



**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.

Part I: Application Type and Description

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

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

*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

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 (1.4lbs/Aft)	2,150.4 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 VI: Site Information (continued)

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

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 (1.4lbs/Aft)	2,150.4 lbs	5	256	1,536
Lake Pocotopaug	Sonar H4C	520 lbs	1	256	1,536
Lake Pocotopaug	Sonar AS	47.5 gal	1	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 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.

<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> <p><input checked="" type="checkbox"/> I also certify that I have sent one copy of this completed application to the appropriate local inland wetland agency on _____ Date</p>	
<p>Signature of Applicant</p> <hr/> <p>Jeff Stahl</p>	<p>Date</p> <hr/> <p>President</p>
<p>Name of Applicant (print or type)</p>	<p>Title (if applicable)</p>
<p>Signature of Preparer (if different than above)</p> <hr/> <p>Nicholas McMahon</p>	<p>Date</p> <hr/> <p>Applicator</p>
<p>Name of Preparer (print or type)</p>	<p>Title (if applicable)</p>
<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 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.



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Natural Resources
Wildlife Division

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #: No fee required	
Program: Natural Diversity Database Endangered Species	
Hardcopy _____	Electronic _____

Request for Natural Diversity Data Base (NDDDB) State Listed Species Review

Please complete this form in accordance with the [instructions](#) (DEEP-INST-007) to ensure proper handling of your request.

There are no fees associated with NDDDB Reviews.

Part I: Preliminary Screening & Request Type

Before submitting this request, you must review the most current Natural Diversity Data Base "State and Federal Listed Species and Significant Natural Communities Maps" found on the [DEEP website](#). These maps are updated twice a year, usually in June and December.

Does your site, including all affected areas, fall in an NDDDB Area according to the map instructions:

Yes No **Enter the date** of the map reviewed for pre-screening: 12/2021_____

This form is being submitted for a :

New NDDDB request
 Renewal/Extension of a NDDDB Request, *without modifications and within two years of issued NDDDB determination* (no attachments required)

[CPPU Use Only - NDDDB-Listed Species Determination # 1736]

New **Safe Harbor Determination (optional) must be associated with an application for a GP for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities**
 Renewal/Extension of an existing Safe Harbor Determination
 With modifications
 Without modifications (no attachments required)

[CPPU Use Only - NDDDB-Safe Harbor Determination # 1736]

Enter NDDDB Determination Number for Renewal/Extension:

Enter Safe Harbor Determination Number for Renewal/Extension:

Part II: Requester Information

If the requester 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 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 the State's database CONCORD. (www.concord-sots.ct.gov/CONCORD/index.jsp)*

If the requester 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.

1. Requester*

Company Name: Stahl Holdings LLC, DBA: The Pond and Lake Connection

Contact Name: Nicholas McMahon

Address: 1112 Federal Rd.

City/Town: Brookfield

State: CT

Zip Code: 06804

Business Phone: 203-885-0184

ext.

**E-mail: Nick@thepondandlake.com

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

a) Requester can best be described as:

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 #: 0685027 This information can be accessed at the

Secretary of the State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

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

b) Acting as (Affiliation), pick one:

Property owner Consultant Engineer Facility owner Applicant

Biologist Pesticide Applicator Other representative:

2. List Primary Contact to receive Natural Diversity Data Base correspondence and inquiries, if different from requester.

Company Name:

Contact Person:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

**E-mail:

Part III: Site Information

This request can only be completed for one site. A separate request must be filed for each additional site.

1. SITE NAME AND LOCATION

Site Name or Project Name: Lake Pocotopaug

Town(s): East Hampton

Street Address or Location Description:
68 N. Main St.

Size in acres, or site dimensions: 512

Latitude and longitude of the center of the site in decimal degrees (e.g., 41.23456 -71.68574):

Latitude: 41.594127

Longitude: -72.488977

Method of coordinate determination (check one):

GPS Photo interpolation using [CTECO map viewer](#) Other (specify):

2a. Describe the current land use and land cover of the site.

100% water. Swimming/Fishing/Boating/Irrigation.

b. Check all that apply and enter the size in acres or % of area in the space after each checked category.

