Exhibit Zc.



Department of Environmental Conservation

Office of General Services Department of State



JOINT APPLICATION FORM

For Permits for activities activities affecting streams, waterways, waterbodies, wetlands, coastal areas, sources of water, and endangered and threatened species.

You must separately apply for and obtain Permits from each involved agency before starting work. Please read all instructions.

1. Applications To:	2
>NYS Department of Environmental Conservation	Check here to confirm you sent this form to NYSDEC.
Check all permits that apply: Dams and Impound-	Tidal Wetlands Water Withdrawal
Stream Disturbance ment Structures	ACCUPATION OF THE RESERVE TO THE RESERVE T
Excavation and Fill in 401 Water Quality	Wild, Scenic and Long Island Well Recreational Rivers
Navigable Waters Certification	Incidental Take of
	Coastal Erosion Endangered /
Docks, Moorings or Freshwater Wetlands	Management Threatened Species
Platforms	
>US Army Corps of Engineers	Check here to confirm you sent this form to USACE.
Check all permits that apply: Section 404 Clean Wa	and the state of t
Is the project Federally funded? Yes V No	Occitor to trivers and flatbols Act
If yes, name of Federal Agency:	1
General Permit Type(s), if known:	
Preconstruction Notification: Yes No	
>NYS Office of General Services	Check here to confirm you sent this form to NYSOGS.
Check all permits that apply:	one of the committee of the contract of the co
State Owned Lands Under Water	
Utility Easement (pipelines, conduits, cal	bles, etc.) Docks, Moorings or Platforms
outly Edgerneric (pipelines, conduits, car	DICS. CIG. 1 LOUGES MICHOLINGS OF PIRHORMS
>NYS Department of State	Check here to confirm you sent this form to NYSDOS.
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>NYS Department of State Check if this applies: Coastal Consistency Concurr 2. Name of Applicant Mohegan Lake Improvement District	Check here to confirm you sent this form to NYSDOS. rence Taxpayer ID (if applicant is NOT an individual) 13-6007341 Post Office / City State Zip
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>NYS Department of State Check if this applies: Coastal Consistency Concurr 2. Name of Applicant Mohegan Lake Improvement District Mailing Address P.O. Box 484 Telephone 914-364-0905 Email kenbelfe	Check here to confirm you sent this form to NYSDOS. rence Taxpayer ID (if applicant is NOT an individual) 13-6007341 Post Office / City Mohegan Lake NY 10547
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JOINT APPLICATION FORM - Continued. Submit this completed page as part of your Application.

4. Name of Contact / Agent				
Limnology Information & Freshwater Ecology Inc				
Mailing Address	Post Office / City		State	Zip
19 Sandy Pines Blvd	Hopewell Jct		NY	2533
Telephone 845-227-8805 Email lifein	c@optonline.net			
5. Project / Facility Name	Property Tax			
Lake Mohegan Lake Treatment	25.08-1-99: P	arcel SBL:		
Project Street Address, if applicable	Post Office / City		State 2	Zip
Lakeshore Dr	Mohegan Lake		NY .	10547
Provide directions and distances to roads, intersections, b	oridges and bodies of wat	er		
✓ Town ✓ Village ✓ City County	Stream/Wate	rhody Name	•	
Town Village City County Mohegan Westchester	Lake Mohega			
Project Location Coordinates: Enter Latitude and Longitude				
Latitude: 41 ° 18 ' 47.5 "	Longitude: 73	° 50	' 53.	8 "
10 110	110	1 60		
b. Description of current site conditions:				
c. Proposed site changes:				
d. Type of structures and fill materials to be installed, ar coverage, cubic yards of fill material, structures below NA			.g., square	feet of
e. Area of excavation or dredging, volume of material to	be removed, location of	dredged ma	aterial plac	ement:
f. Is tree cutting or clearing proposed? Timing of the proposed cutting or clearing (month/ye	If Yes, explain below.	☑ No		
r	Acreage of trees to be cle	ared:		
AN A MEDICAL PROPERTY OF THE P	www.comestator.com/ thisterment land them distrib			

JOINT APPLICATION FORM - Continued. Submit this completed page as part of your Application.

