

# 2020 Clear Lake Aquatic Plant Management Permit Application

**\*NEW for 2020\*** Attached map must show outline of treatment area with calculated square footage for new permit fee\*

Permit No. \_\_\_\_\_ Hydrilla Management Area (1-80, C1-5) \_\_\_\_\_ Mechanical \_\_\_\_\_ or Chemical \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_/2020

Assessor's Parcel Number (APN)	Purpose of the plant mgmt* (see below)	Area of Plant Management (provide the square feet)		Plant & Management Type (Check the boxes that apply)									
		Boat Dock Access	Swim Area		Glyphosate	Diquat	Endothall	Triclopyr	2,4D	Flumioxazin	Mechanical*		
APN : _____													
Owner (Last Name): _____													
Address(s): _____													
_____													
_____													
		<b>Total Area</b>											

\* 1. Public Facility Safety, 2. Private Resort Safety, 3. Private Residence Safety, 4. Other (specify) \_\_\_\_\_

### Mechanical

\*\* a. Boat-Mounted Harvester    b. Hand Pulling and Bagging    c. Manual Cutter    d. Other (explain): \_\_\_\_\_

Disposal Address & Description: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that I am the owner or have permission from owner to engage in aquatic plants control activity from the owner of the parcel(s) named on this application. I am familiar with the Clear Lake hitch status as a potentially endangered species and will, prior to harvesting, **disturb the water such that fish will vacate the treatment area and report any take of hitch.**

Signature: \_\_\_\_\_ or \_\_\_\_\_ Date: \_\_\_\_\_/2020

Agent of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_/2020

Applicator: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pest Control Operator's Bus. License No.: \_\_\_\_\_ Applicator's Q.A.L. #: \_\_\_\_\_

All Clear Lake herbicide applications will be made by a Qualified Licensed Applicator under the written recommendations of a licensed Pest Control Advisor, and must comply with all applicable pesticide laws and regulations for California. I certify that I have obtained permission to engage in weed control activity from the owner of the parcel named on this application. I hereby certify that I will visit the site declared on this application to verify the need for treatment and the suitability of the site for treatment. I agree to use only appropriate herbicides from the approved list according to label specifications. I will notify nearby users of lake water, for drinking and irrigation uses, according to label directions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/2020

## Clear Lake Aquatic Plant Management Permit Application 2020

Permit No. \_\_\_\_\_

\*\*\*\*\*ENDORCEMENTS\*\*\*\*\*

**California Dept. Food and Agriculture Hydrilla Program**

**Mechanical**  
Approved \_\_\_ Denied \_\_\_

**NOTES:**

\_\_\_\_\_, \_\_\_\_\_/2020  
Signature: \_\_\_\_\_ Date

**Chemical:**  
Approved \_\_\_ Denied \_\_\_

**Management Area** \_\_\_\_\_ **Active Hydrilla Treatment Area** Y / N

**County Agricultural Commissioner's Office**

**Mechanical:**  
Approved \_\_\_ Denied \_\_\_

\_\_\_\_\_, \_\_\_\_\_/2020  
Signature: \_\_\_\_\_ Date

**Chemical:**  
Approved \_\_\_ Denied \_\_\_

\*\*\*\*\*CONDITIONS OF PERMIT\*\*\*\*\*

**In order to keep invasive species out of Clear Lake:**

Watercraft returning here from out-of-county **shall be screened for invasive mussels prior to each launch** in Clear Lake or any other water body in Lake County. All vessels shall be issued with resident or visitor stickers, whichever is appropriate.

<b>Mechanical</b>	<b>Herbicide</b>
<p>1. Collection of fragmented material is required.</p> <p>2. Disposal of plants shall be landward of high water.</p> <p>3. Fragments must be prevented from re-entry into any water body.</p> <p>4. Any mechanical harvesting of aquatic weeds must make every attempt to scare fish from the treatment area so that there is no likelihood of hitch being removed (taken) from the lake with the harvested vegetation.</p> <p><b>Initial:</b> _____</p>	<p>1. Only approved herbicides are to be applied in accordance with NPDES Permit, including 2,4-D, copper, diquat, endothall, glyphosate, flumoxazin, Sodium Carbonate Peroxyhydrate, and triclopyr.</p> <p>2. Submit a completed <b>Supplemental Pesticide Use Report (SPUR)</b> for each permit number within 30 days of treatment.</p> <p>3. Submit a completed <b>Monthly Pre Application Species Abundance (PASA) Form</b> (Formerly the Monthly Aquatic Plant ID and Percentage Density Report) for each permit within 30 days of treatment.</p> <p>4. <b>Applicator will provide work schedule 1 week prior to treatment</b> to the Water Resources Invasive Species Coordinator Angela.depalma-dow@lakecountyca.gov, 707-263-2344.</p> <p>5. Application is permitted only when:</p> <ul style="list-style-type: none"> <li>a. D.O. is greater than 5 ppm. (Must apply for exception)</li> <li>b. Water temperature is lower than 80°F</li> <li>c. Water is judged clear with low turbidity</li> <li>d. Weather is calm (wind speed less than 10 mph)</li> <li>e. No rain predicted.</li> </ul>

**HOLD HARMLESS:** Except with respect to active negligence of a party indemnified herein, to the fullest extent permitted by law, the permittee shall indemnify and hold harmless the COUNTY and its agents, officers and employees against and from any and all claims, lawsuits, actions, liabilities, losses, damages, and expenses and costs (including but not limited to attorney's fees) brought for, or on account of, injuries to or death of any person or persons, including employees of permittee, or injuries to or destruction of property, including the loss of use thereof, arising out of, or alleged to arise out of, or resulting from, the performance of the work permitted herein, provided that any such claim, lawsuit, action, liability, damage, loss, expense, or cost is caused in whole or in part by any negligent or intentional act or omission of permittee, or anyone directly or indirectly employed by permittee, or anyone for whose acts permittee may be liable, regardless of whether or not it is caused by the passive negligence of a party indemnified hereunder.

Applicant's acceptance: \_\_\_\_\_ Date: \_\_\_\_\_/2020

**Application Final Approval - Fee Paid\*\*NEW Permit Fees\*\* Herbicide: \$0.01 per square foot, Mechanical/Physical: \$48**

Form of Payment: Cash      Total Fees Paid: \_\_\_\_\_      Receipt No: \_\_\_\_\_

Check      Check Number: \_\_\_\_\_      Pick Up Date: \_\_\_\_\_/2020

Map Attached

Treatment Area Outlined

For herbicide permits only, Square Footage Calculated to be: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Water Resources Department Approval:** \_\_\_\_\_ Date: \_\_\_\_\_/2020