any previous special permits issued to conduct pesticide applications at this site (whether or not pesticide were actually applied)? Yes No .

If Yes, indicate permit number and year of most recent permit:

Permit #: SP# - _____ Year: _____

5. Description of Treatment Area

a. List Treatment Areas (Reference any such blocks on an attached map): _____

b. Number of Blocks/Sites, Acreage of each: _____

c. If this proposal concerns a setback easement request from surface water, specify:

(1) Name(s) of the water body or bodies: _____

(2) Type of Water Body (and associated setbacks):

Public Water Supply Surface Water (250 ‘)*

* (Applicable within watershed and within 5 miles of public water supply intake)

Name of Supplier or System: _____

Public Water that does not serve as a public water supply (50’)

Non-Public Water (25’)

(3) Nearest distance, in feet, to reference line (high watermark) of surface water(s) that you anticipate applying pesticides, if easement is granted:

d. If this proposal concerns a setback easement request from a Public Well, specify:

(1) Name of the water supplier or system: _____

(2) Type(s) of Well(s) (and associated setbacks):

Gravel Packed (400’)

Other (250’)

(3) Nearest distance, in feet, to the well(s) that you anticipate applying pesticides, if easement is granted: _____

e. Are there any activities in the treatment area that might be affected by the pesticide application? Yes , No . If Yes, please list and describe:

6. Specify the reason or need for the pesticide application. Include measures that will be taken to minimize risk of contamination of surface- or ground-water by pesticides:

Check here if state-listed invasive species are among the target pests, and list under 9a

7. Do you have approval from all property owners on whose property pesticide applications will be made under this proposal? Yes , No .

8. **Attach a detailed map showing the following:**

- a. Treatment areas (cross reference with blocks listed under 5a, above);
- b. Adjacent areas;
- c. Surface waters;
- d. Pertinent topographic features; and
- e. Land type(s)

9. **Description of Pesticide Application:**

a. Target organism(s) – (**be specific**): _____

b. Method(s) of treatment: _____

c. Pesticide(s) to be used [**ATTACH COPIES OF COMPLETE LABELS**]

(1) Name(s) & EPA #(s) of product(s) _____

(2) Rate(s) of application(s) _____

d. Application schedule (approximate dates): _____

SIGNATURES

10. By the signature(s) below, the signatories attest that the information provided in this application is accurate and true, and they acknowledge that falsification of information will result in denial of a special permit.

Applicant (Person named under Line 1 of this form):

Signature: _____ Date: _____

* Print or Type Name/Title: _____

Pesticide Applicator (From Line 2, if you have not already signed as the Applicant)

Signature: _____ Date: _____

* Print or Type Name/Title: _____

Client (Person named on Line 3 of this form):

Signature: _____ Date: _____

* Print or Type Name/Title: _____

* **FORMS WITH ILLEGIBLY PRINTED NAMES WILL BE RETURNED**

NOTE: An Original, Signed Application must be submitted, to include all maps, labels, and support information. Two (2) complete copies must also be submitted. In some cases applications, or portions thereof, may be submitted electronically. Contact the Division of Pesticide Control to determine the form in which documents may be submitted. Submit the application to the address shown at the head of this form. Where electronic copies will be allowed, the appropriate e-mail address will be provided. Applications shall be processed in accordance with RSA 541-A:29.

ALLOW 60 DAYS FOR PROCESSING

This package contains (please check all that apply):

- Signed, dated, and completed application form with legible name(s)
- Maps of appropriate scale containing all required information
- Copies of complete labels of pesticides being proposed
- All required lists of names and addresses