



26 May 2015

McDill Lake District
3325 Yvonne Drive
Stevens Point, WI 54481

Permit no. WC-2015-50-898
Permit Fee: \$1020.00

Re: Aquatic Plant Management herbicide permit application for McDill Pond

Dear Mr. Jack Negaard:

I have received your application to chemically treat aquatic plants (EWM) in McDill Pond in Portage County. The treatment areas are included in the application. Your permit application has been reviewed and meets the minimum requirements by law and a permit is being issued. Issuance of the permit is not an endorsement or approval for the action authorized. The following conditions must be followed.

PERMIT CONDITIONS

1. The permit holder, according to NR 107.08(8), shall submit the Aquatic Plant Management Treatment record for treatment as follows:
 1. Immediately, if any unusual circumstances occur during treatment.
 2. Within 30 days, if treatment occurs.
 3. By October 1 of this year if no treatment occurred.
2. Treatment of contact herbicide (Reward) cannot exceed label rates of 2 gallons per acre.
3. Treatment to take place as soon as possible. Weather forecasts shall be used to determine treatment does not correspond with predicted storm events.
4. All equipment used in the pond must be sterilized before entering waters of the state and must abide by all provisions of NR 40.
5. This office must be contacted a minimum of 24-hours prior to treatment.
6. Treatments are restricted to areas on the map of the application received on 26 May 2015 from Schmidt's Aquatic Plant Control.
7. No harvesting permitted in treated areas within 24-hours of treatment

The conditions of this permit must be followed unless permission to alter the permit is given by the department. These conditions will help maintain suitable habitat for fish and wildlife.

Notification signs have been sent to you. These signs are to be placed on contiguous treated shoreline and at strategic shoreline to adequately inform the public, as defined in NR 107.08 (7)(d) and (e). Failure to comply with these conditions may result in cancellation of the permit and loss of permit privileges for the subsequent treatment season.

Any future treatments beyond this permit will require an additional permit from the Department. Future permit applications will be evaluated based the information at that time. Please feel free to contact me at 715-421-7881 by email at scott.provost@wisconsin.gov

Sincerely,



Scott Provost – WDNR

Cc: Conservation Warden – Whiting
Schmidt's Aquatic – Iola
Tome Meronek - Wausau

Chemical Aquatic Plant Control Application and Permit Wisconsin Pollutant Discharge Elimination System (WPDES) Pesticide Pollutant Permit Application

Form 3200-004 (R 03/13)

Notice: 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 Use Only	
ID Number WC-2015-50-898	Permit Expiration Date 10/1/2015
Waterbody # 1403200	Fee Received 1020.00

Section I - Applicant Information - 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			Lake Address		
Name McDill Inland Lake Protection & Rehabilitation - Jack Negaard			Name		
Street Address 3325 Yvonne Drive			Street Address		
City Stevens Point	State WI	ZIP Code 54481	City	State	ZIP Code

Phone Number (include area code) Primary: (715) 498-2138 Secondary: Email Address: jnegaard@charter.net

Section II - Aquatic Plant Control Location

Waterbody to be Treated (waterbody where treatment area is located) McDill Pond
 Lake Surface Area: 247 acres
 Estimated Surface Area that is 10 Feet or Less in Depth: 200 acres

County Portage	Section 03	Township 23 N	Range 08	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Name of Applicator or Firm Schmidt's Aquatic Plant Control
Latitude: 44.49771110	Longitude: 89.54807650			Street or Route 320 Golf Drive	

Is the waterbody a private pond? Yes No
 Does the waterbody have public access? Yes No

Adjacent Riparian Property Owner Names (attach sheets if necessary)
 1. See attached list
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____

County: Waupaca Phone Number (include area code): (715) 445-3962
 Email Address: cliff@schmidts-aquatic.com
 Applicator Certification Number for Category 5 Aquatic Pesticide Application: 029377
 Business Location License Number (if applicable): 93-007905-006214

Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate): Jack Negaard
 Restricted Use Pesticide License Number (if applicable):

