

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd. ● Baltimore Maryland 21230
(410) 537-3000 ● 1-800-633-6101 ● <http://www.mde.state.md.us>

REQUEST FOR PERMISSION TO USE TOXIC MATERIALS FOR AQUATIC LIFE MANAGEMENT PURPOSES

**Toxic Materials Permit (TMP)
Project Number:**

When Completed, Mail to: *

Maryland Department of the Environment
Water Management Administration
Industrial Permits Division
1800 Washington Blvd.
Baltimore, MD. 21230

*Except for requests to control *Phragmites* sp. with
Glyphosate, which should be submitted directly to:
Maryland Department of Natural Resources
Environmental Review Unit
Tawes State Office Bldg., 580 Taylor Avenue, B-3
Annapolis, MD. 21401

A. PERSON REQUESTING PERMIT

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

B. PROJECT PURPOSE

Maintenance of surface flow conveyance

Right-of-way maintenance

Mosquito control

Wildlife management – specify:

Aesthetic improvements

Fisheries management – specify:

Other – specify:

C. TARGETED SPECIES TYPE

Submerged aquatic vegetation -
specify: _____

Algae

Emergent vegetation – specify:

Phragmites sp. (See Section F. for General Permit
conditions)

Mosquitoes

Finfish – specify:

Other – specify:

D. INDIVIDUAL WHO WILL SUPERVISE APPLICATION:

NAME: _____

TITLE: _____

ADDRESS: _____

E. PROPOSED BEST MANAGEMENT PRACTICES AND IMPACT MINIMIZATION MEASURES

Markers to delineate application area

Pond drawdown

Prevention of pond discharge following application -
specify duration: _____

Application at slack tide

Time-of-year restrictions – specify:

Survey of species listed by the State as endangered,
threatened, or in need of conservation

Mechanical harvesting of nuisance species where
feasible

Use of nontoxic dyes for algae and submerged
aquatic plant control when feasible

Removal of dead fish resulting from the application

Other – specify: _____

F. *PHRAGMITES* SP. CONTROL with GLYPHOSATE

Management plan ** - (Briefly specify on the bottom
of this sheet or an attachment the schedule and
proposed elements of the plan, which may include
controlled burns, changes in hydrology, follow-up
treatments, re-vegetation with preferred species.)

Review conducted for species listed by the State as
being endangered, threatened, or in need of
conservation **

**The Department of Natural Resources (DNR) must
approve the plan prior to issuance. The species review
(shaded block) must be completed by DNR. Upon
completion of their review, DNR will forward their
response and the application to MDE to complete the
TMP process



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G. PROPOSED DATE (S) OF TREATMENT

H. NUMBER OF TREATMENTS: _____

I. PROJECT AREA DESCRIPTION

Street Address & Zip Code of Project

Name of water area _____
Receiving waterway _____
County _____
Nearest town _____
ADC map coordinates _____
(Please provide a vicinity map that accurately shows the treatment area)
Size of project area (square feet or acres)

Depth of water _____

J. USE OF WATER AREA

Public water supply
 Livestock water supply
 Recreational
 Commercial finfish
 Wildfowl management
 Industrial water supply
 Irrigation water
 Sport fishing
 Oysters, clams, crabs
 Fur bearers
 Other – specify:

K. TOXIC MATERIAL PROPOSED TO BE USED

Trade Name: _____
Manufacturer: _____
Active Ingredient: _____
Formulation (pellets, liquid, emulsion): _____

Percent Active Material: _____
Application Method: _____

Note: Activities which result in the fill or disturbance of non-tidal wetland areas and their 25-foot buffer areas through the movement of soil, changes in hydrology, or destruction of vegetation may require a Nontidal Wetlands and Waterways Permit from the Department of the Environment (COMAR 26.23). Disturbances in tidal wetland areas may require a Tidal Wetlands License from the Department of the Environment (COMAR 26.24). State agencies must insure that all actions, including permit actions, carried out by them do not jeopardize the continued existence of species which are listed by the State as endangered, threatened, or in need of conservation (DNR Statute 10-2A-04).

MARYLAND DEPARTMENT OF NATURAL RESOURCES REVIEW

No objection No objection with conditions
 Need additional information Objection

Comments: _____

Signature: _____