g. Work methods and type of equipment to be used:
16 foot and 12 foot John Boats, Gasoline Sprayer on boat, Cutrine Ultra or Copper Sulfate Sprayed into the water body per treatment plan in wetland permit application and Pesticide Permit Application.
. Describe the planned sequence of activities:
Provide Algae control methods of using either Copper Sulfate or Cutrine Ultra to control HAB (Harmful Algae Blooms) during summer months.
Pollution control methods and other actions proposed to mitigate environmental impacts:
NA
Erosion and silt control methods that will be used to prevent water quality impacts:
NA .
Alternatives considered to avoid regulated areas. If no feasible alternatives exist, explain how the project will minimize impacts:
The water body exists in a regulated area, and the water body cannot be moved. Since blue green algae is spread by wind a
areas of the lake must be treated to remove the HAB (Harmfull Algae Blooms). Neither herbicide will negatively impact regulareas.
. Proposed use: V Private Public Commercial
m. Proposed Start Date: Spring 2018 Estimated Completion Date: Labor Day
n. Has work begun on project? Yes If Yes, explain below.
This work beguin on project.
o. Will project occupy Federal, State, or Municipal Land? Yes If Yes, explain below.
p. List any previous DEC, USACE, OGS or DOS Permit / Application numbers for activities at this location:
3-5554-00119/00007, 3-5554-00119/00006
q. Will this project require additional Federal, State, or Local authorizations, including zoning changes?
Yes If Yes, list below.
Requires NYSDEC Pesticide and Environmental Permit Issuance. NPDES Permit is current.

JOINT APPLICATION FORM - Continued. Submit this completed page as part of your Application.

Applicant and Owner (If different) must sign the application. Append additional pages of this Signature section if there are n	nultiple Applicants, Owners or Contact/Agents.
I hereby affirm that information provided on this form and all att my knowledge and belief.	achments submitted herewith is true to the best of
Permission to Inspect - I hereby consent to Agency inspection Agency staff may enter the property without notice between 7: may occur without the owner, applicant or agent present. If the with an unlocked gate, Agency staff may still enter the propert site physical characteristics, take soil and vegetation samples, failure to give this consent may result in denial of the permit(s)	200 am and 7:00 pm, Monday - Friday. Inspection property is posted with "keep out" signs or fenced y. Agency staff may take measurements, analyze sketch and photograph the site. I understand that
False statements made herein are punishable as a Class A mis Penal Law. Further, the applicant accepts full responsibility for and by whomever suffered, arising out of the project described the State from suits, actions, damages and costs of every na addition, Federal Law, 18 U.S.C., Section 1001 provides for a not more than 5 years, or both where an applicant knowingly material fact; or knowingly makes or uses a false, fictitious or f	all damage, direct or indirect, of whatever nature, herein and agrees to indemnify and save harmless me and description resulting from said project. In fine of not more than \$10,000 or imprisonment for y and willingly falsifies, conceals, or covers up a
Signature of Applicant	Date
del be	3/2/18
Applicant Must be (check all that apply): Owner	Operator Lessee
Printed Name	Title
Ken Belfer	President
Signature of Owner (if different than Applicant)	Date
Signature of Owner (if different than Applicant) Printed Name	Date Title
at .	
Printed Name	Title
Printed Name	Title
Printed Name Signature of Contact / Agent Mal Relat	Date 3/2/18
Printed Name Signature of Contact / Agent Mal Relad Printed Name	Title Date 3/2/18 Title President ERMIT REQUIRED
Printed Name Signature of Contact / Agent Mal Gal Printed Name Mark Roland: Limnology Information & Freshwater In For Agency Use Only Agency Application	Title Date 3/2/18 Title President ERMIT REQUIRED on Number Agency Name) has determined that No Permit is
Printed Name Signature of Contact / Agent Mal Cala Printed Name Mark Roland: Limnology Information & Freshwater In For Agency Use Only Agency Application required from this Agency for the project described in this app Agency Representative:	Title Date 3/2/18 Title President ERMIT REQUIRED on Number Agency Name) has determined that No Permit is lication.
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Printed Name Signature of Contact / Agent Mark Roland: Limnology Information & Freshwater In For Agency Use Only Agency Application required from this Agency for the project described in this app Agency Representative: Printed	Title Date 3/2/18 Title President ERMIT REQUIRED on Number Agency Name) has determined that No Permit is lication.

Mohegan Lake

41.315377, -73.848843 Westchester County, NY Mohegan Lake 1:24,000 Quad.

