State of Wisconsin DNR DNR Department of Natural Resources Water Permit Central Intake – attn. APM PO Box 7185 Madison, WI 53707-7185

## Chemical Aquatic Plant Control Application and Permit Wisconsin Pollutant Discharge Elimination System (WPDES) Pesticide Pollutant Permit Application Form 3200-004 (R 03/13)

<b>Notice:</b> Use of this form is required by the Department for any application filed pursuant to
s. 281.17(2), Wis. Stats., and Chapters NR 107, 200 and 205, Wis. Adm. Code. This permit
application is required to request coverage for pollutant discharge into waters of the state.
Personally identifiable information on this form may be provided to requesters to the extent
required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

DNR Us	e Only
ID Number	Permit Expiration Date
Waterbody #	Fee Received

Primary: Section II – Aquatic Plant Control Location  Waterbody to be Treated (waterbody where treatment area is located)  County  Section Township Range B Name of Applicator or Firm  Latitude:  Longitude:  Street or Route  Street or Route  Street or Route  County Phone Number (include area code)  1.		y identifiable i by Wisconsin's										ιο th	ne exte	ent		Waterboo	ly#		Fee F	Received
Street Address   Stre	Section	I – Applic	ant	Inforr	matio	n – Na	ame of	f Perm nities	nit App or tow	licant. n sani	Also tary o	ine dist	dicate tricts s	names	s and a oring tr	addresses reatment.	of all Attacl	l individu h additior	als, asso	ociations, ts if necessary.
Primary: Secondary: Se													Name	•						
Phone Number (include area code)  Primary:  Secondary:  Secondary:  Section II - Aquatic Plant Control Location  Waterbody to be Treated (waterbody where treatment area is located)  County  Section Township Range E  Lake Surface Area acres  County Section Township Range E  Less in Depth  State Surface Area acres  County Section Township Range E  Less in Depth  State E  Sta	Street A	Address										Addres	Street	Addres	SS					
Primary: Section II — Aquatic Plant Control Location  Waterbody to be Treated (waterbody where treatment area is located)  County  Section Township Range B Name of Applicator or Firm  Latitude:  Longitude:  Street or Route  Street or Route  County  Phone Number (include area code)  1.	City						Stat	e Z	IP Cod	de		Lake	City						State	ZIP Code
Section   I - Aquatic Plant Control Location   Waterbody to be Treated (waterbody where treatment area is located)   Lake Surface Area   Less in Depth   Les	Phone Nur	ımber (includ	de a	rea cod	de)							ш		Email	Addre	:SS				
County																				
County									o ie loca	ctad)		li a	rko Sur	face Al	703		Fst	timated St	urface Ar	too that is 10 Feet
County Section Township Range	Waterbouy	y to be mean	leu	(Water	JOUY vv	/here uc	зашыы	II diec	i IS IUUU	λτeuj		La	Ke Sun	ace An	ea	corps				
Latitude:  Longitude:  Street or Route  Street or Route  Street or Route  Street or Route  State ZIP Code  Does the waterbody a private pond?	County		—		Ser	ction	Towr	nship	TRange	е г	<del>_</del>	Nε	ame of	Applica	ator or					acre
Latitude:   Longitude:   Street or Route   State   ZIP Code   City   City   State   ZIP Code   City   City   State   ZIP Code   City										Ĺ	⊒'I			7.	•••	•				
