

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

This Application has been Signed and Submitted by: i:0#.f|wamsmembership|hdharveyiii signed on 2020-02-05T17:57:07

Site or Project Name:

The permit application will be saved automatically with this name

Activity Chemical Control Application

Eligibility:

(All questions must be no for it to be considered a private pond.)

Is there more than one property owner? Yes No

Will there be uncontrolled surface water discharge? Yes No

Does the water body have public access? Yes No

Enter previous years permit information below to import Contact Information (Optional)

Permit ID #:

Business Certification Number:

The permit number can be found in the following locations.

- The top right corner of the first page of the approved, signed permit in the ID Number field (prior to December 31 2019)
- The cover letter included with the application that lists the permit conditions.
- **Example: NO-2019-58-0001**

The business certification number can be found in the following locations.

- In Section II Business Location License Number field of the first page of the approved, signed permit in the ID Number field (prior to December 31 2019)
- The cover letter included with the application that lists the permit conditions.
- **Example: 99-021000-011232**

NOTE: Permits are only good for the year they are issued.

3200-004 Chemical Aquatic Control Application

NOTE: To be considered a private pond, a waterbody must meet all of the following requirements:

1. Confined to one property owner.
2. The pond has no uncontrolled surface water discharge.
3. No public access.

Upon submittal of your permit application, a **non-refundable \$20 permit processing fee will be charged**. Additional acreage fees will be refunded if the permit request is denied or if no treatment occurs.

3200-004 Chemical Aquatic Plant Control Application

- Annually complete all pages on Form 3200-004 for chemical plant management applications. Complete form 3200-004a for large scale treatments(exceeds 10.0 acres in size or 10% of the area of the water body that is 10 feet or less in depth) as required by NR107.04(3).
 - Form 3200-004 is completed electronically through this system.
 - Form 3200-004a must be completed outside the system and uploaded to the attachments section. Please refer to this link for a copy of this form: <http://dnr.wi.gov/files/pdf/forms/3200/3200-004A.pdf>
- Attach a map that shows the treatment location(s), treatment dimensions and riparian landowners. If requesting WPDES coverage, attach a water body map that shows surface outflow and receiving waters.
- For a large-scale treatment, attach evidence that a public notice has been published in a regional / local newspaper and if

required that a public informational meeting has been conducted as defined in NR107.04(3).

- Pay fee online.
- Sign and Submit form.
- A signed permit application certifies to the Department that a copy of the application has been provided to any affected property owner's association/district and to landowners adjacent to treatment area.

Contact Information

Applicant or Pond Owner Information (Select Applicant Role)

Private Individual Contractor Lake Organization (Specify): _____

Organization: Minocqua-Kawaguesaga Lakes Protection Associ...

Last Name: Murwin

First Name: Sally

Mailing Address: 8229 Brinkland Circle

City: Minocqua

State: WI

Zip Code: 54548

Email: niwrum@charter.net

Phone Number: 715-356-1149
(xxx-xxx-xxxx)

Alternative Phone Number: 715-499-2837
(xxx-xxx-xxxx)

Waterbody Address

Last Name:

First Name:

Street Address: 8229 Brinkland Circle

City: Minocqua

State: WI

Zip Code: 54548

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Applicator

Name of Applicator Firm: Schmidt's Aquatic, LLC

Applicator Certification #: 93-022613-019190

Business Location License #: 93-022613-020730

Restricted Use Pesticide #:

Address: 7470 Sherman Road

City: Bancroft

State: WI

Zip: 54548

County: Portage

Email: hdhiii@schmidtsaquatic.com

Phone Number: 920-980-9190
(xxx-xxx-xxxx)

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal

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

Uploaded riparian owners to attachment tab

Name	Address	Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Site Information - Complete

Water Body to be Treated

Lake Property Owners Association or Lake District Representative : Minocqua-Kawaguesaga Lakes Protec...
 None

Water Body Name: Minocqua Lake

County: Oneida

Latitude: 45.8697

Longitude: -89.7062

Section: 11

Township: 30

Range: 06

Direction: E W

Lake Surface Area: 1,360 acres

Estimated Surface area that is 10ft or less: 200 acres

Proposed Treatment Area

Area(s) Proposed for Control:

Treatment Length	Treatment Width	Estimated Acreage	Average Depth	Calculated Volume
0 ft. x	0 ft.	+ 43,560 ft ² = 19.80 ac	9 ft =	178.20 ac-ft
0 ft. x	0 ft.	+ 43,560 ft ² = 17.70 ac	8 ft =	141.60 ac-ft
0 ft. x	0 ft.	+ 43,560 ft ² = 10.20 ac	10 ft =	102.00 ac-ft
0 ft. x	0 ft.	+ 43,560 ft ² = 12.80 ac	7 ft =	89.60 ac-ft
0 ft. x	0 ft.	+ 43,560 ft ² = 7.40 ac	8 ft =	59.20 ac-ft
		Estimated Acreage Grand Total	Calculated Volume Grand Total	
		67.90 ac	570.60 ac-ft	

Is the area with in or adjacent to a sensitive area designated by the Department of Natural Resources.

