



**APPLICATION FOR TRIPLOID GRASS CARP STOCKING PERMIT  
 FOR AQUATIC PLANT MANAGEMENT**  
 (Please print or type)

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Business name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

**WATER BODY OWNERSHIP STATUS (Check one):**  
 Public  Combination public & private  
 Private, sole owner  Homeowners' association  
 Private multiple or divided interest owners  
 Other (specify) \_\_\_\_\_

If Applicant is **not** the sole owner of the water body, please specify means of legal controlling authority (state your title or affiliation):  
 \_\_\_\_\_

**DESCRIPTION OF WATER(S) TO BE STOCKED**

**LOCATION/WATERSHED** Please attach a map of your property showing the exact locations of each water body you wish to stock. Please also provide a map and detailed driving instructions to reach the site (see the instruction sheet regarding other details requested). If you wish to stock at more than one location (non-contiguous piece of property), please complete a separate form for each site.

Site address: \_\_\_\_\_ County: \_\_\_\_\_ Elevation: \_\_\_\_\_ feet  
 City: \_\_\_\_\_ Name of nearest river or stream: \_\_\_\_\_

Please fill in the requested information for each water body you wish to stock. Use the key below to look up codes to answer the numbered items. Attach additional pages if necessary.

WATER BODY NAME OR IDENTIFICATION NUMBER					
SIZE OF WATER BODY WHEN FULL - Surface area (indicate whether acres or square feet) - Length (feet) - Width (feet) - Maximum depth (feet) - Average depth (feet)	_____	_____	_____	_____	_____
WATER QUALITY DATA AVAILABLE? YES or NO (If YES, please attach copy of data)					
1. SOURCE OF WATER					
2. TYPE OF WATER BODY/ PRINCIPAL USE OF WATER					
3. PUBLIC ACCESS					
4. BOTTOM TYPE					
5. NORMAL WATER COLOR					
NUMBER OF TRIPLOID GRASS CARP DESIRED					
PLANNED STOCKING DATE, IF KNOWN					
SOURCE OF FISH (Name, Address, City, Phone)					

1. **SOURCE OF WATER:**  
 (a) Diversion (d) Well  
 (b) Municipal Utility (e) Reclaimed  
 (c) Irrigation Canal (f) Other (specify): \_\_\_\_\_

3. **PUBLIC ACCESS (Please indicate any that may apply):**  
 (a) Open without charge (d) Completely enclosed by fence  
 (b) Open for a fee (e) Accessible through locked gates only  
 (c) Closed to the public

2. **TYPE OF WATER BODY/PRINCIPAL USE OF WATER**  
 (a) Artificial lake or pond (e) Irrigation/Agriculture  
 (b) Ornamental pond (f) Domestic (potable)  
 (c) Drainage canal/Conveyance (g) Livestock watering  
 (d) Waterfowl habitat (h) Industrial/Hydroelectric  
 (i) Recreational (fishing/swimming/boating)  
 (j) Other (specify): \_\_\_\_\_

4. **BOTTOM TYPE (Select one per water body):**  
 (a) Concrete (b) Plastic liner (c) Mud (d) clay  
 (e) Other (specify): \_\_\_\_\_

5. **NORMAL WATER COLOR (Select one per water body):**  
 (a) muddy (b) tea-colored (c) greenish (d) clear  
 (e) Other (specify): \_\_\_\_\_

**DESCRIPTION OF THE AQUATIC VEGETATION PROBLEM**

WATER BODY NAME OR I.D. NUMBER	<i>Describe the aquatic vegetation problem in the subject water body. Please refer to the instruction sheet for types of information requested.</i>	Desired amount of vegetation cover	<i>List the vegetation types or species infesting the water body during the height of the growing season.</i> Vegetation Type or Species      Relative Abundance (% area coverage)      Location within water body
			_____ _____ _____ _____ _____
			_____ _____ _____ _____ _____
			_____ _____ _____ _____ _____
			_____ _____ _____ _____ _____
			_____ _____ _____ _____ _____

I, the undersigned, have read and fully understand the conditions, restrictions, and terms of the Triploid Grass Carp Program. I certify that the information contained within this document is correct and true to the best of my knowledge. Upon receiving a valid permit, I agree to operate in conformity with the laws and regulations concerning triploid grass carp use.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: this application cannot be processed without the applicant's signature.**

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**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**  
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New Application     Renewal      Date Application Received : \_\_\_\_\_

Application reviewed for completeness by: \_\_\_\_\_ Title: \_\_\_\_\_

Contacted applicant to arrange preliminary inspection appointment on: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Notes: