State of Wisconsin Department of Natural Resources Water Permit Central Intake - WT/3 PO Box 7185, Madison, WI 53707-7185 dnr.wi.gov

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

Restricted Use Pesticide License Number (if applicable)

Form 3200-004 (R 11/11)

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DNR Use Only

s. 2 app	s. 281.17(2), Wis. Stats., and Chapters NR 107, 200 and 205, Wis. Adm. Code application is required to request coverage for pollutant discharge into waters					his peri he state	mit e.	ID Numbe			nit Expiration Date
	rsonally identifiable information of quired by Wisconsin's Open Rec				to t	the exte	ent	Waterboo	dy#	Fee	Received
	ection I – Applicant Inform Name	ation – Nam com	ne of Per munitie	rmit Applicant. Als s or town sanitary	dis	dicate tricts s Name	names and a ponsoring tr	addresses eatment.	s of all individu Attach additio	als, ass	sociations, ets if necessary.
e Address	Street Address				Street Address						
Home	City		State	ZIP Code	Lake	City				State	ZIP Code
Ph	none Number (include area code)			_		Email Addre	ss			1
_	imary:		ndary:								
	ection II – Aquatic Plant Co aterbody to be Treated (waterbo			ea is located)	La	ike Surf	ace Area	acres	Estimated Solution		rea that is 10 Feet or
Co	ounty	Section T	ownship	Range E		ame of A	Applicator or				
La	titude:	Longitude:			St	reet or	Route				
	the waterbody a private pond?	ccess?		es No	Ci	ty				State	ZIP Code
Adjacent Riparian Property Owner Names (attach sheets if necessary)			Co	ounty			Phone Number	(include	area code)		
	1 2.				Er	nail Add	dress				
	3										
4	4.				Applicator Certification Number for Category 5 Aquatic Pesticide Application						
5	5						Landing	NI I	//	- \	
6	6.				Business Location 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

Name of Lake Property Owners' Association Representative or Lake District

Representative (if none, please indicate)

Total		Average Depth	Estimated Acreage	Treatment Width	Treatment Length	
Estimated Acres		ft.	÷ 43,560 ft. ² =	(ft. ÷	ft. X	A.
	Total from lines A - E	ft.	÷ 43,560 ft. ² =	〈ft. ÷	ft. X	В.
	Total from Attached Sheets	ft.	÷ 43,560 ft. ² =	〈ft. ÷	ft. X	C.
	0 17.1	ft.	÷ 43,560 ft. ² =	〈ft. ÷	ft. X	D.
	Grand Total	ft.	÷ 43,560 ft. ² =	〈ft. ÷	ft. X	E.

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?	DNR Use: NHI Review? Yes	☐ No	Describe:
Yes No			

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Sec	tion III – Fees			(11	, , , ,				J. J	
1. s	s. NR 107.11(1), Wis. Adm. Code, lists the co	onditions und	der which	the perm	it fee is li	imited to the	e \$20 minimun	n charge.		
2. s	2. s. NR 107.11(4), Wis. Adm. Code, lists the uses that are exempt from permit requirements.									
3. s	s. NR 107.04(2), Wis. Adm. Code, provides f	or a refund o	of acreage	e fees if th	e permit	is denied o	or if no treatme	nt occurs.		
4. F	Fee calculations: Basic Permit Fee (non-				. \$ 2	0.00				
	If proposed treatment is (round up to nearest when the contract of the contra	s over 0.25 a nole acre, to	cre, calc maximur	ulate acre n of 50 ac	age fee: res.)					
	acres X \$	25 per acre	= \$		_					
	If proposed treatment is	s ≤ 0.25 acre	, acreage	e fee is \$0						
	Enter Acreage Fee (fro	m above)								
	Total Fee Enclosed					\$				
	Site Map: Attach a sketch or a printed map desired and flow of surface water outside tr treatment area. Attach a separate list of ow	eatment area	a. Also sl	how locati	on of pro	perty owne	ers riparian to a	and adjacent to	o the	
	tion IV – Reasons for Aquatic Plant Con									
	is permit being requested in accordance with	h		Treatme	ent Type	•				
	pproved Aquatic Plant Management Plan?	Yes	☐ No		Lake	Pond	Wetland	Marina	Other	
Goal	of Aquatic Plant Control:		Nuisa	nce Cause	ed By:					
	Reduce nuisance algae accumulation			Algae						
Ļ	Maintain navigational channel for commo	n use		Emergent water plants (majority of leaves and stems growing						
Ļ	Maintain private access for boating			above water surface, e.g. cattails, bulrushes)						
Ļ	Maintain private access for fishing					ints (majori uckweed)	ty of leaves flo	ating on water	r surface,	
Ļ	Improve swimming			, ,		•	waa and atama	halaw water	aurfa a a	
Ļ	Control of purple loosestrife			flowering	parts m	ay be expo	aves and stems sed, e.g., milfo	il, coontail)	surface,	
Ļ	Control of invasive exotics			7						
	Other:		_	Other: _						
			_							
List	Target Plants		Note:				ferent chemic			
				treatmer	it. Do no	ot purchase	e chemical be	tore identifyii	ng plants.	
Soo	tion V – Chemical Control									
	rnatives to Chemical Control:	Feasib	le?	If No	Why No	nt?				
	Mechanical harvesting	Yes	□ No	11 110,	vviiy ivo					
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							
7. 8.	Nutrient controls in watershed	Yes	☐ No							
	Other:	Yes	☐ No							
٥.										