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

Treatment Length	Treatment Width	Estimated Acreage	Average Depth	Total Estimated Acres
A. _____ ft. X _____ ft. + 43,560 ft. ² = _____			_____ ft.	
B. _____ ft. X _____ ft. + 43,560 ft. ² = _____			_____ ft.	Total from lines A - E _____
C. _____ ft. X _____ ft. + 43,560 ft. ² = _____			_____ ft.	Total from Attached Sheets 40.0
D. _____ ft. X _____ ft. + 43,560 ft. ² = _____			_____ ft.	
E. _____ ft. X _____ ft. + 43,560 ft. ² = _____			_____ ft.	Grand Total 40.0

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 II, complete and attach Form 3200-004A, 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

DNR Use: NHI Review? Yes No Describe: _____

RECEIVED
 WI DEPT OF NATURAL RESOURCES
 MAY 19 2015
 WI RAPIDS SERVICE CENTER
 WI RAPIDS, WI

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Section III – Fees

1. s. NR 107.11(1), Wis. Adm. Code, lists the conditions under which the permit fee is limited 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:

Basic Permit Fee (non-refundable) \$ 20.00

If proposed treatment is over 0.25 acre, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres.)

40.0 acres X \$25 per acre = \$ 1000.00

If proposed treatment is ≤ 0.25 acre, acreage fee is \$0.

Enter Acreage Fee (from above) 1000.00

Total Fee Enclosed \$ 1020.00

Site Map: Attach a sketch or a printed map of lake indicating area and dimensions of each individual area where plant control is desired and flow of surface water outside treatment area. Also show location of property owners riparian to and adjacent to the treatment area. Attach a separate list of owners and corresponding treatment dimensions coded to the lake map, if necessary.

Section IV – Reasons for Aquatic Plant Control

Is this permit being requested in accordance with an approved Aquatic Plant Management Plan? Yes No

Treatment Type:

Lake Pond Wetland Marina Other

Goal of Aquatic Plant Control:

- Reduce nuisance algae accumulation
- Maintain navigational channel for common use
- Maintain private access for boating
- Maintain private access for fishing
- Improve swimming
- Control of purple loosestrife
- Control of invasive exotics
- Other: _____

Nuisance Caused By:

- Algae
- Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, bulrushes)
- Floating water plants (majority of leaves floating on water surface, e.g., waterlilies, duckweed)
- Submerged water plants (leaves and stems below water surface, flowering parts may be exposed, e.g., milfoil, coontail)
- Other: _____

List Target Plants

Eurasian water milfoil - EWM

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

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>Harvesting is done after chemical treatment</u>
2. Hand pulling	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Area too large</u>
3. Hand raking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Area too large</u>
4. Hand cutting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>May spread EWM</u>
5. Sediment screens/covers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Cost & damage to native plants</u>
6. Dredging	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Cost & damage to native plants</u>
7. Lake drawdown	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>N/A</u>
8. Nutrient controls in watershed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>No control</u>
9. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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Section V - Chemical Control (continued)

Trade Name of Proposed Chemical(s)

Tribune Diquat @ 2 gallons per surface acre

Method of Application: Injected with calibrated flow control.

Will surface water outflow and/or overflow be controlled to prevent chemical loss? Yes No

Have the proposed chemicals been permitted in a prior year on the proposed site? All Some None

What were the results of the treatment?

Good control results.

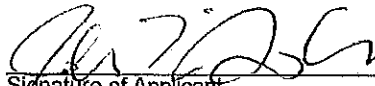
Note: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.

Section VI - Applicant Responsibilities and Certification

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 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 107.07, 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 this 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 application 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 applications 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 owner's association or inland lake district.

Check if you are signing as Agent for Applicant.

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.


Signature of Applicant

5-8-15
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.

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Section VII – WPDES Permit Request

Is WPDES coverage being requested? Refer to <http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html> for more information.

- No:
 Already have WPDES coverage until Sept. 2016
 Yes – complete section VII with signature
 WPDES coverage not needed

- Select which permit you are requesting:
- WI-0064556-1 Aquatic Plants, Algae & Bacteria
 - WI-0064564-1 Aquatic Animals
 - WI-0064581-1 Mosquitoes & other Flying Insects

Indicate WPDES permittee responsible for the pollutant discharge:
 Applicator
 Sponsor

Do you expect the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed?
 Yes
 No

If yes, identify the pollutant(s): _____

Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area?
 Yes
 No

Type of WPDES coverage being requested:
 One Treatment Site
 Statewide Coverage

For informational purposes, select areas of WI for most of your aquatic treatments:
 NW
 NE
 SW
 SE

Is WPDES coverage being requested for more than 1 year?
 Yes
 No
 If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted.

