NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

AQV (1/2022)

FOR DEC USE:
Application Number _____
Water Body Name _____
Date Received _____
Fee Receipt Number _____
Type of Application _____
New ___ Previous # _____
NYCDEP/APA/Other _____

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)
DIVISION OF MATERIALS MANAGEMENT - BUREAU OF PESTICIDES MANAGEMENT
APPLICATION FOR A PERMIT TO USE A PESTICIDE
FOR THE CONTROL OF AN AQUATIC PEST - TITLE 6 NYCRR PART 327/328/329
http://www.dec.ny.gov/chemical/8530.html

SUBMIT THE APPLICATION 3 MONTHS BEFORE THE PROPOSED TREATMENT
A CHECK OF $100 MUST ACCOMPANY THE PERMIT APPLICATION
REFER TO THE ATTACHED APPLICATION INSTRUCTIONS

1. PERMIT APPLICANT INFORMATION

Name of Permit Applicant/Association/Agency: Village of Mamaroneck		
Name of Authorized Person signing the Application: (if on behalf of an Association/Organization) Daniel Sarnoff, Deputy Village Manager		
Mailing Address 123 Mamaroneck Avenue		
City: Mamaroneck	State: NY	Zip Code: 10543
Telephone Number: 914-777-7703	Email: dsarnoff@vomny.org	Website: www.village.mamaroneck.ny.us

The Permit Applicant is a (check appropriate):

Riparian Owner: XXX	Lessee:	Association of Riparian Owners:

If the Permit Applicant is an Association of Riparian Owners/Lessees, a copy of the Board of Directors resolution in support of the proposed pesticide application must be attached

Other:
(please explain)

2. PESTICIDE APPLICATOR INFORMATION

Name of Pesticide Business/Agency performing application (if applicable): SNJ Organic Pest Control INC.			
Business/ Agency Registration Number: 17500	Telephone Number: 914-525-4740		Contact: David Ballone
Business Mailing Address: 63 Mohegan Place			
City: New Rochelle	State: NY	Zip Code: 10543	Email: SNJOrganic.outlook.com
Name of Certified Applicator(s) performing application: David Ballone			
Certified Applicator(s) Identification Number: C3899055		If certified in Category 11 (Aerial) did the applicator make pesticide recommendations? Circle one: Yes No	
Business Address: (if different than Mailing Address)			
City:	State:	Zip Code:	Telephone Number:

3. PERMIT HISTORY

Have you previously been issued an aquatic permit for this water body?	Yes ☑	No ☐
If Yes, provide the prior permit number(s): AI-3-23-008		
Is the application identical to one covered by a previous permit?	Yes ☑	No ☐
If Yes, provide the prior permit number: AI-3-23-008		
Describe any other permitted projects, alternative pest management projects, or relevant studies concerning the water body? (attach separate documentation)		

4. WATER BODY INFORMATION
(Read the AQV Instructions and use the Mapping Tools as needed)

Name of water body: Otter Creek		DEC water classification (e.g. Class A, Class B): Class SC	
Address or location of water body: Otter Creek Preserve		County where water body is located: Westchester	
Town where water body is located: Rye		Rare, Threatened or Endangered plants or animals present (RTE)?	Yes ☐ No ☑
Are fish present?	Yes ☐ No ☑	Are fish stocked?	Yes ☐ No ☑
If fish are present, see the Instructions for AQV Section #4.			
Are there any regulated freshwater or tidal wetlands associated with the proposed treated waters (including downstream if applicable)?			Yes ☑ No ☐
Do application sites include lands under the control of the DEC?			Yes ☐ No ☑
If Yes, please specify:			
Total water body size in acres: < 1 Acre	Average depth in feet: 2'	Latitude: Longitude: Lat. 40.948271, Lon. 73.718724	

Water body uses (Check all that apply):

Swimming ☐	Irrigation ☐	Livestock watering ☐	Potable water uses ☐	Domestic water uses ☐	Fishing ☐

Other uses (list)

5. A DETAILED MAP MUST BE INCLUDED WITH THIS APPLICATION

- The exact map scale size and average depths of the water body.
- The outline and average depths of the application site(s), or with all streams/treated sites/catch basins clearly identified.
- Inlets and outlets to the water body. (if the applicant can't control the outflow, also include the downstream watershed map information for Attachment D - Downstream Modeling)
- Location of known designated bathing sites, livestock watering sites, water intakes, public lands contiguous to the water body, public boat launches and any other features relevant to the application.
- Wetlands contiguous or downstream of the water body.

