

**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. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by 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 WC-2017-50-768	Waterbody Name (including ponds, e.g., Smith Pond) McDill Pond		
County Portage	Permit Holder Name (Customer Name) McDill Inland Lake Protection and Rehabilitation District		
Permit Holder Address 3317 Della Street	City Stevens Point	State WI	ZIP Code 54481

**Treatment Information**

Treatment Date (mm/dd/yyyy) 05/11/2017	Starting Time (24 hr) 11:22	Ending Time (24 hr) 13:21	Water Temp (°C) 14.5-17.9	Ambient Air Temp (°C) 16.7-18.9
Wind Speed (mph) <1 until last plot(A-17): 4	Wind Direction N until last plot: SW	Expected Duration of Chemical Residuals < 30 days		

Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)

N/A

If adverse conditions noted, indicate corrective actions taken

Onsite Supervision Present? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, Supervisor Name
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Mixing and Loading Site Location (if other than business site or from prepackaged retail container or applied with equipment with a total capacity of not more than 5 gallons liquid or 50 pounds dry)

On boat within treatment site.

Herbicide Treatment and Water Use Restrictions Signs Posted In Accordance With NR 107?  Yes  No

**Applicator shall provide each customer with a free copy of each pesticide label used (if requested)**

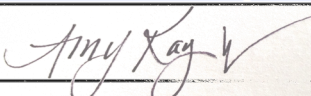
**Applicator Information**

Individual or Business Name Clean Lakes, Inc.	Telephone Number 715-891-6798
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Street Address 5701 Oak Park Road		
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City Oakwood Hills	State IL	ZIP Code 60013
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Individuals Making Pesticide Application:	Last Name Wensink	First Amy Kay	Certification # 90532
	Last Name	First	Certification #
	Last Name	First	Certification #

Name of Person Completing Form Amy Kay Wensink	Signature 	Date Signed 5/17/2017	DNR Use Only Date Received
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**Treatment Site and Chemical Information (attach additional sheets if necessary)**

Site No, Property Name, Address / Fire No	Treated Acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude	Herbicide Name: Reward		Herbicide Name:		Herbicide Name:	
						EPA Reg No.: 100-1091 Amount Applied	Concentration (mg/l = ppm)	EPA Reg No.:	Amount Applied	EPA Reg No.:	Amount Applied
A-17	1.3	1.3	<input type="checkbox"/> Y	44.494499*-9	-89.553404*	2.6					
B-17	6.1	6.1	<input type="checkbox"/> Y	44.490086*	-89.550246*	12.2					
C-17	7.7	7.7	<input type="checkbox"/> Y	44.490989*	-89.550285*	15.4					
E-17	0.9	0.9	<input type="checkbox"/> Y	44.502145*	-89.547317*	0.9					
F-17	0.5	0.5	<input type="checkbox"/> Y	44.508287*	-89.548927*	0.5					
G-17	7.7	7.7	<input type="checkbox"/> Y	44.508555*	-89.545500*	15.4					
H-17	7.4	7.4	<input type="checkbox"/> Y	44.508748*	-89.541285*	14.8					
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
			<input type="checkbox"/> Y								
<b>Totals</b>						<b>61.8</b>					

**Aquatics at Treatment Site: TS = Target Species SP = Species Present**

TS SP	<input type="checkbox"/>	Cattail	Sites(s)	<input type="checkbox"/>	TS SP	<input checked="" type="checkbox"/>	Filamentous Algae	Sites(s)	<input type="checkbox"/>	TS SP	<input type="checkbox"/>	Planktonic Algae	Sites(s)	<input type="checkbox"/>	TS SP	<input type="checkbox"/>	Other Aquatics	Sites(s)
	<input checked="" type="checkbox"/>	Chara		<input type="checkbox"/>		<input type="checkbox"/>	Flat-Stem Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Purple Loosestrife		<input type="checkbox"/>		<input type="checkbox"/>	White-Stem Pondweed	
	<input checked="" type="checkbox"/>	Coontail		<input type="checkbox"/>		<input type="checkbox"/>	Floating-Leaf Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Richardson Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Wild Celery	
	<input checked="" type="checkbox"/>	Curly-Leaf Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Illinois Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Robbins Pondweed		<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	Duckweed		<input type="checkbox"/>		<input type="checkbox"/>	Large-Leaf Pondweed		<input type="checkbox"/>		<input type="checkbox"/>	Sago Pondweed		<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	Elodea		<input type="checkbox"/>		<input type="checkbox"/>	Northern Milfoil		<input type="checkbox"/>		<input type="checkbox"/>	Watershield		<input type="checkbox"/>		<input type="checkbox"/>		
	<input checked="" type="checkbox"/>	Eurasianhybrid Milfoil		<input type="checkbox"/>		<input type="checkbox"/>	Phragmites		<input type="checkbox"/>		<input checked="" type="checkbox"/>	White Water Lily		<input type="checkbox"/>		<input type="checkbox"/>		