

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

Form 3200-004 (R 11/11)

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 | Permit Expiration Date |
| Waterbody # | Fee Received |

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 | Name Shawano Area Waterways Management, Inc. | | | Lake Address | Name | | |
| | Street Address P.O. Box 204 | | | | Street Address | | |
| | City Shawano | State WI | ZIP Code 54166 | | City | State | ZIP Code |
| | Phone Number (include area code) Primary: (920) 450-0054 Secondary: | | | | Email Address rayjoyzuelke@new.rr.com | | |

Section II - Aquatic Plant Control Location

| | | | | | |
|--|----------------------------|---|---------------------------------------|---|---|
| Waterbody to be Treated (waterbody where treatment area is located) Shawano Lake | | | | Lake Surface Area 6215 acres | Estimated Surface Area that is 10 Feet or Less in Depth 4055 acres |
| County Shawano | Section 28 | Township 27 N | Range 16 | <input checked="" type="checkbox"/> E <input type="checkbox"/> W | Name of Applicator or Firm Clean Lakes, Inc. |
| Latitude: 44.80741670 | Longitude: -88.51866890 | | Street or Route 5701 Oak Park Road | | |
| Is the waterbody a private pond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Does the waterbody have public access? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | City Oakwood Hills | State IL |
| Adjacent Riparian Property Owner Names (attach sheets if necessary) | | County McHenry | | Phone Number (include area code) (715) 891-6798 | |
| 1. see attached | | Email Address akay@cleanlake.com | | Applicator Certification Number for Category 5 Aquatic Pesticide Application Amy Kay Wensink: 283793-CA Andrew T. McNabb 296029-RA | |
| 2. | | Business Location License Number (if applicable) 93-018789-015570 | | Restricted Use Pesticide License Number (if applicable) | |
| 3. | | Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate) Ray Zuelke | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

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. see attached 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 _____ |
| D. _____ ft. | X _____ ft. | ÷ 43,560 ft. ² = _____ | _____ ft. | |
| E. _____ ft. | X _____ ft. | ÷ 43,560 ft. ² = _____ | _____ ft. | Grand Total _____ |

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DNR Use: NHI Review? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: |
|---|---|

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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.)

50 acres X \$25 per acre = \$ 1250.00

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

Enter Acreage Fee (from above) 1250.00

Total Fee Enclosed \$ 1270.00

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 watermilfoil

Hybrid watermilfoil

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>plant regrowth, fragmentation</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, plant regrowth, fragmentation</u> |
| 4. Hand cutting | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>area too large, plant regrowth, fragmentation</u> |
| 5. Sediment screens/covers | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>area too large, would also prevent desirable plant growth</u> |
| 6. Dredging | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>too expensive</u> |
| 7. Lake drawdown | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>not site specific</u> |
| 8. Nutrient controls in watershed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>not site specific</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:

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Section V – Chemical Control (continued)

Trade Name of Proposed Chemical(s)

DMA 4 IVM (liquid 2, 4-D)

Method of Application: LittLine, Littoral Zone Treatment Technology

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?

Liquid 2, 4-D has been used for nuisance control for navigational purposes historically. 2014 plan is Phase 1 of a trial treatment leading to a whole lake management strategy for long term control.

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

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.

