

**PERMIT APPLICATION FOR CHEMICAL
 AQUATIC PLANT CONTROL**
 Form 3200-4 Rev.3-99

DNR USE ONLY
ID Number
County Code
Waterbody Number

NOTE: Use of this form is required by the Department for any application field pursuant s. 281.17(2). Wis. Stats. And Chapter NR 107, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form. Personally identifiable information requested on this form is not likely to be used for purposes, other than that for which it is originally being collected.

SECTION I. APPLICATION DATA

Name of Permit Applicant. (Also indicate names and addresses of all individuals, associations, communities or town sanitary districts sponsoring treatment. Attach additional sheets if necessary.

Home Address	Name Bonestroo, Inc. Consultant for:	Lake Address	Name McDill Pond Lake District
	Street or Route 1203 Storbeck Drive		Street or Route 3325 Yvonne Drive
	City, State, Zip Waupun, WI 53963		City, State, Zip Stevens Point, WI 54481
	Telephone Number (include area code) 920-324-8600		Telephone Number (include area code) See Consultant for More Information

SECTION II. LOCATION OF PLANT CONTROL			
Waterbody To Be Treated (waterbody where treatment area is located) McDill Pond		Lake Surface Area 261	Estimated Surface Area That Is 10 Feet or Less in Depth : 240 acres
County Portage	Names of Adjacent Riparian Property Owners (use additional sheets if necessary) 1. All participants are riparian property owner's of McDill Pond 2. 3.		
Township Range Section 23N 08E 3, 4, 9			
Name of Applicator or Firm Bonestroo, Inc.			
Street or Route 1203 Storbeck Drive	Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate) Mr. Jack Negaard & Ms. Krista Olson		
City, State, Zip Code Waupun, Wisconsin 53963			
Telephone Number (include area code) Home: Business: 920-324-8600			
Applicator Certification Number for Category 5, Aquatic Pesticide Application 077803	DNR USE ONLY	Date Verified w/DATCP Certification Expiration	
Business Location License Number (if applicable) 93-013597-011079		Date Verified w/ DATCP Expiration Date	
Restricted Use Pesticide License Number		Date Verified w/DATCP Expiration Date	

Area(s) proposed for Control (Note details in permit cover letter for final permitted sizes of treatment areas.)

- A. Shore Length See Map x Distance From Shore See Map + 43,560 ft = See Map Estimated Acreage. Average Depth ____ ft.
- B. Shore Length ____ ft. x Distance From Shore ____ ft. + 43,560 ft = ____ Estimated Acreage. Average Depth ____ ft.
- C. Shore Length ____ ft. x Distance From Shore ____ ft. + 43,560 ft = ____ Estimated Acreage. Average Depth ____ ft.
- D. Shore Length ____ ft. x Distance From Shore ____ ft. + 43,560 ft = ____ Estimated Acreage. Average Depth ____ ft.
- E. Shore Length ____ ft. x Distance From Shore ____ ft. + 43,560 ft = ____ Estimated Acreage. Average Depth ____ ft.

Total Estimated Acreage= 10.5 Acres

If the estimated acreage is greater than 10 acres, or is greater than 10 percent of the estimated are 10 feet or less in depth in Section II, please complete and attach Form 3200-4A, Large Scale Treatment Worksheet. Private pond treatments are exempted from this requirement.

Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources?

Yes No

SECTION III. FEES

1. s. NR 107.11(1), Wis. Adm. Code. Lists the conditions under which the permit fee is included to the \$20 minimum charge.
2. s. NR 107.11(4), Wis. Adm. Code. Lists the uses that are exempt from permit requirements.
3. s. NR 107.04(2), Wis. Adm. Code. provides for a refund of acreage fees if the permit is denied or if no treatment occurs.
4. Fee calculations:

Base Permit Fee (non-refundable)	<u>\$20.00</u>
If proposed treatment is over 0.25 acre, calculate acreage fee (round up to nearest whole acre, to maximum of 50 acres.) 25 acres X \$25 per acre = \$750.00	
If proposed treatment is \leq 0.25 acre, acreage fee is \$50.00.	
Enter Acreage Fee (from above)	<u>\$275.00</u>
Total Fee Enclosed	<u>\$295.00</u>

Please include a sketch and/or a printed map of lake indicating area and dimensions of each individual area where plant control is desired. Also show location of property owners riparian to and adjacent to the treatment area. You may use the space below to sketch a map. Attach a separate list of owners and corresponding treatment dimensions coded to the lake map, if necessary.

Please See Attached Maps

Areas will be treated for stands of Eurasian water-milfoil.

