



**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

Please complete this form in accordance with section 22a-66z CGS and the [instructions](#) (DEEP-PEST-INST-200) in order to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee along with this form.

| | |
|-----------------------------|-------|
| CPPU USE ONLY | |
| App #: | _____ |
| Doc #: | _____ |
| Check #: | _____ |
| Program: Aquatic Pesticides | |

Part I: Application Type and Description

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 2019 367

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: East Hampton

Brief Description of Project: Aquatic pesticide application to Lake Pocotopaug, East Hampton.

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 check or money order to the Department of Energy and Environmental Protection.

Part III: Site Location

Name of Waterbody: Lake Pocotopaug

Street address and/or description of location: 68 W. Main St.

City/Town: East Hampton State: CT Zip Code: 06424

Part IV: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](http://www.concord-sots.ct.gov/CONCORD/index.jsp). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Applicant Name: Stahl Holdings LLC. DBA: The Pond and Lake Connection

Mailing Address: 1112 Federal Rd

City/Town: Brookfield

State: CT Zip Code: 06804

Business Phone: 1(203)885-0184

ext.:

Contact Person: Lisa Mariakakis

Phone: 1(203)885-0184 ext.

*E-mail: lisa@thepondandlake.com

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

- a) Applicant Type (check one): individual *business entity federal agency
 state agency municipality tribal

*If a business entity:

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

- ii) provide Pesticide Application Business Registration Number and Registration expiration date:
B2764 Exp-8/31/2022

- iii) provide Secretary of the State business ID #: 0685027 This information can be accessed at [CONCORD](#)

- iv) Check here if your business is **NOT** registered with the Secretary of State's office.

- 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 (specify): _____

- Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name: **Same**

Mailing Address:

City/Town:

State: Zip Code:

Business Phone:

ext.:

Contact Person:

Phone: ext.

*E-mail:

Part IV: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name: **Same**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

4. 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 #4b.

You can add rows to this table by using "tab" in the last row, in the last column.

| Name of Owner | Address |
|----------------------|--|
| Town of East Hampton | 1 Community Dr. East Hampton, CT 06424 |
| | |
| | |
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| | |

*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.

Part IV: Applicant Information (continued)

4b. 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.

You can add rows to this table by using "tab" in the last row, in the last column.

| Name of Shoreline Property Owner | Address |
|----------------------------------|---------|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |

5. List the person or company applying the pesticides.

Name: **The Pond and Lake Connection**

Mailing Address: 1112 Federal Rd.

City/Town: Brookfield

State: CT Zip Code: 06804

Business Phone: 1(203)885-0184

ext.:

Contact Person: Nicholas McMahon

Phone: 1(203)885-0184 ext.

E-mail: nick@thepondandlake.com

Certification Number: S-6424

Certification Expiration Date: 1/31/2023

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: **Town of East Hampton**

Mailing Address: 1 Community Dr.

City/Town: East Hampton

State: CT Zip Code: 06424

Business Phone: (860)267-7300

ext.:

Contact Person: Jeremy Hall

Phone: (860)614-7419 ext.

*E-mail: jhall@easthamptonct.gov

Part VI: Site Information

1. **COASTAL AREA:** Is the pesticide application located in a municipality within the coastal area?

Yes No (check town list in the instructions)

If yes, is the water being treated subject to the ebb and flow of the tides, or inundated by saline or brackish water at least once a month? Yes No

If the water being treated is subject to the ebb and flow of the tides, or is inundated by saline or brackish water at least once a month, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment C.

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: **12/2021**

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment D. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences. If the required NDDDB documents are not submitted as Attachment D, your application will be deemed incomplete and may be subject to denial.

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDDB at 860-424-3011.

3. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A or Level B map? Yes No

If your site is on a Level A or Level B map, you are not required to register under the Aquifer Protection Program, **however** you must follow proper spill control measures to prevent potential contamination of drinking water. If you should have a spill, please call the emergency hotline **immediately** at 860-424-3338.

4. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction must be submitted as Attachment F.

5. Type of area to be treated: Tidal Waters Pond or Lake Stream

6. 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. Is the waterbody potentially located 200 ft. or less from a public water supply well? Yes No
(See [instructions](#)) If Yes, DPH comments **must** be submitted as Attachment I to this application.

8. Where does the waterbody flow to (Name of receiving stream or waterbody)? Pocotopaug Creek

Is the outflow usually flowing? Yes No

Can outflow be stopped? Yes No

Part VI: Site Information (continued)

You can add rows to the tables below, by using "tab" in the last row, in the last column.

| 9. Identify the size of the waterbody(ies) and the portion of the waterbody(ies) to be treated. Refer to the instructions . | | | | | |
|---|-------------|-------------------|-----------------------|------------------------------------|----------------|
| Name of Waterbody | Total Acres | Average Depth ft. | Total Volume Acre ft. | Total Treated Portion ² | |
| | | | | Acres | Volume Acre-ft |
| Lake Pocotopaug | 512 | 10 | 5,120 | 512 | 3,072 |
| | | | | | |
| | | | | | |
| | | | | | |

| 10. 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. | | | | | |
|---|--------------------------------------|-----------------------------------|----------------------|------------------------------|----------------|
| Name of Waterbody | Full Product Name | Amount per Treatment ¹ | Number of Treatments | Treated Portion ² | |
| | | | | Acres | Volume Acre-ft |
| Lake Pocotopaug | Copper Sulfate Crystal (2.72lbs/Aft) | 4,177.92 lbs | 5 | 256 | 1,536 |

¹Provide quantities using only the units specified in the [instructions](#).

²If treating more than 80 acres of a single waterbody or 20 linear miles of shoreline in a calendar year, registration for approval under the [General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides](#) is required. (See [instructions](#)). Such approval must be submitted as Attachment H to this application if required.

Part VI: Site Information (continued)

11. Does the waterbody have public access? Yes No

12. Is there a [state-owned boat launch](#)? Yes No

If yes, will the boat launch be used to access the waterbody? Yes No

If yes, will the boat launch be used for any purpose other than launching a boat? Yes No

If yes, see [instructions](#) for submitting an application to the DEEP Land Acquisition and Management Unit for review and approval of state property.

13. Is the waterbody stocked with fish by the state? Yes No

14. Identify use(s) of waterbody:

domestic water supply irrigation watering livestock swimming fishing None

15. Are there any downstream users of the water who may be affected by treatment? Yes No

If yes, please explain:

16. 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. Identify all plants or animals to be controlled: **Algae**

18a. Identify all types of fish present: **Largemouth Bass, Smallmouth Bass, Chain Pickerel, Walleye, White Perch, Yellow Perch, Sunfish.**

18b. 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? **n/a**

19. Projected date(s) of pesticide use: **April - November**

20. List prior years in which chemicals were applied to this waterbody:

Unknown

Part VII: Supporting Documents

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: An 8-1/2" x 11" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated.
- Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002), if applicable.
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- Attachment E: Verification of Notification to Local Inland Wetland Agency:
- 1) copy of a certified mail receipt, or
 - 2) a copy of the application stamped and dated as received by the local inland wetlands agency, or
 - 3) an e-mail from the local inland wetlands agency verifying that this completed application has been sent to such agency.
- For multiple applications submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of the certified mail receipt to each application.
 - For multiple applications submitted to the local inland wetlands agency under one email, the e-mail from the agency clearly confirming receipt of each application.
- Refer to the [instructions](#).
- Attachment F: Conservation or Preservation Restriction Information, if applicable.
- Attachment G: 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 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 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, if applicable.

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part VIII: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed application to the appropriate local inland wetland agency.

"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.

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.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I also certify that I have sent one copy of this completed application to the appropriate local inland wetland agency on _____ " _____
Date

Signature of Applicant

Date

Jeff Stahl

President

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Nicholas McMahon

Applicator

Name of Preparer (print or type)

Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

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

Please also submit a copy of this completed application to the local inland wetlands agency.