Does the waterbody have public access?	Latitude:				Lon	ıgitude:	1	1				ـــــ	reet or	Route						
Adjacent Riparian Property Owner Names (attach sheets if necessary)  1		, ,		•				Yes	3 [	No		Cit	ty						State	ZIP Code
1				•									- £. ,					* Lambar	" -!do	1\
2	•			•		•				• •		Co	unty			[1	Phone	Number	(include	area code)
3											—	Er	—ail Δd	ldrace						
Applicator Certification Number for Category 5 Aquatic Pesticide Application Summer for Category 5 Aquatic Pesticide Appli											—	En.	lali Au	Jiess						
5											— I	Ap	plicate	r Certif	fication	Number fo	or Cat	egory 5 A	quatic Pe	esticide Applicatio
Business Location License Number (if applicable)  7											_								•	
7											_	Bu	siness	Locati	on Lice	ense Numb	oer (if	applicable	<del>)</del>	
Area(s) Proposed for Control: (Note details in permit cover letter for final permitted sizes of treatment areas.)  Treatment Length Treatment Width  Aft. ÷ 43,560 ft.² =ft.  Total Estimated Acreage  Total Estimated Acreage  Average Depth  Total Estimated Acreage  Fit. Total from lines A - E  Cft. × 43,560 ft.² =ft.  Total from Attached Sheetsft.	7										!								_	
Treatment Length         Treatment Width         Estimated Acreage         Average Depth         Total Estimated Acreage           A.         ft. X         ft. ÷ 43,560 ft.² =							eprese	entativ	e or Lal	ke Dist	rict	Re	stricted	d Use F	esticio	de License	Numb	ber (if app	licable)	
Treatment Length         Treatment Width         Estimated Acreage         Average Depth         Total Estimated Acreage           A.         ft. X         ft. ÷ 43,560 ft.² =	Area(s) P	roposed fc	or C	ontrol:	. (Not	e detai	ls in p	ermit	cover	letter	for fi	ina'	l perm	nitted s	sizes o	of treatme	nt are	 eas.)		
A	Treatm	nent Length		Treatm	nent W	<u>/idth</u>			<u>Estima</u>	ated Ac	<u>:reage</u>	<u>e</u>	<u>Avera</u>	age Der	<u>pth</u>					Total
Bft. Xft. ÷ 43,560 ft.² =ft. Total from lines A - E	A	ft.	Χ			_ft. ÷	43,560	) ft. <sup>2</sup> =	=			_		f	ft.					Estimated Acres
D ft. X ft. ÷ 43,560 ft.² = ft.							-										Total	from lines	A-E .	
D ft. X ft. ÷ 43,560 ft. <sup>2</sup> = ft.	C	ft.	Х			_ft. ÷	43,560	) ft. <sup>2</sup> =	<u>-</u>			_		f	ft.	Tota	I from	Attached	Sheets .	
Cread Tatal	D	ft.	X			_ft. ÷	43,560	) ft. <sup>2</sup> =	·			-		1	ft.					
E ft. X ft. ÷ 43,560 ft.² = ft.	E	ft.	Х			_ft. ÷	43,560	) ft. <sup>2</sup> =	=			-		f	ft.			Gran	d Total <sub>-</sub>	
If the estimated acreage is greater than 10 acres, or is greater than 10 percent of the estimated area 10 feet or less in depth in Section complete and attach Form 3200-004A, Large-Scale Treatment Worksheet. Private pond treatments are exempted from this requirement.	If the estir	imated acre	eage	e is gre	eater t	than 10	0 acre	es, or i	is grea	ater tha	an 10	0 ре	ercent	t of the	e estim					
Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources?  DNR Use:  NHI Review? Yes No Describe:	Is this are area desi	rea within or signated by	r ad	djacent Depar	t to a s irtmen	sensitiv	/e itural	DNR	Use:									-		·

