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

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.].

D	NR Use Only
ID Number	Permit Expiration Date
Waterbody #	Fee Received

req	rsonally identifiable information o uired by Wisconsin's Open Reco	ords Law [ss.	19.31-19.	39, Wis. Stats.].				Waterboo	•		Received	
St	ction I – Applicant Informa Name	ation – Na Gor	ne of Per amunitie	mit Applicant. Also s or town sanitary		dicate ricis s Name	names and a ponsoring tr	odresses ealment	of all individi Attach additio	ials, ase nal she	ociations ets if necess	aiy.
Home Address	Shawano Area Waterways M Street Address	Aanagemen	t, Inc.		Address		Address					***************************************
Home	P.O. Box 204 City		State	ZIP Code	Lake	City				State	ZIP Code	
Ph	Shawano one Number (include area code)		Wi	54166	I	I	Email Addres	ss		<u></u>		
Pri	mary: (920) 450-0054	Sec	ondary:				rayjoyzuelk	ce@new.	rr.com			
3	ction II – Aquatic Plant Co						33 3					
	aterbody to be Treated (waterbo awano Lake	dy where tre	atment ar	ea is located)	La		ace Area 6215	acres	Estimated S Less in Dep		rea that is 10 4055	Feet or acres
	unty	Section	Township	Range X E	Νε		Applicator or I	Firm	1		***************************************	
	Shawano	28	27		C	lean La	akes, Inc.					
La	titude:	Longitude:			-	reet or						***************************************
	44.80741670		-88.518	66890	57	701 Oa	k Park Roac	i				
ls	the waterbody a private pond?		Y	es X No	Cit	ty	***************************************	***************************************		State	ZIP Code	
Do	es the waterbody have public ac	cess?	X Y	es 🗌 No	O	akwoo	d Hills			IL.	600	13
Ad	jacent Riparian Property Owner	Names (atta	ch sheets	if necessary)	Сс	ounty			Phone Number	(include	area code)	
1	. see attached						McHenry		(715)	891-67	98	
2					En	nail Add	iress					
3	k				ak	ay@cl	eanlake.com	11				
4					Аp	plicato	Certification	Number f	or Category 5 A	Aquatic P	esticide App	lication
5	, , , , , , , , , , , , , , , , , , , ,				L				CA Andrew		abb 296029	-RA
6					Вu	ısiness	Location Lice	nse Numb	er (if applicabl	e)		
							89-015570					
Re	me of Lake Property Owners' As presentative (if none, please inc ry Zuelke		presentati	ve or Lake District	Re	estricted	l Use Pesticio	le License	Number (if app	plicable)		
	ea(s) Proposed for Control: (Note details	in nerm	it cover letter for fi		l nermi	tted cizes o	f treatme	nt areas)			***************************************
, ,,	Treatment Length Treatmen		, iii peiiii	Estimated Acread		•		i ii catiii c	aroas.,		3	
Α.	see attached ft. X		3,560 ft. ²	_			ft,				Total Estimated A	cres
	ft. X						ft.		Total from line:	s A - E	n/a	
	ft. X							Total	from Attached	Sheets	145	
D.	ft. X	ft. ÷ 4	3,560 ft. ²	==			ft,		_		145	
Ε.	ft. X	ft. ÷ 4	3,560 ft. ²	=			ft.		Gran	nd Total	145	
If ti	ne estimated acreage is grea nplete and attach Form 3200	ter than 10 I-004A, Larg	acres, or je-Scale	is greater than 10 Treatment Works) po	ercent et. Priv	of the estim	ated area	a 10 feet or le are exempte	ss in de d from tl	pth in Sect nis requirer	ion II, nent.
are	this area within or adjacent to ea designated by the Departn sources?	nent of Natu		R Use: NHI Review?]	Yes	□ No □	Describe:	***************************************			
	Yes	X No					4. ** . *					Ì

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

Form 3200-004 (R 11/11)