Yes No

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.

Chemical Aquatic Plant Control Information - Form 3200-004 (R 2/17)

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.].

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:

- Maintain navigation channel
- Maintain boat landing and carry in access
- Improve fish habitat
- Maintain swimming area
- Control of invasive exotics
- Other

Nuisance Caused By:

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

List Target Plants

- | | | |
|---|--|--|
| <input type="checkbox"/> Algae | <input type="checkbox"/> Flowering Rush | <input type="checkbox"/> Purple Loosestrife |
| <input type="checkbox"/> Common/Glossy Buckthorn | <input type="checkbox"/> Hybrid Cattail | <input type="checkbox"/> Reed Canary Grass |
| <input type="checkbox"/> Coontail | <input type="checkbox"/> Hybrid Watermilfoil | <input type="checkbox"/> Reed Manna Grass |
| <input type="checkbox"/> Curly-Leaf Pondweed | <input type="checkbox"/> Japanese Knotweed | <input type="checkbox"/> Starry Stonewort |
| <input type="checkbox"/> Duckweed | <input type="checkbox"/> Naiad | <input type="checkbox"/> Yellow Floating Heart |
| <input type="checkbox"/> Elodea | <input type="checkbox"/> Narrow-Leaf Cattail | <input type="checkbox"/> Yellow Iris |
| <input checked="" type="checkbox"/> Eurasian Watermilfoil | <input type="checkbox"/> Phragmites | <input type="checkbox"/> Pondweed |

Other Target Plants:

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

Chemical Control

Full Trade Name of Proposed Chemical(s)

Select Chemical Name: ProcellaCOR EC

Other (not listed above) Other:

Have the proposed chemicals been permitted in a prior year on the proposed site?

All Some None

Method of Application:

What were the results of the treatment?

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

Alternatives to Chemical Control:	Feasible?	If No, Why Not?
1. Mechanical harvesting	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="May spread EWM"/>
2. Manual removal	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="Are too large"/>
3. Sediment screens/covers	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="Cost"/>
4. Dredging	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="Cost"/>
5. Lake drawdown	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="N/A"/>
6. Nutrient controls in watershed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="N/A"/>
7. Other:	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="N/A"/>

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

Will surface water outflow and/or overflow be controlled to prevent chemical loss?

Yes No

Is the treatment area greater than 5% of surface area?

Yes No

WPDES Permit Request

Is WPDES coverage being requested? Refer to

<http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html> for more information

Yes - complete section VII with signature.

No

Already have WPDES





WPDES coverage not needed

Required Attachments and Supplemental Information

Upload Required Attachments (15 MB per file limit) - [Help reduce file size and trouble shoot file uploads](#)

* indicates completion of this item is required

Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file' link. To remove additional items, select the item and press CNTRL Delete.

Riparian Owners	 File Attachment	Min_treat_FinalRiparian189.xls
Public Notice	 File Attachment	NewspaperArticle.jpeg
Large Scale Worksheet	 File Attachment	3200-4ASignedMino.pdf
Site Map	 File Attachment	Map3_MinocquaKawaguesage_EWM_T2020Prelim2.pdf

Fee Calculation

Chemical Control Application

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.

If Proposed treatment is over 0.25, calculate acreage fee: (round up to nearest whole acre, to maximum of 50 acres) acres X \$25 per acre = \$	67.90
If proposed treatment is less than 0.25 acre, acreage fee is \$0	\$1,250.00
Basic Permit Fee (non-refundable)	\$20.00
Total Fee	\$1,270

Payment Information

Invoice Number: WP-00021478

Payment Confirmation Number: WS2WT3004329611

Amount Paid: \$1,270

Sign and Submit

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 will provide 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.
- 5 Conditions related to invasive species movement. The applicant and operator agree to the following methods required under s.NR 109.05(2), Wis. Adm. Code for controlling, transporting and disposing of aquatic plants and animals, and moving water:
 - Aquatic plants and animals shall be removed and water drained from all equipment as required by s.30.07, Wis. Stats., and ss. NR 19.055 and 40.07, Wis. Adm. Code.
 - Operator shall comply with the most recent Department-approved 'Boat, Gear, and Equipment Decontamination and Disinfection Protocol', Manual Code #9183.1, available at <http://dnr.wi.gov/topic/invasives/disinfection.html>

All portions of this permit, map and accompanying cover letter must be in possession of the chemical applicator at the time of treatment. During treatment all provisions of Chapter NR 107 107.07 and NR 107.08, Wis. Adm. Code, must be complied with, as well as the specific conditions contained in the permit cover letter.

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.

Steps to Complete the signature process

IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).

1. Read and Accept the Responsibilities and Certification
2. Press the Initiate Signature Process button
3. Open the confirmation email for a one time confirmation code and instructions to complete the signature process.

You will receive a final acknowledgement email upon completing these steps .

Check if you are signing as Agent for Applicant.

i:0#.f|wamsmembership|hdharveyiii signed on 2020-02-0...

I hereby certify that the above information is true and correct and that copies of this submittal have been provided to the appropriate parties named in the contact section and that the conditions of the permit and pesticide use will be adhered to.