Lake Pocotopaug
512 acres





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

**Approval of Registration
General Permit for Point Source
Discharges to Waters of the
State from the Application of
Pesticides**

| |
|-------------------------------------|
| CPPU USE ONLY |
| App #: _____ |
| Doc #: _____ |
| Check #: _____ |
| Program: Industrial General Permits |

Please complete this form in accordance with sections 22a-430b and 22a-66z CGS in order to ensure the proper handling of your registration. Print or type unless otherwise noted.
Complete one registration per site.

Part I: Registration Description

The registration types below identify who must apply for an approval of registration under the subject general permit. Check the appropriate box(es) identifying the registration type:

| |
|--|
| <input type="checkbox"/> Pesticide application by a state or federal agency. Must complete this registration and Appendix A of this registration |
| <input type="checkbox"/> Pesticide application by other than a state or federal agency (and check one type from below) <ul style="list-style-type: none"> <input type="checkbox"/> Pesticide application not regulated under section 22a-66z CGS and treating an area equal to or greater than 80 acres. Must complete this registration and Appendix A of this registration <input type="checkbox"/> Pesticide application not regulated under section 22a-66z CGS and treating an area of shoreline greater than 20 miles measured linearly. Must complete this registration and Appendix A of this registration. |
| <p>Note: <i>If conducting an aquatic application of pesticide(s) regulated under section 22a-66z CGS, and treating an area equal to or greater than 80 acres, do not complete this registration. Complete the "Permit Application for the Use of Pesticides in State Waters" (DEP-PEST-APP-200) and attach Appendix A of this registration to that application.</i></p> |
| Town where site is located: _____ |
| Brief Description of Project: _____ |

Part II: Fee Information

A fee of \$200.00 [#1796] is to be submitted with *each* permit that you are applying for. Each site requires a separate permit. The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Part III: Registrant Information

- **If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- *If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

1. Registrant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

a) Registrant Type (check one):

- individual federal agency state agency municipality tribal
 *business entity (*If a business entity complete i through iii):

- i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if you are **NOT** registered with the Secretary of State's office.

b) Registrant's interest in property at which the proposed activity is to be located:

- site owner option holder lessee
 easement holder operator other (specify): _____

Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Registrant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

4. List only one owner of the site to be treated.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

5. List the person or company applying the pesticides.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Certification Number:

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Waterbody:

Street address and/or description of location:

City or Town:

2. INDIAN LANDS: Is or will the facility be located on federally recognized Indian lands? Yes No

Part IV: Site Information (continued)

3. COASTAL AREA: Is the pesticide application located in a municipality within the coastal area?

Yes No (check town list in the instructions)

If yes, is the water being treated subject to the ebb and flow of the tides, or inundated by saline or brackish water at least once a month? Yes No

If the water being treated is subject to the ebb and flow of the tides, or is inundated by saline or brackish water at least once a month, you must submit a [Coastal Consistency Review Form](#) (DEP-APP-004) with your registration as Attachment B.

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.

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"? Yes No Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEP-APP-007) to the address specified on the form. Please note NDDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant.

The CT NDDDB response must be submitted with this completed registration as Attachment C.

For more information visit the DEEP website at www.ct.gov/dep/nddbrequest or call the NDDDB at 860-424-3011.

5. AQUIFER PROTECTION AREAS: Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A or Level B map? Yes No

If your site is on a Level A or Level B map, you are not required to register under the Aquifer Protection Program, *however* you must follow proper spill control measures to prevent potential contamination of drinking water. If you should have a spill, please call the emergency hotline *immediately* at 860-424-3338.

6. CONSERVATION OR PRESERVATION RESTRICTION: Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction must be submitted as Attachment D.