## **Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application**

Section III – Fees	F	JIII 3200-0	004 (R 03/13)				
s. NR 107.11(1), Wis. Adm. Code, lists the code.     s. NR 107.11(4), Wis. Adm. Code, lists the code.     s. NR 107.04(2), Wis. Adm. Code, provides.      See calculations:      Basic Permit Fee (non lift proposed treatment in (round up to nearest with lift proposed treatment in (round up to nearest with lift proposed treatment in lift pro	ses that are effor a refund of refundable). s over 0.25 achole acre, to refundable acre, and above) of lake indicated the refundable acre, and acre,	exempt from from from from from from from from	permit requirer refees if the permit requirer refers if the permit refer	nents. is denied or . \$ 20	if no treatmer  0.00    vidual area whe in to are in to are in the ar	nt occurs.  Here plant connot adjacent to	o the
treatment area. Attach a separate list of ov	ners and cor	respondir	ng treatment dimer	nsions code	d to the lake m	nap, if necess	ary.
Section IV - Reasons for Aquatic Plant Cor							
Is this permit being requested in accordance with	h		Treatment Type:				
an approved Aquatic Plant Management Plan?	Yes	☐ No	Lake	Pond	Wetland	Marina	Other
Goal of Aquatic Plant Control:		Nuisan	ce Caused By:				
Reduce nuisance algae accumulation  Maintain navigational channel for commod  Maintain private access for boating	n use		Algae Emergent water p above water surfa	ce, e.g. catt	ails, bulrushes	s)	· ·
Maintain private access for fishing Improve swimming			Floating water pla e.g., waterlilies, du	uckweed)		-	
Control of purple loosestrife Control of invasive exotics			Submerged water flowering parts ma	plants (leav be expose	res and stems ed, e.g., milfoil	below water i, coontail)	surface,
Ħ			Othor				
Other:		.   '-	Other:				
List Target Plants			Different plants r treatment. Do no				
Section V – Chemical Control							
Alternatives to Chemical Control:	Feasible	e?	If No, Why No	t?			
1. Mechanical harvesting	Yes	☐ No					
2. Hand pulling	Yes	No					
3. Hand raking	Yes	No					
4. Hand cutting	Yes	 □ No					
5. Sediment screens/covers	Yes	☐ No					
6. Dredging	Yes	☐ No					
7. Lake drawdown	Yes	□ No					
<ul><li>8. Nutrient controls in watershed</li><li>9. Other:</li></ul>	Yes Yes	No No					

Note: If proposed treatment involves multiple properties, consider feasibility of EACH alternative for EACH property owner. If you checked yes to any of the alternatives listed above, please explain your decision to use chemical controls:

## **Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application**

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	ade Name of Proposed Chemical(s)			
N /14	ethod of Application:			
		Yes	□ No	
	ill surface water outflow and/or overflow be controlled to prevent chemical loss?			□ Name
	hat were the results of the treatment?	∐ AII	∐ Some	☐ None
No	ote: Chemical fact sheets for aquatic pesticides used in Wisconsin are availance Resources upon request.	able from t	he Departmei	nt of Natural
	ection VI – Applicant Responsibilities and Certification  The applicant has prepared a detailed map which shows the length, width and average rooted vegetation and the surface area in acres or square feet for each proposed	verage dept	h of each area	a proposed for the control of
2.	The applicant understands that the Department of Natural Resources may requir involving chemicals. Under s. NR 107.07, Wis. Adm. Code, supervision may include chemicals and application equipment before, during or after treatment. The application and significant advance of each anticipated treatment with the date, time, location and significant control of the contr	re supervision Flude inspect licant is requisize of treati	on of any aqua tion of the prop uired to notify t ment unless th	posed treatment area, the regional office 4 working
	requirement. Do you request the Department to waive the advance notification re	equirement?	Yes	☐ No
3.	The applicant agrees to comply with all terms or conditions of this permit, if issue Adm. Code. The required application fee is attached.	ed, as well a	s all provision	s of Chapter NR 107, Wis.
4.	The applicant has provided a copy of the current application to any affected prop case of chemical applications for rooted aquatic plants, to all owners of property applicant has also provided a copy of the current chemical fact sheet for the cherowner's association or inland lake district.	riparian or a	adjacent to the	treatment area. The
	Check if you are signing as Agent for Applicant.			
	I hereby certify that the above information is true and correct and that copie the appropriate parties named in Section II and that the conditions of the pe			
	Signature of Applicant	Date :	Signed	

All portions of this permit, map and accompanying cover letter must be in possession of the chemical applicator at time of treatment. During treatment all provisions of Chapter NR 107, specifically ss. NR 107.07 and NR 107.08, Wis. Adm. Code, must be complied with, as well as the specific conditions contained in the permit cover letter.