If you checked yes to any of the alternatives listed above, please explain your decision to use chemical controls:

Note: If proposed treatment involves multiple properties, consider feasibility of EACH alternative for EACH property owner.

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	rade Name of Proposed Chemical(s)					
Me	ethod of Application:					
W	fill surface water outflow and/or overflow be controlled to prevent chemical loss?	Yes	☐ No			
	ave the proposed chemicals been permitted in a prior year on the proposed site? That were the results of the treatment?	☐ All	Some	None		
	ote: Chemical fact sheets for aquatic pesticides used in Wisconsin are available Resources upon request. ection VI – Applicant Responsibilities and Certification	able from t	ne Departine	nt of Natural		
	The applicant has prepared a detailed map which shows the length, width and averooted vegetation and the surface area in acres or square feet for each proposed			a proposed for the control of		
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?					
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 cher owner'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.

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Section VII – WPDES Permit Request

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Is WPDES coverage being req	uested? Refer to http://dnr.wi.gov/org/water/wm/ww/aquaticpesticides.htm for more information.	
Yes No	If no, you do not need to complete this section.	
Select which permit you are req	questing: WI-0064556-1 Aquatic Plants, Algae & Bacteria WI-0064564-1 Aquatic Animals WI-0064581-1 Mosquitoes & other Flying Insects	
Indicate WPDES permitee response	onsible for the pollutant discharge: Applicator Sponsor	
the treatment area boundary or	activity will result in a detectable pollutant discharge to waters of the state beyond a pollutant residual in waters of the state after the treatment project is completed? Yes No	ı
If yes, identify the pollutant((s):	
	e integrated pest management principles, as specified in the WPDES permit, into imize any pollutant residual or pollutant discharge beyond the treatment area?	ı
Type of WPDES coverage being	ng requested: One Treatment Site Statewide Coverage	
For informational purposes, sele	ect areas of WI for most of your aquatic treatments: NW NE SW SE	
Is WPDES coverage being requ	uested for more than 1 year?	
Yes No If ye	res, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted.	
	ty which is the subject of this permit application. I certify that the information contained in this ts is, to the best of my knowledge, true, accurate and complete. Zed Representative Printed Name Date Signed	
Section VIII – Permit to Carry	Out Chemical Treatment (Leave Blank – DNR Use Only)	
The foregoing application is ap	oproved. Permission is hereby granted to the applicant to chemically treat the waters described in the	
application during the season of		
Application fee received?	State of Wisconsin	_
	Department of Natural Resources	
Yes No	For the Secretary	
Advance notification of	Ву	
treatment required?	Regional Director or Designee	
Yes No	Date Signed Date Mailed	
Please Note:		
	right to challenge this decision, you should know that Wisconsin statutes and administrative rules which requests to review Department decisions must be filed.	
otherwise served by the Depar	on pursuant to ss. 227.52 and 227.53, Wis. Stats., you have 30 days after the decision is mailed or rtment, to file your petition with the appropriate circuit court and serve the petition on the Department. ew shall name the Department of Natural Resources as the respondent.	
This notice is provided pursuar		
	nt to s. 227.48(2), Wis. Stats.	