



IOWA DEPARTMENT OF NATURAL RESOURCES
Class C Waters Form

Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Category 5 (Aquatic Pest Control) Certificate Number: \_\_\_\_\_

Name of Receiving Water (lake, river, stream, shallow well): \_\_\_\_\_

Purpose of Pesticide Application (describe the purpose of the application, e.g. to control submerged weed growth around dock):

[Empty box for Purpose of Pesticide Application]

Location of Pesticide Application (include address of frontage property):

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_ County: \_\_\_\_\_

Address (if needed): \_\_\_\_\_

Area of Pesticide Application (include sketch on Page 2 of this form). Briefly describe the area of application, e.g. 50 feet along both sides of 200 foot boat dock and walkway located on the west side of Green Beach 80 feet south of Highway 1

[Empty box for Area of Pesticide Application]

Description of Application

1. Describe the time period during which the pesticide will be applied (e.g. Beginning June 15 through September 15):

\_\_\_\_\_

2. Frequency of Aquatic Pesticide Application (e.g. Once every 30 days as needed.): \_\_\_\_\_

3. Rate of Pesticide Application: \_\_\_\_\_

Description of Pesticide

Brand Name of Aquatic Pesticide: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

EPA Pesticide Registration No: \_\_\_\_\_

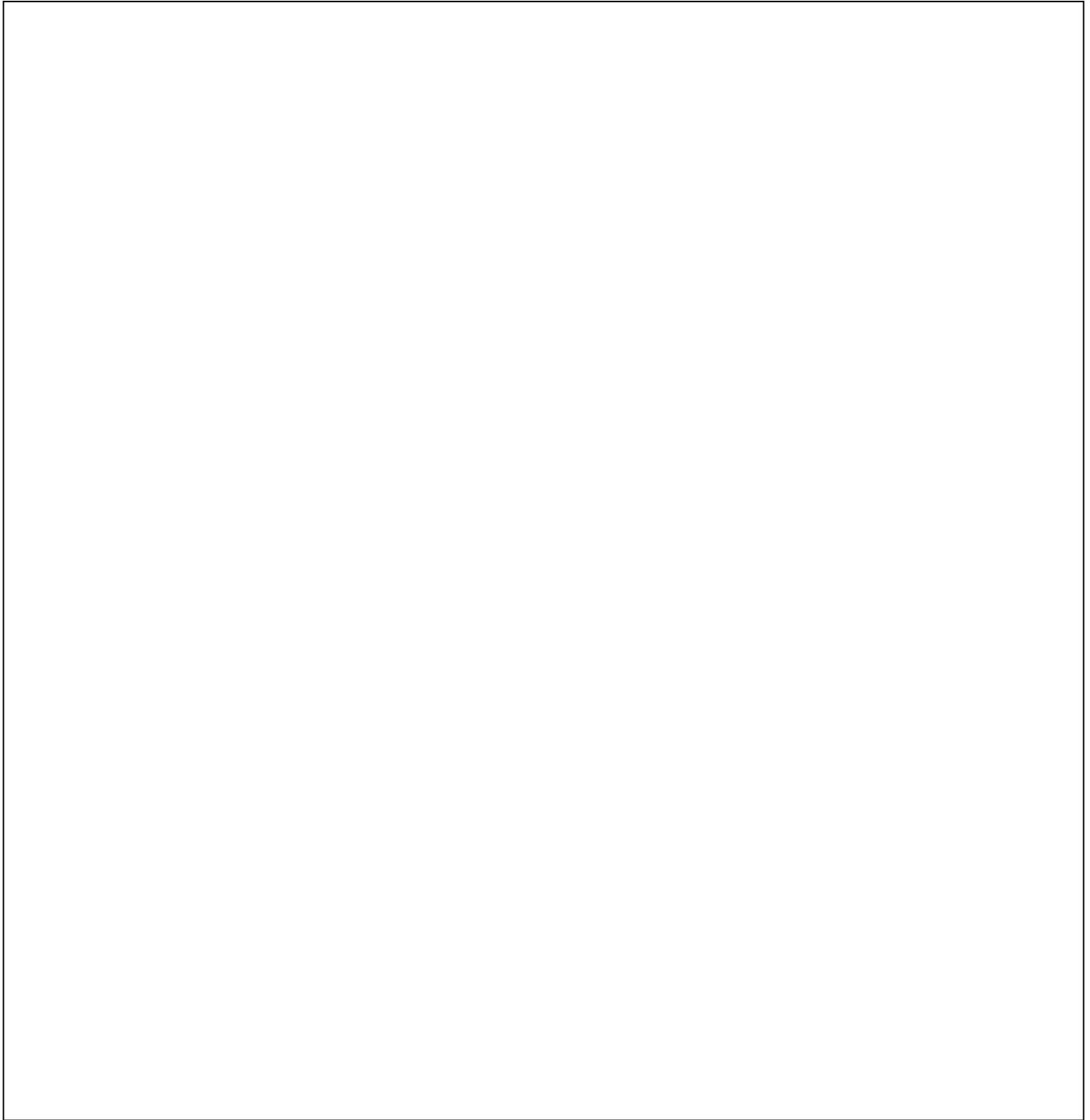
Listing & % by weight of Active Ingredient: \_\_\_\_\_