## **Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application**

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	it Request		
Is WPDES coverage being re-	quested? Refer to http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html for more in	nformation.	
☐ No: ☐ Already have	WPDES coverage until Sept. 2016	ture	
☐ WPDES cover	rage not needed		
Select which permit you are re	equesting: WI-0064556-1 Aquatic Plants, Algae & Bacteria WI-0064564-1 Aquatic Animals WI-0064581-1 Mosquitoes & other Flying Insects		
Indicate WPDES permitee res	ponsible for the pollutant discharge: Applicator Sponsor		
	I activity will result in a detectable pollutant discharge to waters of the state beyond or a pollutant residual in waters of the state after the treatment project is completed?	Yes	☐ No
If yes, identify the pollutan	t(s):		
	e integrated pest management principles, as specified in the WPDES permit, into nimize any pollutant residual or pollutant discharge beyond the treatment area?	Yes	☐ No
Type of WPDES coverage being	ng requested:  One Treatment Site  Statewide Coverage		
For informational purposes, se	elect areas of WI for most of your aquatic treatments: NW NE SW	SE	
Is WPDES coverage being rec	quested for more than 1 year?		
	yes, the permittee will remain in "active" WPDES status until a Notice of Termination is	submitted.	
pest treatment activ	I am the authorized representative (as specified in Ch. NR 205.07(1)(g), Wis. Adm. Covity which is the subject of this permit application. I certify that the information contained into its to the best of my knowledge, true, accurate and complete.		
Signature of Author	rized Representative Printed Name Date Sig	gned	
	rized Representative Printed Name Date Signy Out Chemical Treatment (Leave Blank – DNR Use Only)	gned	
Section VIII – Permit to Carr			the
Section VIII – Permit to Carr	y Out Chemical Treatment (Leave Blank – DNR Use Only) approved. Permission is hereby granted to the applicant to chemically treat the waters d		the
Section VIII – Permit to Carr The foregoing application is a application during the season	y Out Chemical Treatment (Leave Blank – DNR Use Only) approved. Permission is hereby granted to the applicant to chemically treat the waters of 20		the
Section VIII – Permit to Carr The foregoing application is a	y Out Chemical Treatment (Leave Blank – DNR Use Only) approved. Permission is hereby granted to the applicant to chemically treat the waters d		the
Section VIII – Permit to Carr The foregoing application is a application during the season Application fee received?  Yes No	pproved. Permission is hereby granted to the applicant to chemically treat the waters of of 20  State of Wisconsin Department of Natural Resources For the Secretary		the
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Section VIII – Permit to Carr The foregoing application is a application during the season Application fee received?  Yes No Advance notification of treatment required?  Yes No Please Note: If you believe that you have a establish time periods within very for judicial review of a decision otherwise served by the Department is application in the carrier of the carr	y Out Chemical Treatment (Leave Blank – DNR Use Only) approved. Permission is hereby granted to the applicant to chemically treat the waters of a of 20  State of Wisconsin Department of Natural Resources For the Secretary  By Regional Director or Designee  Date Signed  Date Mailed	described in	
Section VIII – Permit to Carr  The foregoing application is a application during the season Application fee received?  Yes No  Advance notification of treatment required?  Yes No  Please Note:  If you believe that you have a establish time periods within very for judicial review of a decision otherwise served by the Depa Such a petition for judicial review.	y Out Chemical Treatment (Leave Blank – DNR Use Only)  approved. Permission is hereby granted to the applicant to chemically treat the waters of of 20  State of Wisconsin Department of Natural Resources For the Secretary  By Regional Director or Designee  Date Signed  Date Mailed  right to challenge this decision, you should know that Wisconsin statutes and administ which requests to review Department decisions must be filed.  on pursuant to ss. 227.52 and 227.53, Wis. Stats., you have 30 days after the decision artment, to file your petition with the appropriate circuit court and serve the petition on the	described in	