7. Type of area to be treated: Tidal Waters Pond or Lake Stream

8. Is the waterbody located in a public water supply watershed? Yes No

9. Where does the waterbody flow to?

Is the outflow usually flowing? Yes No

Can outflow be stopped? Yes No

10. Identify the size of the waterbody:

| | | |
|---------------------|---------------------|----------------|
| Length (ft.) | Width (ft.) | Acres |
| Maximum Depth (ft.) | Average Depth (ft.) | Volume (Ac-ft) |

11. Portion of the waterbody to be treated: Acres Volume (Ac-ft.)

Part IV: Site Information (continued)

12. Portion of the waterbody to be treated: Acres Volume (Ac-ft.)

13. Does the waterbody have public access? Yes No

14. Is the waterbody stocked with fish by the state? Yes No

15. Identify use(s) of waterbody:

domestic water supply irrigation watering livestock swimming fishing

16. Are there any downstream users of the water who may be affected by treatment? Yes No
If yes, please explain:

17. Within 1/2 mile of the treatment area, are there any public or private drinking water wells 50 ft. or less from the shoreline? Yes No

18. Identify all plants or animals to be controlled:

19. Identify all types of fish present:

20. Identify chemicals to be used, the amount per treatment and number of times:

| Chemical | Amount per Treatment | Number of Times |
|----------|----------------------|-----------------|
| a) | | |
| b) | | |
| c) | | |

21. Projected date(s) of pesticide use:

22. List prior years in which chemicals were applied to this waterbody:

Part V: Supporting Documents

Check the applicable box below for each attachment being submitted with this registration 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 registrant's name as indicated on this registration form.

- Attachment A: An 8-1/2" x 11" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated.
- Attachment B: *Coastal Consistency Review Form* (DEP-APP-004), if applicable.
- Attachment C: **Copy** of the completed *Request for NDDDB State Listed Species Review Form* (DEP-APP-007) **and** the NDDDB response, if applicable.
- Attachment D: Conservation or Preservation Restriction Information, if applicable.
- Attachment E: Copy of certified mail receipt verifying that this completed registration has been sent to the local inland wetlands agency. For multiple registrations submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of such receipt to each registration being submitted to the department.
- Attachment F: **Appendix A: Certification that the Pesticide Application will be Conducted in Accordance With a Pesticide Discharge Management Plan that Complies with the Minimum Requirements of Appendix A of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides (attached)**

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part VI: Registration Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. An registration will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed registration to the appropriate local inland wetland agency.

| | |
|--|-----------------------|
| <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 registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p><input type="checkbox"/> I also certify that I have sent one copy of this completed registration to the appropriate local inland wetland agency on _____ " Date</p> | |
| Signature of Registrant | Date |
| Name of Registrant (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 this completed Registration Form, Fee, and all Supporting Documents to:

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

Please also submit a copy of this completed registration to the local inland wetlands agency.

Appendix A: Certification that the Pesticide Application will be Conducted in Accordance With a Pesticide Discharge Management Plan that Complies with the Minimum Requirements of Appendix A of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. An registration will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed registration to the appropriate local inland wetland agency.

| | |
|---|--|
| <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. I also certify that the pesticide application is being conducted in accordance with a Pesticide Discharge Management Plan, and is being conducted in accordance with the principles of Integrated Pest Management. 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. I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text. I also certify that I have sent one copy of this completed registration to the appropriate local inland wetland agency."</p> | |
| Signature of Registrant | 6/15/2022 Date |
| Jeff Stahl- Stahl Holding LLC (The Pond and Lake Connection) | President |
| Name of Registrant (print or type) | Title (if applicable) |
| Signature of Preparer (if different than above) | 6/15/2022 Date |
| Name of Preparer (print or type) | Aquatic Specialist Title (if applicable) |
| <input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. | |

Submit this completed Appendix form with the registration under the subject general permit, or when applicable, with the Permit Application for the Use of Pesticides in State Waters (DEP-PEST-APP-200)*.

