

Notice: Information requested on this form is required to permit mechanical and/or manual aquatic plant control application, per s. 23.24, Wis. Stats. The Department will not issue a permit unless you complete and submit this application. Personally identifiable information collected will be used for program administration and will be available to requesters under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

FOR DNR USE ONLY	
Date Received	ID Number
Fee Received	County Code
Exp. Date	WBIC

Section I: Applicant Data

Permit Applicant Name		Applicant is	
Applicant Mailing Address		<input type="checkbox"/> Private individual <input type="checkbox"/> Contractor <input type="checkbox"/> Lake Organization (Specify) _____	
City	State	ZIP Code	Lake Property Address, City, State, ZIP (if different)
Telephone Number	E-Mail Address	Telephone Number	E-Mail Address

Individuals and organizations (e.g., Lake District, Lake Association, Property Owners Association, County Department of Recreation), sponsoring removal. Attach additional sheets if necessary.

Name	Address	Phone	E-mail Address
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____

Has a Lake Management plan been provided to the DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date approved of most current copy _____	Location of Applicant file copy _____
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Does the proposed plant removal agree with the approved plan? Yes No
 If NO, explain. Attach additional sheets if necessary.

Is this area within or adjacent to a Sensitive Area designated by the Wisconsin Department of Natural Resources?
 Yes No Don't Know If yes, list sites _____

Section II: Location of Aquatic Plant Removal and Disposal

Waterbody of proposed plant removal	Lake Surface Area (acres)	County	Town _____	Range _____	Section _____	
Name of Firm (if sub-contracted)	Telephone Number _____					
Street Address	City, State and ZIP _____					
Name of 1st Plant Disposal Site (if applicable)	¼ / ¼	¼	Section	Township	Range E / W	County
				N		
Name of 2nd Plant Disposal Site (if applicable)	¼ / ¼	¼	Section	Township	Range E / W	County
				N		

Area(s) Proposed for Plant Removal (Note details in permit cover letter for final permitted sizes). Please see attached sample drawing for guidance

- Length from shore _____ ft. x Shoreline or area width _____ ft. / 43,560 ft. = _____ Estimated Acreage Avg. Depth _____ ft.
- Length from shore _____ ft. x Shoreline or area width _____ ft. / 43,560 ft. = _____ Estimated Acreage Avg. Depth _____ ft.
- Length from shore _____ ft. x Shoreline or area width _____ ft. / 43,560 ft. = _____ Estimated Acreage Avg. Depth _____ ft.
- Offshore Control Site Length _____ ft. x Shoreline or area width _____ ft. / 43,560 ft. = _____ Estimated Acreage Avg. Depth _____ ft.
- Offshore Control Site Length _____ ft. x Shoreline or area width _____ ft. / 43,560 ft. = _____ Estimated Acreage Avg. Depth _____ ft.

TOTAL ESTIMATED ACREAGE _____

Section II: Location of Aquatic Plant Removal (cont.)

What type of aquatic plants below the Ordinary High Water Mark are proposed to be removed? (check all that apply)

- Emergent (above water level)
 Submergent (below water level)
 Floating Leaf (at the surface i.e. lilly pads)

Section III: Map & Property Ownership

Attach a copy of a lake map that includes the property(s) to be harvested. If no printed map is available, provide a sketch of the site at the bottom of this page. On the map, identify the following required information.

- Area and dimensions of each proposed plant removal area.
- Location of all riparian neighbors (property owners riparian to and adjacent to the proposed removal area) including project participants and non-participants. Consecutively number each riparian neighbor (both project participants and non-participants). In the space below:
- Name all riparian owners, including project participants & non-participants. The number should correspond with the numbered properties on the map. Attach additional sheets if necessary.
- Check Yes box to indicate project participants and No box for non-participants.

No.	Name of Riparian Neighbor	Project Participant	Control dimensions (calculated acreage)
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if separate sheets are attached identifying additional neighbor riparian owners. Indicate project participants and/or non-participants.

Check here if printed map attached. If no printed map, use this space to sketch the site and provide required information.

Map

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Section IV: Methods

What mechanical or manual methods to remove plants are proposed? (check all that apply)

- Mechanical harvesting Raking Other _____
 Hand Pulling Cutting _____

Please explain why you selected the proposed method(s).

Note: Other control methods (i.e. bottom barriers, weed rollers, herbicides) also need DNR permits. Contact this office for more details.

Section V: Fees

Fees are not refundable and are calculated as follows:

Check box for type of project:

1. single riparian area, one property owner, less than one acre **\$30.00**
2. multiple riparian areas, offshore control areas, multiple riparian properties, one acre or greater \$30.00/acre (round up to the nearest whole acre)
If proposed removal is greater than 10 acres fee caps at \$300.00

_____ acres x \$30.00 per acre = \$ _____

Total non-refundable fee enclosed (max \$300.00) \$ _____

Section VI: Reasons for Aquatic Plant Removal

Purpose of Aquatic Plant Removal

- Maintain navigational channel for common use
 Maintain private access for boating
 Maintain private access for fishing
 Improve swimming
 Other _____

Nuisance Caused By

- Emergent water plants
 Submergent water plants
 Floating water plants
 Other _____

Name of plants, if known

Section VII: Alternatives Considered

A. Previously Done?

B. Presently Proposed?

- | | | | | |
|-----------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Chemical | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Sediment screens | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Dredging | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Drawdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Nutrient controls in watershed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Nutrient controls on property | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: Consider feasibility of alternatives for **each** control site. This information not only helps the department make a decision on this application but also helps you evaluate your investment in aquatic plant management.

Describe the level of success for alternative methods previously used:

1. Chemical _____
2. Sediment screens _____
3. Dredging _____
4. Drawdown _____
5. Nutrient controls in watershed _____
6. Nutrient controls on property _____
7. Other _____

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Section VIII: Applicants Responsibilities

1. The applicant has prepared a detailed map, which shows the length, width and average depth of each area proposed for the control of rooted vegetation.
2. The applicant understands that the Department of Natural Resources may require supervision of any aquatic plant management project involving removal. Supervision may include inspection of the proposed treatment area and/or equipment, before, during, or after removal. The applicant is required to notify the regional office 4 working days in advance of each anticipated date of plant removal with the date, time, location and size of plant removal unless the Department waives this requirement. The advance notification may be specified in your permit.
3. The applicant agrees to inform all operators of harvesting equipment of the conditions and terms of this permit and to insure that all operators understand and abide by those terms and conditions.
4. The applicant agrees to comply with all terms and conditions of this permit, if used, as well as applicable Wisconsin Administrative Rules. The required fee is attached.

I hereby certify that the above information is true and correct and that copies of the application have been provided to the appropriate parties name in Section II and that the conditions of the permit will be adhered to. All portions of this permit, map and accompanying cover letter must be in possession of the applicant or their agent at time of plant removal. During plant removal activities, all provisions of applicable Wisconsin Administrative Rules must be complied with, as well as the specific conditions contained in the permit cover letter.

Applicant's Signature

Date Signed

DNR Use Only

Review Notes:

Natural Heritage Inventory Review

Section IX: Permit to Carry Out Mechanical or Manual Removal of Aquatic Plants

The foregoing application is approved. Permission is hereby granted to the applicant to mechanically or manually remove aquatic plants described in the application during the season. The approval of an aquatic plant management permit may not represent an endorsement of the permitted activity, but represents that the applicant has complied with Wisconsin Administrative Rules.		Season Year 20____
Application fee if received? <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Wisconsin Department of Natural Resources For the Secretary By _____ Regional Director or Designee Date Signed _____	Date Mailed _____

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 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 filling 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.