

ATHENS MUNICIPAL WATER AUTHORITY (AMWA)  
HYDRILLA TREATMENT PROCEDURE PACKET

Key Issues:

1. All aquatic vegetation treatments will be conducted under the conditions outlined in the STATEWIDE AQUATIC VEGETATION MANAGEMENT GUIDANCE DOCUMENT (found on-line).
2. No aquatic vegetation treatment will be permitted without an approved treatment plan, first approved by AMWA: second approval by Texas Parks and Wildlife (TPWD) Only ENDOTHALL (Aquathol K, Aquathol Super K and Reward) and FLURIDONE (Sonar SRP, Sonar AS, Sonar PR, and Sonar Q) products will be authorized.
3. All herbicide treatments will be completed by a licensed applicator; no treatment will be permitted by a non-licensed applicator (a list of approved applicators is listed in schedule A).
4. Applications for a HYDRILLA TREATMENT PROCEDURE PROPOSAL (schedule B) will be taken between May 15 and June 15. A non-refundable fee of \$36.00 is required with the return of the completed application. The completed application should be mailed to AMWA, P.O. Box 229, Athens, Texas 75751. Checks should be made payable to AMWA.
5. Upon approvals, the appropriate Applicator will complete an AQUATIC VEGETATION TREATMENT PROPOSAL FORM (appendix C), PROPOSED HERBISIDE USE NOTICE, and NOTICE FROM GOVERNING ENTITY IN RESPONSE TO PROPOSED HERBICIDE USE as set forth in PWD PL T3200-1066.
6. Upon approvals, treatment must be completed within a period beginning June 1 and ending August 31. Distribution maps of aquatic plants will be provided by TPWD by May 10 if possible. Copies of these maps will be available on-line at the AMWA web site.
7. The allowable treatment area will be from property line to property line and from shore (440 Elevation) to a maximum of 150 feet out. Treatments for Hydrilla only will be allowed.

Schedule B

Athens Municipal Water Authority  
Hydrilla Treatment Procedure Proposal

Name and Address of Applicant:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Location to be treated if other than above

Sub Division \_\_\_\_\_  
Lot \_\_\_\_\_

Size of Area:

Width of Lot ( Property line to Property line) \_\_\_\_\_  
Length from shore to end of treatment area \_\_\_\_\_  
( no more than 150 feet from the 440 elivation)  
Total square footage to be treated \_\_\_\_\_

Applicator:  
Name: \_\_\_\_\_  
TDA License number: \_\_\_\_\_

Date treatment to begin: \_\_\_\_\_

Approved Products to be used: \_\_\_\_\_

Treatment Cost: \_\_\_\_\_

Approvals:

AMWA \_\_\_\_\_ Date \_\_\_\_\_

TPWD \_\_\_\_\_ Date \_\_\_\_\_