**If conducting an aquatic application of pesticide(s) regulated under section 22a-66z CGS, and treating an area equal to or greater than 80 acres, complete the "Permit Application for the Use of Pesticides in State Waters" (DEP-PEST-APP-200) and attach Appendix A of this registration to that application.*

Aquatic Pesticide Application: *Lake Pocotopaug, East Hampton, CT:* this waterbody is not located within a public water supply watershed, however its shoreline does have numerous public a supply wells within 200ftwatershed. The proposed chemical is Copper Sulfate Crystal. Given that these chemical dosage amounts comply with label requirements and conditions of the MOA are adhered to, the DWS supports this portion of the permit. Although there are wells within 200 ft of the shoreline, specific to copper sulfate, a 200 ft no treatment buffer zone is not required.

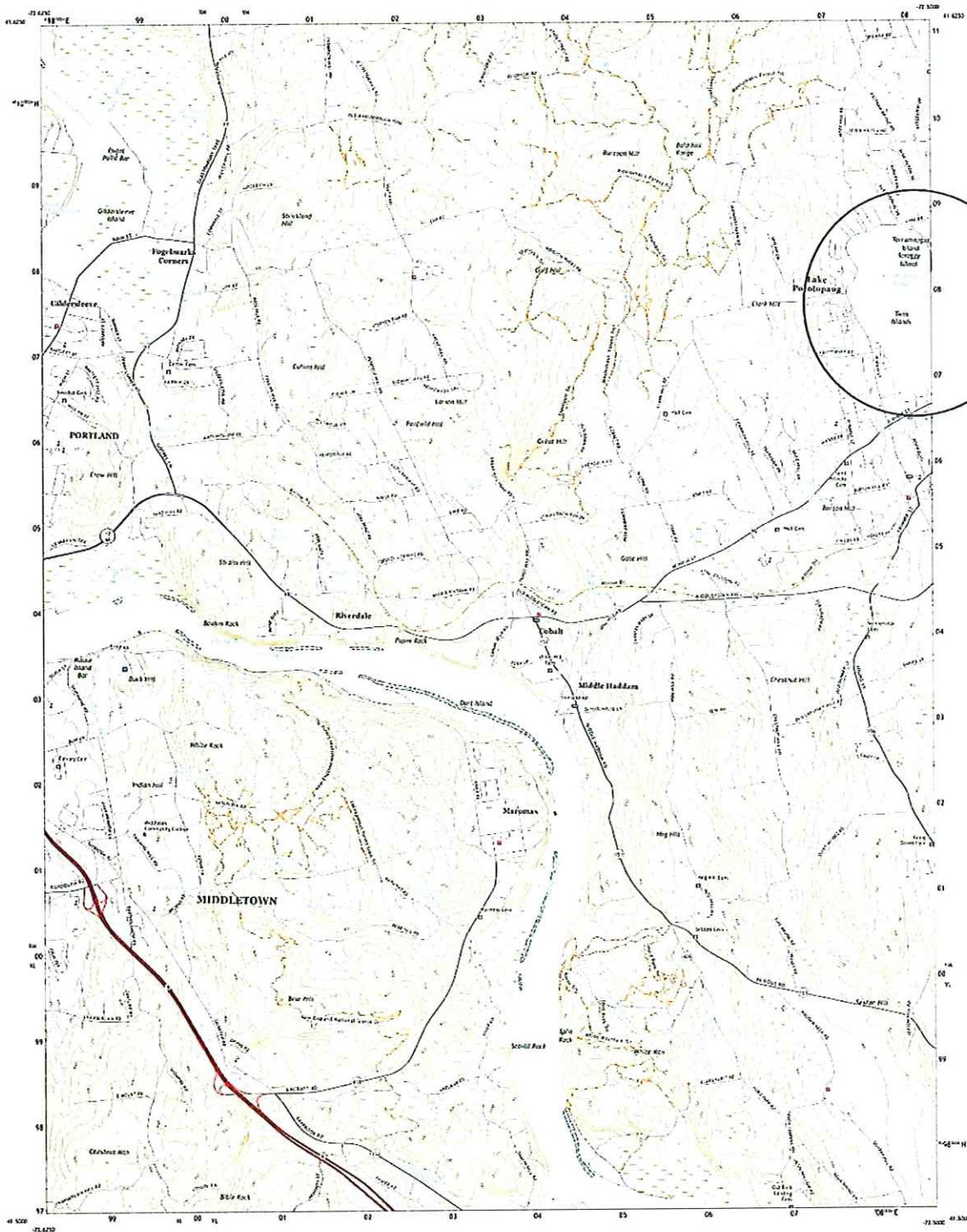
Lake Pocotopaug



U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



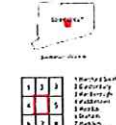
MIDDLE HADDAM QUADRANGLE
CONNECTICUT - MIDDLESEX COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey
using data from the National Wetlands Inventory
and the National Wetlands Inventory Database
for the State of Connecticut. The data were
provided to the USGS by the State of Connecticut
Department of Environmental Protection.
Date: July 2011, September 2011
Scale: 1:24,000
Projection: NAD 83
Datum: NAD 83
Units: Feet
Version: 1.0



SCALE 1:24,000
1 inch = 2000 feet
1 centimeter = 40 meters



ROAD CLASSIFICATION

| | | |
|------------|-------------|-----------------|
| Expressway | State Route | Local Connector |
| Interstate | State Road | Local Road |
| Interstate | State Road | Local Road |
| Interstate | State Road | Local Road |