<input type="checkbox"/> Industrial/Commercial _____	<input type="checkbox"/> Residential _____	<input type="checkbox"/> Forest _____
<input type="checkbox"/> Wetland _____	<input type="checkbox"/> Field/grassland _____	<input type="checkbox"/> Agricultural _____
<input checked="" type="checkbox"/> Water 100%	<input type="checkbox"/> Utility Right-of-way _____	
<input type="checkbox"/> Transportation Right-of-way _____	<input type="checkbox"/> Other (specify): _____	

Part IV: Project Information

1. PROJECT TYPE:

Choose Project Type: Aquatic plant control , If other describe: _____

2. Is the subject activity limited to the maintenance, repair, or improvement of an existing structure within the existing footprint? Yes No If yes, explain.

Treating Harmful Algae Blooms will improve the health of the lake and not impact the existing footprint.

Part IV: Project Information (continued)

3. Give a detailed description of the activity which is the subject of this request and describe the methods and equipment that will be used. Include a description of steps that will be taken to minimize impacts to any known listed species.

Lake Pocotopaug experiences long and intense algae blooms for much of the season every year. Major algae species have been toxin producing Cyanobacteria and it is a major health concern for the Town. This lake is frequently closed due to high Cyanobacteria cell counts.

While the Town has been pursuing many different activities to alleviate this issue such as major infrastructure improvement, Phosphorus sequestration, and aeration, they desperately need the ability to treat with CuSo₄ as a backstop for when cell counts are on the rise.

Preliminary Determination #202100788 expressed the concern on copper algaecide usage around rare plants. I would propose a 30' treatment buffer around sandy shorelines where these species may be found as a precaution. If either species is found to be present in locations around the lake through surveying, all identified locations will have the same buffer applied. A survey for these species is planned to be done by NEAR. As swim areas are the most likely areas for children and pets to contact toxin producing films, I would request the ability to apply algaecide in the Towns designated swim area which would be free of all shoreline emergent plant growth anyway.

We will be requesting the use of CuSo₄ at no more than 1/2 of the labeled maximum rate to further reduce the chance of interaction with rare plant species and only 1/2 of the lake volume would be targeted in any one application.

Applications will be made with our purpose built Airboat with onboard GPS and a custom spraying system. The applications will follow all labeled rates and recommendations as well as, follow all standard aquatic weed control practices. An aquatic dye and non-ionic surfactant may be added to the treatment in an effort to avoid drift, overspraying, and injury to non-target species. Water can not be held following treatment.

4. If this is a renewal or extension of an existing Safe Harbor request *with* modifications, explain what about the project has changed.

5. Provide a contact for questions about the project details if different from Part II primary contact.

Name: Nicholas McMahon

Phone: (860)389-5519

E-mail: Nick@thepondandlake.com

Part V: Request Requirements and Associated Application Types

Check *one* box from either Group 1, Group 2 or Group 3, indicating the appropriate category for this request.

Group 1. If you check one of these boxes, complete Parts I – VII of this form and submit the required attachments A and B.

- Preliminary screening was negative but an NDDB review is still requested
- Request regards a municipally regulated or unregulated activity (no state permit/certificate needed)
- Request regards a preliminary site assessment or project feasibility study
- Request relates to land acquisition or protection
- Request is associated with a *renewal* of an existing permit or authorization, with no modifications

Group 2. If you check one of these boxes, complete Parts I – VII of this form and submit required attachments A, B, and C.

- Request is associated with a *new* state or federal permit or authorization application or registration
- Request is associated with modification of an existing permit or other authorization
- Request is associated with a permit enforcement action
- Request regards site management or planning, requiring detailed species recommendations
- Request regards a state funded project, state agency activity, or CEPA request

Group 3. If you are requesting a **Safe Harbor Determination**, complete Parts I-VII and submit required attachments A, B, and D. Safe Harbor determinations can only be requested if you are applying for a GP for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities

If you are filing this request as part of a state or federal permit application(s) enter the application information below.