Name and Location of Water Supply Intakes within 2,000 feet and Wells within 50 feet of the Application Area. List the name(s) and location(s) of any known public and private water supply intakes within 2,000 feet and any shallow well(s) within 50 feet of the application area. The intakes and wells must be included in the sketch on Page 2.

[Empty box for Name and Location of Water Supply Intakes]

**For Sketch of Application Area**

(Include important physical features within 2000 feet of application area)



**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**System Supplying Water**

Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**WATER SYSTEM APPROVAL FOR APPLICATION OF AQUATIC PESTICIDE TO CLASS C WATER**

I am an authorized representative of the ***Owner of the water system identified above***, whose water use is responsible for the Class C surface water designation. Having reviewed the proposed application of aquatic pesticide to the specified Class C water body/segment, I state that the owner does not object to the issuance of a permit to apply the aquatic pesticide. This approval shall not be construed in any manner as a release of liability pertaining to the proposed aquatic pesticide application, nor shall this approval be construed to affect any local ordinances or water service agreements.

Typed/Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS AND ADDITIONAL INFORMATION

### WHO NEEDS TO SUBMIT THIS FORM:

If you plan to apply a pesticide one half mile above or below a stream segment designated as Class C or any lake designated as Class C under 567 Chapter 61 (drinking water intakes), you must possess a current Category 5 Aquatic Pest Control Certificate from IDALS, and you must complete and submit this form to the department at least ninety (90) days before the application of a pesticide.

### APPROVAL FOR PESTICIDE APPLICATION TO A CLASS C WATER:

Upon receipt of this form, the Department may approve the planned discharge to a Class C waterbody. The department will notify the applicant of its decision. Approval to apply pesticides to a Class C water will not be granted for an anticipated pesticide residue discharge if any of the following three conditions apply, unless the operator is the impacted water purveyor and the pesticide application is intended to correct or control water quality problems within the water supply or system.

1. If the active or inactive ingredients in the pesticide proposed for application are regulated under the Safe Drinking Water Act (SDWA);
2. If a public or private water supply intake is within 2000 feet of the requested area of the pesticide application in a lake, reservoir, or wetland; or
3. If a public or private water supply intake is within 100 feet upstream or 2000 feet downstream of the requested area of the pesticide application in a river or stream.

### DEFINITIONS:

Class C water (Drinking water supply) - waters which are used as a raw water source of potable water supply. Refer to the DNR website at <http://www.iowadnr.gov/water/npdes/pesticides.html> for a list and map of Class C waters in Iowa.

Shallow well - a well located and constructed in such a manner that there is not a continuous layer of low permeability soil or rock (or equivalent retarding mechanism acceptable to the department) at least 5 feet thick, the top of which is located at least 25 feet below the normal ground surface and above the aquifer from which water is to be drawn.

### MAIL FORM TO:

Iowa Department of Natural Resources  
Water Supply Engineering Section  
Michael K. Anderson, P.E.  
502 E 9<sup>th</sup> St  
Des Moines IA 50319

### ADDITIONAL INFORMATION:

In addition to completing and submitting this form for applications of pesticides to Class C waters, you must comply with all applicable requirements of DNR General Permit #7 (Pesticide General Permit).