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 Form 3200-004 (R 11/11) Page 1 of 4

											DNR	Use On	ly
s. 2 apr	tice: Use of this form is required b 281.17(2), Wis. Stats., and Chapte blication is required to request cov	rs NR 107 erage for p	, 200 and ollutant di	205, Wis. / scharge in	Adm. Code to waters	e. T of t	his per he stat	mit e.		ID Numbe			nit Expiration Date
rec	rsonally identifiable information on uired by Wisconsin's Open Record	ds Law [ss	. 19.31-19	.39, Wis. S	Stats.].					Waterbod			Received
Se	ection I – Applicant Informat	ion – ^{Na}	me of Per	rmit Appli	cant. Also) in dist	dicate	names a	and a	ddresses	of all individu	ials, ass	ociations, ts if necessary.
	Name				Sumary		Name		ing in				to in neocoodry.
SS						ss							
ldre	Street Address					dre	Street	Address	;				
e Ac						9 Ad							
Home Address	City		State	ZIP Code	;	ake	Street City					State	ZIP Code
т						Γ							
Ph	one Number (include area code)					-		Email A	ddres	SS			
Dri	mary:	Sec	condary:										
_	ection II – Aquatic Plant Con							1					
	aterbody to be Treated (waterbody			ea is locat	ed)	La	ike Sur	face Area	a				rea that is 10 Feet or
										acres	Less in Dep	th	acres
Сс	ounty	Section	Township	Range	ΓE	Na	ame of	Applicato	or or F	Firm			
				N	Πw								
La	titude:	ongitude:		. ,		St	reet or	Route					
ls	the waterbody a private pond?		Y	es 🗌	No	Ci	ty					State	ZIP Code
Do	pes the waterbody have public acc	ess?	Y	es 🗌	No								
Ad	jacent Riparian Property Owner N	ames (atta	ach sheets	if necess	ary)	С	ounty			F	Phone Number	(include	area code)
1	l												
	2.					Er	nail Ad	dress					
	3.												
	ł					Αŗ	plicato	r Certifica	ation	Number fo	or Category 5 A	Aquatic P	esticide Application
	5												
	3.					Вι	usiness	Location	1 Lice	nse Numb	er (if applicable	e)	
7	7.												
Na	me of Lake Property Owners' Asserte presentative (if none, please indic		epresentat	ive or Lake	e District	Re	estricte	d Use Pe	esticid	le License	Number (if app	olicable)	
Are	ea(s) Proposed for Control: (N	ote detail	s in perm	nit cover l	etter for f	ina	l perm	itted siz	es o	f treatme	nt areas.)		
	Treatment Length Treatment	Width		<u>Estimat</u>	ed Acreag	e	<u>Avera</u>	age Depth	<u>h</u>				Total
A.	ft. X	ft. ÷ 4	13,560 ft. ²	=		_		ft.					Estimated Acres
В.	ft. X	ft. ÷ 4	13,560 ft ²	=		_		ft.			Total from line	s A - E	
C.	ft. X	ft. ÷ 4	13,560 ft ²	=		_		ft.		Total	from Attached	Sheets	
D.	ft. X	ft. ÷ 4	13.560 ft. ²	=		_		ft.					
	ft. X		-								Grar	nd Total	
lf t	he estimated acreage is greate mplete and attach Form 3200-	er than 10	acres, o	r is great	er than 1	0 p	ercent	of the e	estim				
ls	this area within or adjacent to	a sensitiv	e DN	R Use:					-				
	ea designated by the Departme	ent of Nat			eview?		Yes	🗌 No	C	Describe:			
rtt	esources?	_											
	Yes	No No											

Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application

Form 3200-004 (R 11/11) Page 2 of 4 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.) acres X \$25 per acre = \$ If proposed treatment is ≤ 0.25 acre, acreage fee is \$0. Enter Acreage Fee (from above) Total Fee Enclosed\$ 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 Treatment Type: an approved Aquatic Plant Management Plan? Lake Pond Wetland Other Yes No Marina Goal of Aquatic Plant Control: Nuisance Caused By: Reduce nuisance algae accumulation Algae Maintain navigational channel for common use Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, bulrushes) Maintain private access for boating Floating water plants (majority of leaves floating on water surface, Maintain private access for fishing e.g., waterlilies, duckweed) Improve swimming Submerged water plants (leaves and stems below water surface, Control of purple loosestrife flowering parts may be exposed, e.g., milfoil, coontail) Control of invasive exotics Other: Other: List Target Plants Note: Different plants require different chemicals for effective

treatment. Do not purchase chemical before identifying plants.

Section V – Chemical Control			
Alternatives to Chemical Control:	Feasi	ble?	If No, Why Not?
1. Mechanical harvesting	Yes	No	
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	
8. Nutrient controls in watershed	Yes	No	
9. Other:	Yes	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:

Form 3200-004 (R 11/11)

Section V – Chemical Control (continued)

Page 3 of 4

Trade Name of Proposed Chemical(s)

Method of Application:			
Will surface water outflow and/or overflow be controlled to prevent chemical loss?	Yes	No No	
Have the proposed chemicals been permitted in a prior year on the proposed site?		Some	None
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.

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?
- 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.

the appropriate parties named in Section II and that the condition	d that copies of this application have been provided to ns of the permit and pesticide use will be adhered to.
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.

Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application

Form 3200-004 (R 11/11) Page 4 of 4 Section VII – WPDES Permit Request Is WPDES coverage being requested? 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 requesting: WI-0064556-1 Aguatic Plants, Algae & Bacteria WI-0064564-1 Aquatic Animals WI-0064581-1 Mosquitoes & other Flying Insects Indicate WPDES permitee 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? If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted. Yes No 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. Signature of Authorized Representative Printed Name Date Signed 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 20 Application fee received? State of Wisconsin Department of Natural Resources Yes No For the Secretary By Advance notification of treatment required? Regional Director or Designee No Yes Date Mailed Date Signed 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.