Permitting Agency and Application Name(s):

CT DEEP- Permit Application for the use of Pesticides in State Waters _____

Related State DEEP Permit Number(s), if applicable: _____

State DEEP Enforcement Action Number, if applicable: _____

State DEEP Permit Analyst(s)/Engineer(s), if known: Elizabeth Clark _____

Is this request related to a previously submitted NDDB request? Yes No

If yes, provide the previous NDDB Determination Number(s), if known: Unknown _____

Part VI: Supporting Documents

Check each attachment submitted as verification that *all* applicable attachments have been supplied with this request form. Label each attachment as indicated in this part (e.g., Attachment A, etc.) and be sure to include the requester's name, site name and the date. **Please note that Attachments A and B are required for all new requests and Safe Harbor renewals/extensions with modifications.** Renewals/Extensions with no modifications do not need to submit any attachments. Attachments C and D are supplied at the end of this form.

<input checked="" type="checkbox"/> Attachment A:	Overview Map: an 8 1/2" X 11" print/copy of the relevant portion of a USGS Topographic Quadrangle Map clearly indicating the exact location of the site.
<input checked="" type="checkbox"/> Attachment B:	Detailed Site Map: fine scaled map showing site boundary and area of work details on aerial imagery with relevant landmarks labeled. (Site and work boundaries in GIS [ESRI ArcView shapefile, in NAD83, State Plane, feet] format can be substituted for detailed maps, see instruction document)
<input checked="" type="checkbox"/> Attachment C:	Supplemental Information, Group 2 requirement (attached, DEEP-APP-007C) <input checked="" type="checkbox"/> Section i: Supplemental Site Information and supporting documents <input checked="" type="checkbox"/> Section ii: Supplemental Project Information and supporting documents
<input type="checkbox"/> Attachment D:	Safe Harbor Report Requirements, Group 3 (attached, DEEP-APP-007D)

Part VII: Requester Certification

The requester *and* the individual(s) responsible for actually preparing the request must sign this part. A request will be considered incomplete unless all required signatures are provided.

<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>	
Signature of Requester (a typed name will substitute for a handwritten signature)	Date
Nicholas McMahon	Aquatic & Fisheries Biologist
Name of Requester (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Nicholas McMahon	Aquatic & Fisheries Biologist
Name of Preparer (print or type)	Title (if applicable)

Note: Please submit the completed Request Form and all Supporting Documents to:

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

Or email request to: deep.nddbrequest@ct.gov

Attachment C: Supplemental Information, Group 2 requirement

Section i: Supplemental Site Information

1. Existing Conditions

Describe all natural and man-made features including wetlands, watercourses, fish and wildlife habitat, floodplains and any existing structures potentially affected by the subject activity. Such features should be depicted and labeled on the site plan that must be submitted. Photographs of current site conditions may be helpful to reviewers.

Google Earth Image and USGS Topographical Maps Attached

- Site Photographs (optional) attached
- Site Plan/sketch of existing conditions attached

2. Biological Surveys

Has a biologist visited the site and conducted a biological survey to determine the presence of any endangered, threatened or special concern species Yes No

If yes, complete the following questions and submit any reports of biological surveys, documentation of the biologist's qualifications, and any NDDB survey forms.

Biologist(s) name: _____

Habitat and/or species targeted by survey: _____

Dates when surveys were conducted: _____

- Reports of biological surveys attached
- Documentation of biologist's qualifications attached
- [NDDB Survey forms](#) for any listed species observations attached

Section ii: Supplemental Project Information

1. Provide a schedule for all phases of the project including the year, the month and/or season that the proposed activity will be initiated and the duration of the activity.

April-November

2. Describe and quantify the proposed changes to existing conditions and describe any on-site or off-site impacts. In addition, provide an annotated site plan detailing the areas of impact and proposed changes to existing conditions.

Harmful algae blooms will be managed for the health and safety of the lake and residents.

- Annotated Site Plan attached

Attachment D: Safe Harbor Report Requirements

Submit a report, as Attachment D, that synthesizes and analyzes the information listed below. Those providing synthesis and analysis need appropriate qualifications and experience. A request for a safe harbor determination shall include:

- 1. Habitat Description and Map(s), including GIS mapping overlays, of a scale appropriate for the site, identifying:**
 - wetlands, including wetland cover types;
 - plant community types;
 - topography;
 - soils;
 - bedrock geology;
 - floodplains, if any;
 - land use history; and
 - water quality classifications/criteria.
- 2. Photographs** - The report should include photographs of the site taken from the ground and also all reasonably available aerial or satellite photographs and an analysis of such photographs.
- 3. Inspection** - A visual inspection(s) of the site should be conducted, preferably when the ground is visible, and described in the report. This inspection can be helpful in confirming or further evaluating the items noted above.
- 4. Biological Surveys** - The report should include all biological surveys of the site where construction activity will take place that are reasonably available to a registrant. A registrant shall notify the Department's Wildlife Division of biological studies of the site where construction activity will take place that a registrant is aware of but are not reasonably available to the registrant.
- 5. Based on items #1 through 4 above, the report shall include a Natural Resources Inventory of the site of the construction activity.** This inventory should also include a review of reasonably available scientific literature and any recommendations for minimizing adverse impacts from the proposed construction activity on listed species or their associated habitat.
- 6. In addition, to the extent the following is available at the time a safe harbor determination is requested, a request for a safe harbor determination shall include and assess:**
 - Information on Site Disturbance Estimates/Site Alteration information
 - Vehicular Use
 - Construction Activity Phasing Schedules, if any; and
 - Alteration of Drainage Patterns



Peter Grundy <peter@thepondandlake.com>

Lake Pocotopaug

lozzo, Richard <Richard.lozzo@ct.gov>
To: Peter Grundy <peter@thepondandlake.com>

Tue, Apr 2, 2024 at 7:44 AM

Good Morning Peter,

Below are the comments that were sent in 2022 when the application was received by the Drinking Water Section (DWS).

2022 DWS comments:

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 200ft of water surface. 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.

The DWS would like to submit the following comments to the amended application:

The addition of the fluridone products to Lake Pocotpaug does comply with requirements regarding a distribution reservoir, however as stated below, there are numerous public water supply wells along the shoreline that are within 200ft of the surface of the water.

Given the addition of Fluridone, the Drinking Water Section would recommend a 200ft treatment buffer be established along the shore closest to Nelson's Court Well #1 (CT0429223), 81 North Main Street Well (CT0420294), Mallard Cove Condo Assn Well #2 (CT0427011), and Chatham Apts Well #1 (CT0420071, this well is the closest to the shoreline of the previous mentioned @ approximately 105 ft to shore).

Please contact me should you have any questions,

Rich lozzo

Environmental Analyst 2

CT Department of Public Health

Drinking Water Section

860-936-1122 (cell)