Area: 103.6 acres

Treatment area: 103.6 acres

Perimeter: 14,189 feet

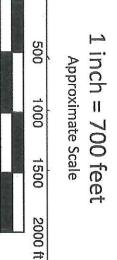
Length: 3,950 feet Width: 820 feet

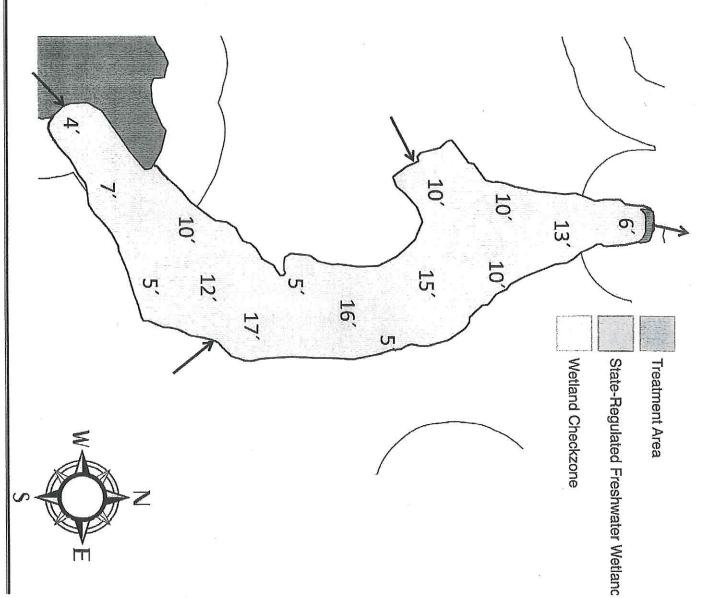
Width: 820 feet

10 feet AD Run-off & Spring fed

Full Pond Treatment

Pond is in a NY State-Regulated Freshwater Wetland







<< Resolution Adapted >>

[CAUSE] There is not enough memory for your document to print at 600(1200) dpi. The printer has printed it at a reduced resolution.

[ACTION] Check the print quality of the printout.

To print at the requested resolution, expand the printer memory by adding DIMM.

Another solution is to reduce the complexity of your document (reduce the number of fonts, change the driver settings etc.)

<< Adaptation de la résolution >>

[CAUSE] Votre document a été imprimé dans une résolution plus faible car il n'y a pas assez de mémoire pour l'imprimer en 600(1200) ppp.

[ACTION] Vérifiez la qualité d'impression de votre document.
Si vous souhaitez imprimer avec la résolution demandée, augmentez la capacité mémoire de votre imprimante.
L'autre solution est de réduire la complexité de votre document (nombre de polices, paramétrage du pilote, etc.)

<< Anpassung der Auflösung >>

[GRUND] Es ist nicht genug Arbeitsspeicher zum Drucken Ihres Dokuments mit 600(1200) dpi vorhanden. Der Drucker hat es mit einer verringerten Auflösung gedruckt.

[ABHILFE] Überprüfen Sie die Druckqualität.

Um mit der gewünschten Auflösung zu drucken, erweitern Sie den Druckerspeicher. Eine andere Möglichkeit ist die Reduzierung der Komplexität Ihres Dokuments (verringern der Anzahl von Schriften, Änderung der Treibereinstellungen etc.).

<< Resolutie aanpassing >>

[OORZAAK] Er is niet genoeg geheugen om het dokument af te drukken op 600(1200) dpi. De printer heeft het dokument op een lagere resolutie afgedrukt.

[AKTIE] Kontroleer de printkwaliteit van het afgedrukte dokument.
Om op de gewenste resolutie te printen, dient u het geheugen van de printer uit te breiden.
Een andere oplossing is het vereenvoudigen van het dokument (verminderen van het aantal fonts, wijzigen van de printerinstellingen enz.).

<< Oppløsningen har blitt redusert >>

[ÅRSAK] Det er ikke nok minne for å skrive ut dokumentet i 600(1200) dpi, skriveren har derfor skrevet ut dokumentet med en lavere oppløsning.

[LØSNING] Sjekk utskriftskvaliteten, hvis du ønsker bedre oppløsning må du utvide minnet. En annen løsning er å redusere kompleksiteten på dokumentet (redusere antall skrifttyper, driver oppsett etc.).