I hereby certify that I am the authorized representative (as specified in Ch. NR 205.07(1)(g), Wis. Adm. Code) of the pest treatment activity which is the subject of this permit application. I certify that the information contained in this form and attachments is, to the best of my knowledge, true, accurate and complete.

Jack R. Negaard
 Signature of Authorized Representative

Jack R. Negaard
 Printed Name

5-8-15
 Date Signed

Final
Treatment
map
Received
5-26

Section VIII – 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 2015.

Application fee received?

- Yes
 No

State of Wisconsin
 Department of Natural Resources
 For the Secretary

Advance notification of treatment required?

- Yes
 No

By *[Signature]*
 Regional Director or Designee

5-26-15 5-26-15
 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.

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

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.

NOTE: Completion of this form is required by the Department, pursuant to s. 144.025(2)(i), Wis. Stats., and Chapter NR 107, Wis. Adm. Code, once every five years for proposed treatments that would cover more than 10 acres on one lake, or more than 10 percent of that portion of the lake that is 10 feet or less in depth.

The purpose of this form is to identify the: (1) recreational needs of the property owners and visitors;
(2) value of the proposed treatment area to fish and wildlife;
(3) cause(s) of the excess plant growth problem; and
(4) short and long-term solutions to the problem.

Please furnish a detailed map(s) of the lake and its watershed. Indicate the watershed boundaries on the map. If you do not have a watershed map for the lake you wish to treat, your DNR lake management coordinator can help you locate or prepare one.

SECTION I. BACKGROUND

Name of Applicant McDill Inland Lake Protection and Rehabilitation - Jack Negaard	Date Completed 5/3/2015
Name of Lake McDill Pond	

SECTION II. RECREATIONAL USES

Check those uses that apply and complete the information requested:

- 1. **SWIMMING:** Indicate on your lake map the portions of the proposed treatment area that are used for swimming.
What distance from shore is needed to provide adequate swimming space? _____ feet
What is the average depth at this distance? _____ feet
- 2. **FISHING:** Indicate on your lake map any fishing areas that are within the proposed treatment area.
- 3. **HUNTING:** Indicate on your lake map any hunting areas that are within or adjacent to the proposed treatment area.
- 4. **BOATING/NAVIGATION:** Indicate on your lake map where the following boating activities take place within the proposed treatment area:
Sailing _____ Water skiing _____ Fishing _____
Pleasure boating _____ Jet skiing _____ Other _____
- 5. **AESTHETIC:** Indicate on your lake map any wildlife or nature observation areas within the proposed treatment area.
Do you object to the aesthetic quality (appearance, odor) of the proposed treatment area? Yes No
- 6. **OTHER:** What other activities occur in the proposed treatment area? _____

SECTION III. FISH AND WILDLIFE VALUE

- 1. **Fisheries:** To maintain a quality fishery, a lake must provide good spawning, rearing and feeding habitat. Please indicate on your lake map the location of any quality fisheries habitat. (Contact your local DNR fish manager or your local fishing club for information about your lake's fishery.)
- 2. **Wildlife:** Indicate on your lake map any portions of the proposed treatment area or adjacent shoreline that are considered to be good wildlife habitat. (Contact your local DNR wildlife manager or your local wildlife or hunting club for additional information about the wildlife around (and in) your lake.)
- 3. Which organization(s) or individual(s) did you contact for your information? See Aquatic Management Plan

SECTION IV. CAUSES OF THE PROBLEM

What are perceived to be the local or regional causes of the problem? (Check all those that apply.)

- A. Agricultural runoff (from barnyards or croplands) that contributes sediment, nutrients and/or bacteria to the lake.
- B. Urban runoff (from stormwater) that contributes sediment, nutrients and other pollutants to the lake.
- C. Sewage treatment or industrial discharges upstream of the lake.
- D. Possible faulty septic systems in the area around the lake.
- E. Runoff from fertilized lawns near the lake.
- F. Sediments contaminated with nutrients from past pollution activities.
- G. Naturally fertile - no known human sources of excessive sediment, nutrients or other pollutants.
- H. Other: _____

Please identify on your watershed map the locations of any land use practices that are perceived to be contributing to excess plant growth problems in the lake.