From: Peter Grundy <peter@thepondandlake.com>

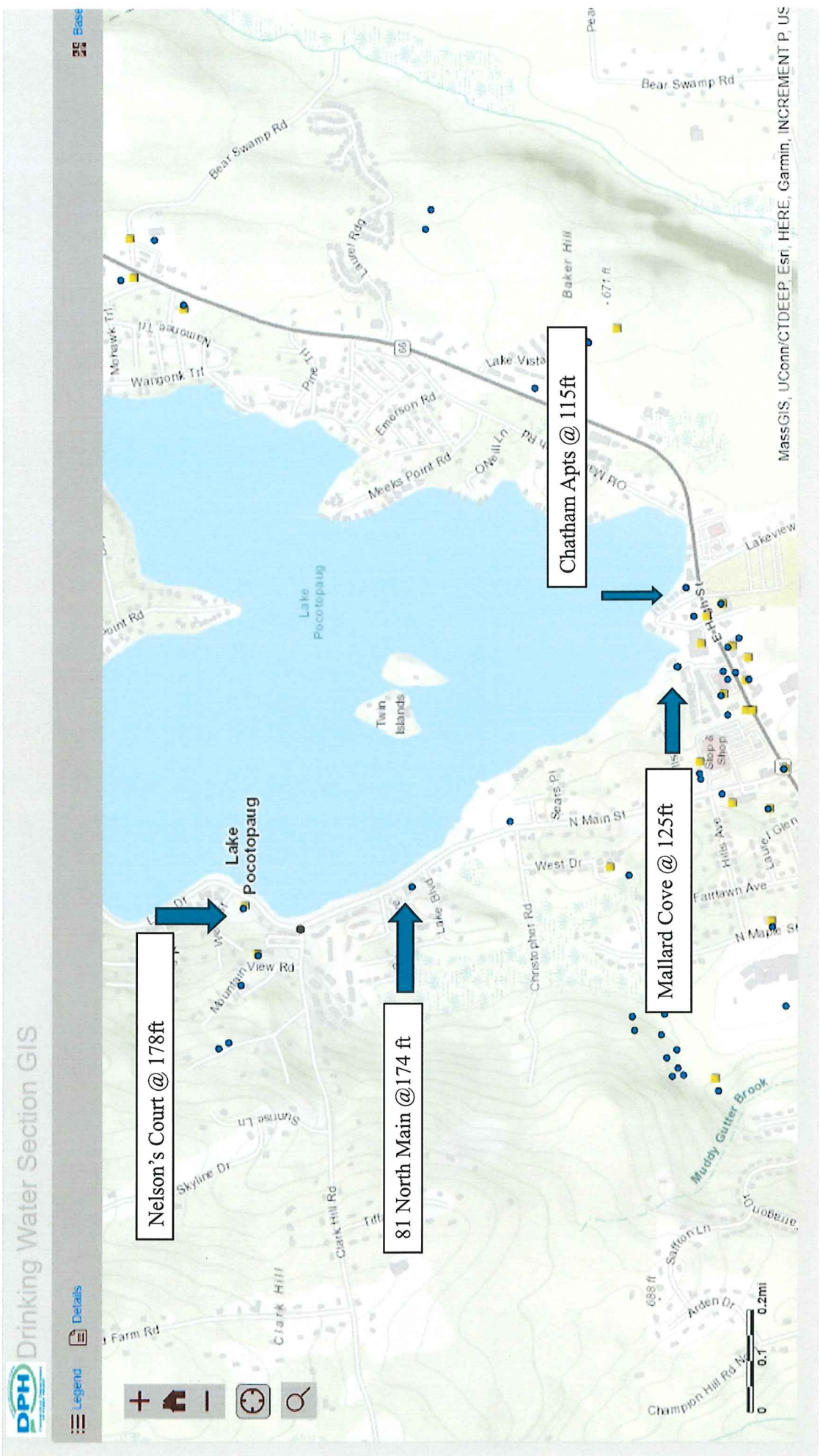
Sent: Friday, March 29, 2024 12:14 PM

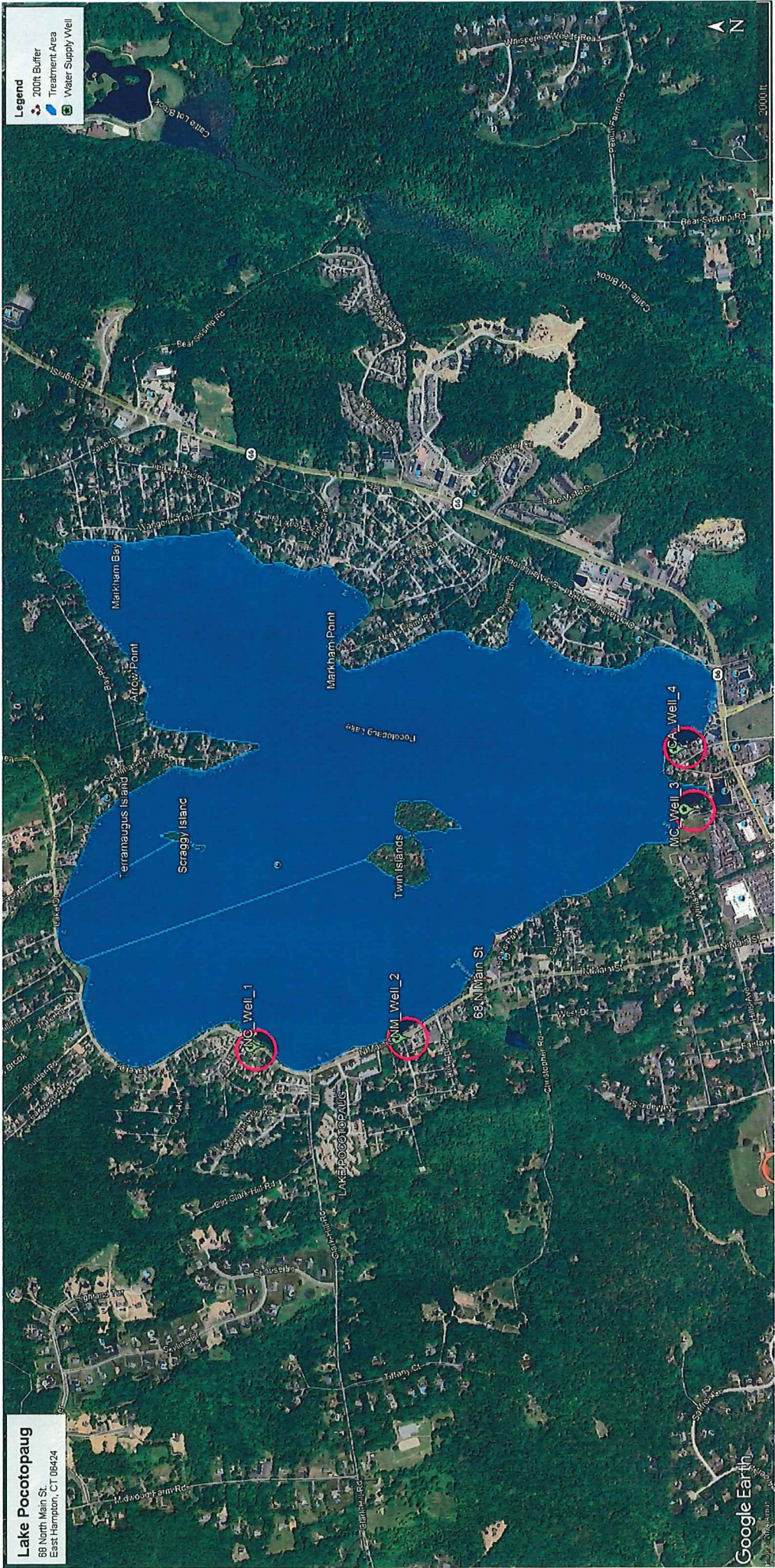
To: lozzo, Richard <Richard.lozzo@ct.gov>

Subject: Lake Pocotopaug

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

[Quoted text hidden]

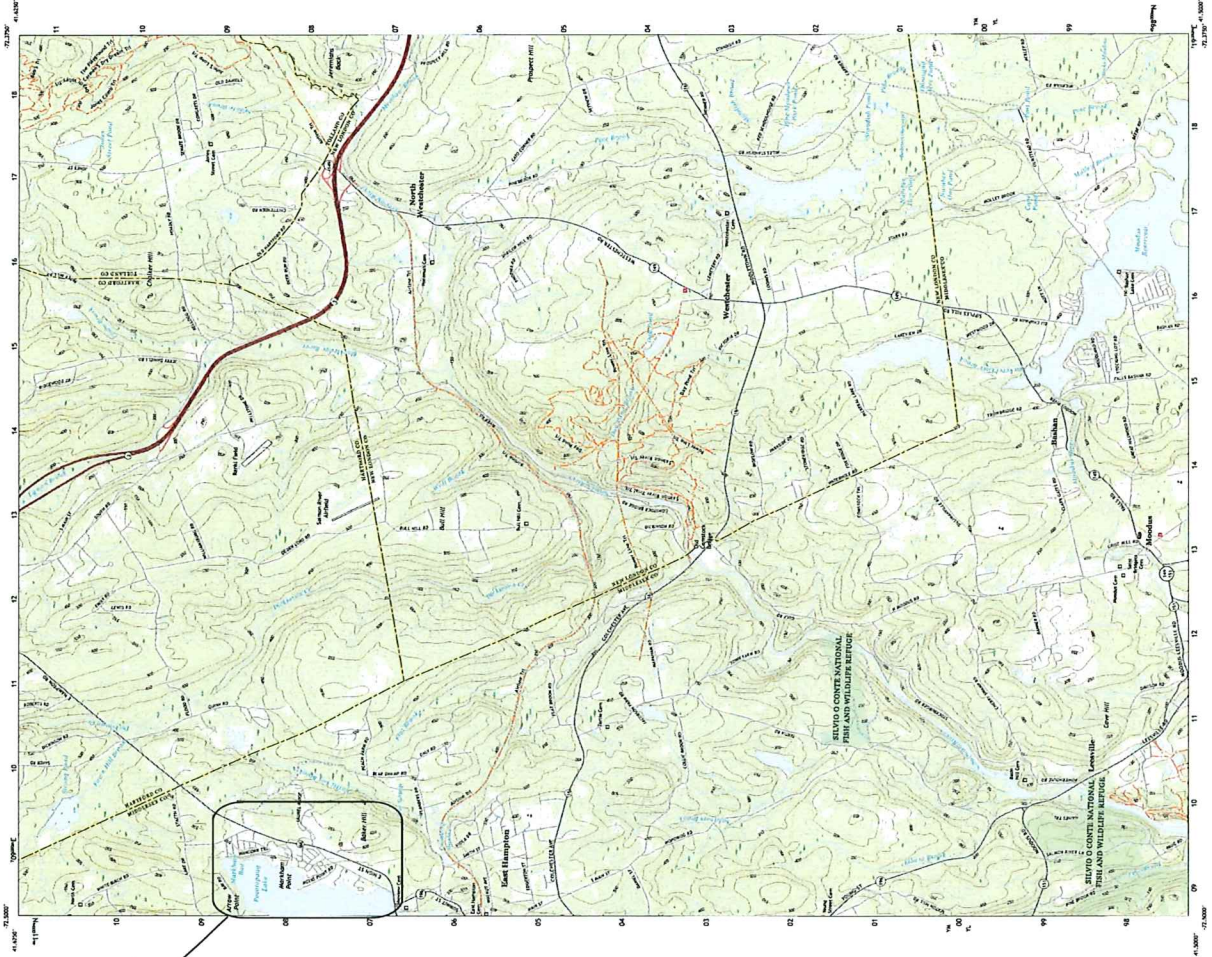




Legend
200ft Buffer
Treatment Area
Water Supply Well

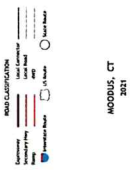
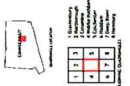
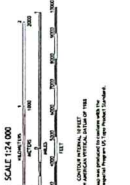
Lake Pocotopaug
68 North Main St
East Hampton, CT 06424

