State of Wisconsin Department of Natural Resources

Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (5/01)

Page 1 of 2

Notice: Completion of this form is a condition of the permit and provides records required by WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22). The Department may not issue you future permits unless you complete and submit this form. Personally identifiable information required on this form is not likely to be used for purposes other than that for which it is originally being collected. It may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.]

Submit this form: (1) immediately if any unusual circumstances occurred during treatment

(2) as soon after treatment as possible, no later than 30 days

(3) by October 1 if no treatment occurred

Completion of this form along with the permit satisfies the requirements of WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22).

General Permit Information	
Permit Number Waterbody Name (including)ponds, e.g., Smith Pond)	
OCR-11-30-46 MCMU TONCE	
Permit Hojder Name Portage McDill Loke Distric	7
Treatment Information	
Treatment Date Starting Time (24 hr) Ending Time (24 hr) Water Temp (°C) Amb 69/11 0845 1500 74°F 2 Other Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.) Amb 2	bient Air Temp (°C) Wind Speed (mph) Wind Direction
Other Conditions Noted (i.e., dead lish, spawning lish, digde bloch, etc.)	
Onsite Supervision Present? Yes No	S. S.
Mixing and Loading Site Location (if other than business site or from prepackaged retail of not more than 5 gallons liquid or 50 pounds dry)	container or applied with equipment with a total capacity
Herbicide Treatment and Water Use Restrictions Signs Posted In Accordance With NR 1 Applicator shall provide each customer with a free copy of each	
Applicator Information.	Telephone Number
Individual or Business Name Marine Birchemists	262 238-040
6302 W. Eastavod Ct	
City Heavon	State ZIP Code 53092
Individuals Making Pesticide Application: Last Name	Brian Certification #
Last Name	First Certification #
Kinnenberg	James 5503
Last Name	First Certification #
Name of Berson Completing Form	. Seeffer Date Signed
Brian J. Sottern Duert	. seffen 922/11

Treated Treated Treated Shoreline Distance Treated Length (ft) Off Shore Acreage Image: Shoreline Mg, T Image: Shoreline State Image: Shoreli		היירחים מוומכו	leg aguillon	al sue/ III		ruicide sneer II necessary)						
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	watershiretu large-leaf pondwd curly-leaf pondwd		sago ponawo e. milfoil n. milfoil				Inchardson pondwd Illinois pondwd planktonic algae					
	robbins pondwd		vild celery	1								