SECTION IV. REASONS FOR AQUATIC PLANT CONTROL

<p>Purpose of aquatic Plant Control</p> <p><input type="checkbox"/> 1. Reduce nuisance algae accumulation</p> <p><input checked="" type="checkbox"/> 2. Maintain navigation channel for common use</p> <p><input checked="" type="checkbox"/> 3. Maintain private access for boating</p> <p><input checked="" type="checkbox"/> 4. Maintain private access for fishing</p> <p><input checked="" type="checkbox"/> 5. Improve swimming</p> <p><input type="checkbox"/> 6. Control of purple loosestrife</p> <p><input checked="" type="checkbox"/> 7. Other: Prevent spread and severe infestation of EWM.</p>	<p>Nuisance Caused By</p> <p><input type="checkbox"/> 1. Algae</p> <p><input type="checkbox"/> 2. Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, buhushes)</p> <p><input type="checkbox"/> 3. Floating water plants (majority of leaves floating on water surface, e.g. waterlilies, duckweed)</p> <p><input checked="" type="checkbox"/> 4. Submerged water plants (leaves and stems below water surface, flowering parts may be exposed, e.g., milfoil, coontail)</p> <p><input type="checkbox"/> 5. Other: _____</p>
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Name of Plants, if known

NOTE: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.

Target Species: Eurasian watermilfoil (EWM)

SECTION V. CHEMICAL CONTROL

Alternatives to Chemical Control	Feasible?	If No, Why Not?
1. Mechanical harvesting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Spreads plant debris and they can not get in shallow waters</u>
2. Hand pulling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Too time consuming & may miss plants</u>
3. Hand raking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Too time consuming and spreads plant debris</u>
4. Hand cutting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>See hand pulling</u>
5. Sediment screens/covers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Not effective</u>
6. Dredging	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Too costly</u>
7. Lake drawdown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Chemical treatment following a drawn-down.</u>
8. Nutrient controls in watershed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Not a control option for immediate concerns</u>
9. Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

NOTE: If proposed treatment involves multiple properties, please 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:

<p>Trade Name of Proposed Chemical(s)</p> <p>Navigate & DMA 4 IVM</p>	<p>Method of Application</p> <p>Bonestroo, Inc. granular & liquid application systems</p>
<p>Which Chemicals or Other Control Options Have Been Tried Before On The Proposed Site, and What Were the Results</p> <p>The proposed chemicals have been used statewide to selectively control the target plant species present by our firm and has been successful in selectively controlling the target plant species currently present.</p>	

NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.

SECTION VI. APPLICANTS RESPONSIBILITIES

1. The applicant prepared a detailed map which shows the length, width and average depth of each area proposed for the control of rooted vegetation and the surface area in acres or square feet for each proposed algae treatment.
2. The applicant understands that the Department of Natural resources may require supervision of any aquatic plant management project involving chemicals. Under s. NR 107.-7 Wis. Adm. Code, supervision may include inspection of the proposed treatment area, chemicals and application equipment before, during or after treatment. The applicant is required to notify the regional office 4 working days in advance of each anticipated treatment with the date, time, location and size of treatment unless the Department waives the requirement. Do you request the Department to waive the advance notification requirement? Yes No
3. The applicant agrees to comply with all terms or conditions of this permit, if issued, as well as all provisions of Chapter NR 107, Wis. Adm. Code. The required applicant fee is attached.
4. The applicant has provided a copy of the current application to any affected property owners' association, inland lake district and, in the case of chemical application for rooted aquatic plants, to all owners of property riparian or adjacent to the treatment area. The applicant has also provided a copy of the current chemical fact sheet for the chemicals proposed for use to any affected property owners association or inland lake district.

I hereby certify that the above information is true and correct and that copies of this application have been provided to the appropriate parties named in Section II and that the conditions of the permit and pesticide use will be adhered to.

Applicants Signature  Date Signed August 25, 2009

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 cover letter.

SECTION VII. PERMIT TO CARRY OUT CHEMICAL TREATMENT (LEAVE BLANK DNR USE ONLY)

The foregoing application is approved. Permission is hereby granted to the applicant to chemically treat the waters described in the application during the season of _____

Application fee received?
 Yes No

Advance Notification of Treatment
Required?
 Yes No

State of Wisconsin
Department of Natural Resources
For the Secretary

By _____
Regional Director or Designee

Date Signed Date Mailed

Please NOTE:

If you believe that you have a right to challenge this decision, you should know that Wisconsin statutes and administrative rules establish time periods within which requests to review Department decisions must be filed.

For judicial review of a decision pursuant to ss. 227.52 and 227.53, Wis. Stats., you have 30 days after the decision is mailed or otherwise served by the department, to file your petition with the appropriate circuit court and serve the petition on the department. Such a petition for judicial review shall name the Department of Natural Resources as the respondent.

To request a contested case hearing pursuant to s. 227.42, Wis. Stats., you have 30 days after the decision is mailed, or otherwise served by the Department, to serve a petition for hearing on the Secretary of the Department of Natural Resources. The filing of a request for a contested case hearing is not a prerequisite for judicial review and does not extend the 30 day period for filing a petition for judicial review.

This notice is provided pursuant to s. 227.48(2), Wis. Stats.