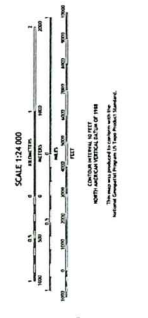
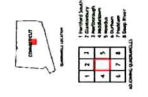
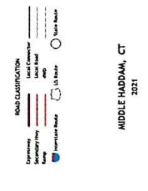
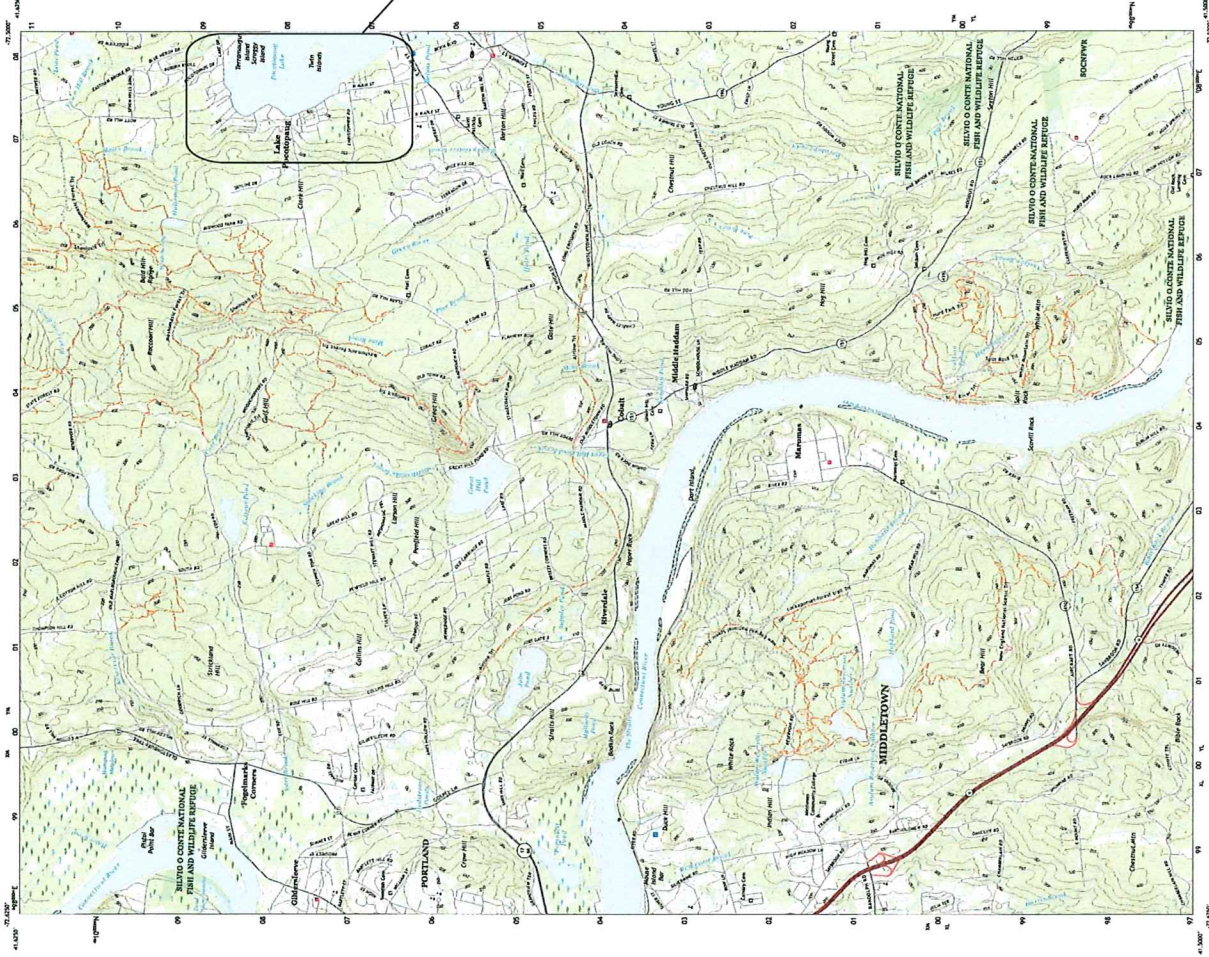
Google Earth



Lake Pocotopaug

Produced by the United States Geological Survey
This map is derived from the National Wetlands Inventory
and the National Wetlands Inventory Database. It is not
intended for navigation. The National Wetlands Inventory
is a project of the United States Geological Survey and
the United States Environmental Protection Agency.
© 2012 U.S. Geological Survey
Map Scale: 1:50,000
Map Date: 2012
Map Title: Lake Pocotopaug, Modius, CT
Map Series: 7.5-Minute Series
Map Sheet: 22021
Map Projection: UTM
Map Datum: NAD 83
Map Units: Feet





1:50,000 Scale
 Middle Haddam, Connecticut
 7.5-Minute Series
 USGS
 2021

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	4/2/2024 Date
Jeff Stahl Name of Registrant (print or type)	President Title (if applicable)
Signature of Preparer (if different than above)	4/2/2024 Date
Nick McMahan Name of Preparer (print or type)	Aquatic & Fisheries Biologist 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.*



**Connecticut Department of
Energy & Environmental Protection**

DEEP ONLY

App. No. _____

Co./Ind. No. _____

Applicant Compliance Information

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: **Peter Grundy**

Phone: **727-534-4210** ext.

*E-mail: **peter@thepondandlake.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 judgment 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