6. WATER BODY APPLICATION INFORMATION (Fill Out the Applicable Lettered Section)			
A. Whole or Partial Water Body Application:			
Total number of application sites:			
Surface acres of each application site:			
Total application area in surface acres:			
Average depth of each application site:			
Total number of acre feet:			
B. Stream Application for Black Fly or Lamprey Control:			
Miles of streams treated:		Stream flow estimates in cubic feet per second (cfs):	
C. Mosquito Larvaciding Application:			
Number of sites or catch basins:	8 small saltwater ponds	Total acreage/sq ft:	< 1 Acre

7. PESTICIDE APPLICATION INFORMATION (A COMPLETE PESTICIDE LABEL MUST BE ATTACHED TO THE APPLICATION)	
Pesticide name:	VectoBac G
Pesticide active ingredient:	Bacillus Thurningiensis, SUb. Israelensis (Strain AM 65-52)
% Active Ingredient:	2.80%
Pesticide EPA Registration Number:	73049-10
Formulation:	Granule
Application rate: (e.g. gals/acre ft. or gals/surface acre)	2.5 - 10lbs/Acre
Dosage rate: (e.g. ppm, ppb)	5ppm
Total number of applications: (including bump/split applications)	2
Approximate date(s) of application: (including bump/split applications)	May-October 2023
Amount of pesticide needed per application:	Up to 20 lbs.
Total amount of pesticide needed per calendar year:	Up to 80 lbs.
Target pest: (scientific and common name)	Mosquito
Method of application (e.g. sprayed on surface, bag dragged behind boat):	Manually
If the proposed application involves an aircraft, indicate FAA Number(s):	N/A

8. WATER USE RESTRICTIONS

List all the applicable water use restrictions as stated on the label/SLN, in 6 NYCRR 327.6, or the applicable water quality standards.

Swimming	
Irrigation	
Livestock watering	
Potable water uses	
Fishing	
Other	

9. OUTFLOW AND DOWNSTREAM MODELING

Does this water body have an outlet?	Yes ☐	No ☑
If yes, can the applicant hold the water during and for the required water use restrictions after the application?	Yes ☐	No ☐

☐ **Check the box if the applicant proposes to hold the water for the required water use restrictions, fill out Attachment C, and describe how the water will be held.**

☐ **Check the box if the applicant cannot hold the water for the required water use restrictions, see Attachment D, and complete the Downstream Modeling spreadsheet.**

10. RIPARIAN OWNER/USER NOTIFICATIONS

If there is more than one riparian owner, or vested riparian users, these riparian owners and users must be notified in writing of the application and the water use restrictions, and their right to object. (See Attachment A - Sample Riparian Letter) If there will be outflow of treated waters through lands owned by other than the sole water body riparian owner, they too must be notified. (See Attachment D - Downstream Modeling)

11. CERTIFICATION OF NOTIFICATION OF RIPARIAN OWNERS AND USERS

The applicant must complete and sign the Certification of Notification of Riparian Owners and Users below. A copy of the notification letter and a list of riparian owners/users to whom the notification letter was sent must accompany this application. Check all appropriate statements:

☐	All owners of real property abutting the body of water proposed to be treated pursuant to this application, a list of whom is attached to this application, have been notified by letter of the proposed pesticide permit. This list includes property owners abutting the outflow from this body of water, if the water is not to be held in the treated water body for the period of time during which use of water is restricted. Such letters were mailed or personally delivered on __/__/__. A copy of the letter is attached.
☐	A review of the appropriate real property tax records indicates that no person other than the applicant owns any real property abutting the water body proposed to be treated.
☐	A person(s), not owning abutting real property, possesses vested legal right to use the water body proposed to be treated. All such persons, and the nature of their right to use of the water proposed to be treated is attached. Such letters were mailed or personally delivered on __/__/__. A copy of the letter is attached.
☑	To my knowledge, no person other than the applicant possesses any vested legal right to use the water body treated pursuant to this application.

Name: Daniel Sarnoff	If Applicant is not an individual, include the title of signatory:	Deputy Village Manager, VOM
Signature:		Date: 2/9/24

12. AFFIRMATION:

The applicant/applicator guarantees that they will employ the listed pesticides in conformance with all conditions of the permit and agrees to accept the following conditions as a prerequisite to the issuance of a permit: that the issuance of the permit is based on the accuracy of all statements presented by the applicant/applicator; that damage resulting from the inaccuracy of any computations, improper application of the pesticide, or legal responsibility for the representations made in obtaining approvals or releases, or the failure to obtain approvals or releases from the riparian owners/users likely to be affected is the sole responsibility of the applicant/applicator.

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of Permit Applicant or Representative:	Title	Date:
	Deputy Village Manager	2/9/24
Signature of Certified Applicator:	Title	Date:
	President	2/6/24

13. NOTES

COMMERCIAL PESTICIDE APPLICATOR

DAVID J BALLONE
is duly certified by the New York State Department of Environmental Conservation
ID: C3899055 Expires: 09/21/2024
Categories/Subcategories of Certification
3a, 5b, 7a, 8

THIS DOES NOT CONFER NYS EMPLOYEE STATUS

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This card must be on your person during pesticide use. A copy of the pesticide label must be in your possession during pesticide use.

Notify this department of an address change within 10 days.