



APPLICATION FOR A LETTER OF PERMISSION FOR: TREATMENT OF AQUATIC PLANTS IN THE FOX CHAIN O'LAKES

Return completed application to: Division of Fisheries
Impoundment Program
8916 Wilmot Road
Spring Grove, IL 60081
Phone: 815/675-2319
Fax: 815/675-2495

The IDNR shall issue or deny issuance of the requested "Letter of Permission" within 45 days after receipt of an acceptable application.

Applicant's Name:		Applicant's Telephone Number(s) with Area Code: () ()
Applicant's mailing Address (No. & Street, City, State, Zip Code):		
Client's name (First, Last):		Client's Telephone Number(s) with area code: () ()
Client's Mailing Address (No. & Street, Box No., City, State, Zip Code):		
Lake Name: _____		
Type of Treatment: _____ Chemical _____ Non-chemical Date of Treatment: _____		
Location of Treatment Area: (<i>illustrate detailed map on reverse side</i>)		
CHEMICAL(S) TO BE USED:	Brand Name: Chemical Name/Formulation: Concentration of active ingredient in ppm or ppb: Dosage rate in amount (gallons, ounces, pounds) per acre-foot, surface acre, or square ft.: Method of application: _____ or Description of non-chemical treatment: _____	
SIZE OF AREA PROPOSED TO BE TREATED:	Lake Site - Area: _____ (sq ft) ; Area extends _____ feet parallel to shore by _____ feet lakeward, out to the water depth of _____ feet, with an average depth of _____ feet; or is a Channel _____ feet long and _____ feet in width with an average water depth of _____ feet; or is a bay, pond or cove _____ acres in surface area with an average water depth of _____ feet.	
Applicator's Signature:		IDOA's Pesticide Applicator's License No.:
Describe plant community and percentage of <u>abundance of each species</u> within treatment area:		
Justification for chemical use: (description of uses being impaired by plants and if treated before; when, with what and why treatment did not work):		
Describe alternative treatments considered and why deemed infeasible on the proposed treatment site:		

I hereby make application for a Letter of Permission to destroy or control aquatic vegetation as described above. I understand that an IDNR representative may wish to inspect the proposed treatment area before, during and/or after work is completed. I understand the treatment area has to be posted in accordance with water/fishing restrictions stated on the chemical label and I certify that any affected property owner's association and/or any riparian property owners adjacent to and within the treatment area have received a copy of this application and have given permission to apply an aquatic herbicide and to "take" listed aquatic plants. I further certify that the treatment area is not within twenty (20) miles upstream of any potable water supply or food processing water supply.

Applicant's Signature:	Date:
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Draw detailed sketch of the lake or attach a copy of a detailed lake map with the proposed treatment area dimensions/boundaries clearly illustrated and with pertinent information (legal location, name of shoreline property owner, landmark, point, bay, etc.) which would facilitate locating the treatment site for possible inspection.

LEGAL DESCRIPTION OF TREATMENT SITE:

Twp:_____ **Range:**_____ **Qtr. Section:**_____ **Map scale:**

North

DNR Review:

Recommended

Not Recommended

Signature/Date

Regional Fisheries Adm.

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Fox Waterway Agency

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CERP Review

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Approved

Denied

Chief, Division of Fisheries

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