MIDDLE HADDAM, CT
2011



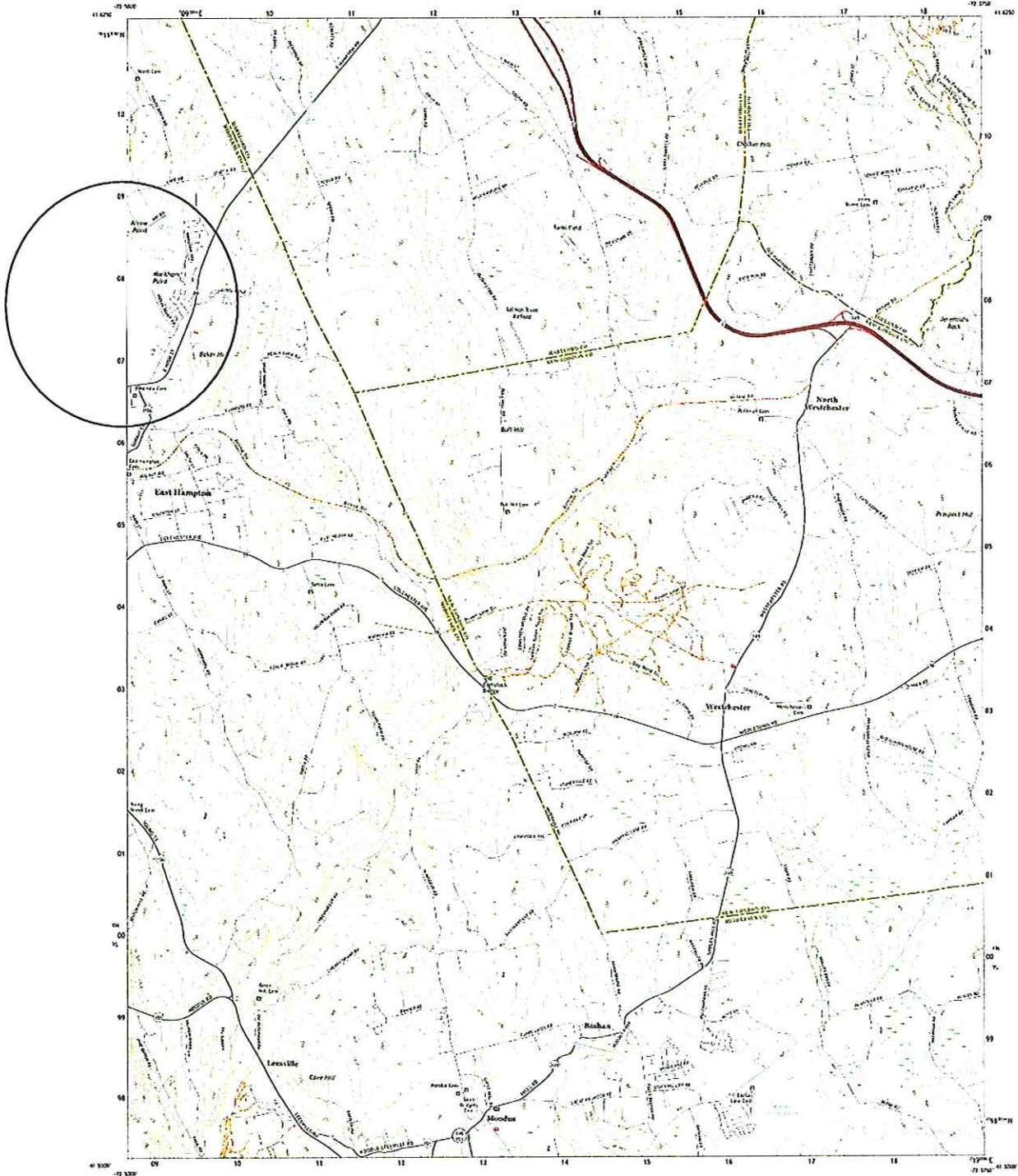
Lake Pocotopaug



U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



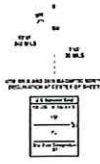
MOODUS QUADRANGLE
CONNECTICUT
7.5-MINUTE SERIES



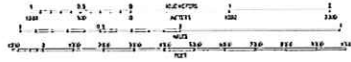
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| | | |
|------------|-------------------------|------|
| Map | 1:250,000 | 1987 |
| Scale | 1:250,000 | 1987 |
| Projection | North American Datum 83 | 1987 |
| Contour | 20 feet | 1987 |
| Source | USGS | 1987 |



SCALE 1:24 000



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ROAD CLASSIFICATION

| | | | |
|------------|-------------|-------------|------------|
| Interstate | State Route | County Road | Local Road |
| Interstate | State Route | County Road | Local Road |
| Interstate | State Route | County Road | Local Road |
| Interstate | State Route | County Road | Local Road |

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

MOODUS, CT
3011





**Connecticut Department of
Energy & Environmental Protection**

Applicant Compliance Information

DEEP ONLY

App. No. _____

Co./Ind. No. _____

Applicant Name: Stahl Holdings LLC:DBA The Pond And Lake Connection

Mailing Address: **1112 Federal Rd**

City/Town: **Brookfield**

State: **CT**

Zip Code: **06804**

Business Phone: **203-885-0184**

ext.:

Contact Person: **James Gorman**

Phone: **845-798-9383** ext.

*E-mail: **pondconnection3@gmail.com**

If you answer *yes* to any of the questions below, you must complete the Table of Enforcement Actions on the reverse side of this sheet as directed in the instructions for your permit application.

A. During the five years immediately preceding submission of this application, has the applicant been convicted in any jurisdiction of a criminal violation of any environmental law?

Yes No

B. During the five years immediately preceding submission of this application, has a civil penalty been imposed upon the applicant in any state, including Connecticut, or federal judicial proceeding for any violation of an environmental law?

Yes No

C. During the five years immediately preceding submission of this application, has a civil penalty exceeding five thousand dollars been imposed on the applicant in any state, including Connecticut, or federal administrative proceeding for any violation of an environmental law?

Yes No

D. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal court issued any order or entered any judgement to the applicant concerning a violation of any environmental law?

Yes No

E. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal administrative agency issued any order to the applicant concerning a violation of any environmental law?

Yes No