Page 2 of 4

1. s. NR 107.11(1), Wi	s. Adm. Code, lists the cor	nditions ur	nder which	the permit fee is limited to the \$20 minimum charge.
	s. Adm. Code, lists the use			
3. s. NR 107.04(2), Wi	s. Adm. Code, provides fo	r a refund	of acreage	e fees if the permit is denied or if no treatment occurs.
4. Fee calculations:	Basic Permit Fee (non-re	efundable`) <i>.</i>	\$ 20.00
	If proposed treatment is (round up to nearest who	over 0.25 ole acre, te	acre, calcı o maximun	ulate acreage fee: n of 50 acres.)
	50 acres X \$2	!5 per acre	e = \$	250.00
	If proposed treatment is	≤ 0.25 acr	e, acreage	e fee is \$0.
	Enter Acreage Fee (from	ı above) .		1250.00
-	Total Fee Enclosed			\$ 1270.00
desired and flow o	f surface water outside tre	atment ar	ea. Also sh	a and dimensions of each individual area where plant control is now location of property owners riparian to and adjacent to the ng treatment dimensions coded to the lake map, if necessary.
	for Aquatic Plant Contr		•	
an approved Aquatic Pl	lested in accordance with ant Management Plan?		[mm]	Treatment Type:
Goal of Aquatic Plant C	<u>-</u>	X Yes	No Nuisor	X Lake Pond Wetland Marina Other
				1
7	e algae accumulation			Algae
<u></u>	ional channel for common	use		Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, bulrushes)
<u></u>	access for boating		l —	· · · · · · · · · · · · · · · · · · ·
[]	access for fishing		-	Floating water plants (majority of leaves floating on water surface, e.g., waterlilies, duckweed)
Improve swimmi	-		×	Submerged water plants (leaves and stems below water surface,
Control of purple				flowering parts may be exposed, e.g., milfoil, coontail)
◯ Control of invasi	ve exotics			l
Other:	***************************************			Other:
List Target Plants			Note:	Different plants require different chemicals for effective
-			Hote.	treatment. Do not purchase chemical before identifying plants.
Eurasian watermilfoil Hybrid watermilfoil				
Tryond waterminon				
Section V — Chemical Alternatives to Chemica		Feasi	Lie?	I A la Maria Maria
1. Mechanical harves		Yes	X No	If No, Why Not?
Hand pulling	ittig	Yes	X No	plant regrowth, fragmentation
Hand raking		Yes	X No	area too large
4. Hand cutting		Yes	X No	area too large, plant regrowth, fragmentation
5. Sediment screens.	loovers	Yes	X No	area too large, plant regrowth, fragmentation
Sediment screens Dredging	OUVEIS	Yes	X No	area too large, would also prevent desirable plant growth
		Yes	X No	too expensive
	wotorchad	Yes		not site specific
8. Nutrient controls in	i watershed		X No	not site specific
9. Other:		Yes	l No	

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

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

Form 3200-004 (R 11/11)

Page 3 of 4

Se Tra	tion V - Chemical Control (continued) de Name of Proposed Chemical(s)	rskik Z
	IA 4 IVM (liquid 2, 4-D)	
Me	thod of Application: LittLine, Littoral Zone Treatment Technology	
Wil	surface water outflow and/or overflow be controlled to prevent chemical loss? Yes X No	
Hav	re the proposed chemicals been permitted in a prior year on the proposed site? 🗵 All 📗 Some 📗 None	
Liq	at were the results of the treatment? uid 2, 4-D has been used for nuisance control for navigational purposes historically. 2014 plan is Phase 1 of a trial treatment leading whole lake management strategy for long term control.	g
Not	e: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.	
	Resources upon request.	
1. 1	ition VI – Applicant Responsibilities and Certification. The applicant has prepared a detailed map which shows the length, width and average depth of each area proposed for the control of	iiii F
ı	coted vegetation and the surface area in acres or square feet for each proposed algae treatment.	
i (The applicant understands that the Department of Natural Resources may require supervision of any aquatic plant management proje nvolving 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	
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.	10
	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	
		- 1

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 Perm	it Request equested? Refer to http://dnr.wi.gov/org/water/wm/ww/aquaticpesticides.htm for more information.	
Yes X No	If no, you do not need to complete this section,	
Select which permit you are re		
Indicate WPDES permitee res	sponsible for the pollutant discharge: Applicator Sponsor	
	ol activity will result in a detectable pollutant discharge to waters of the state beyond or a pollutant residual in waters of the state after the treatment project is completed?	No
If yes, identify the pollutan	nt(s):	
	te integrated pest management principles, as specified in the WPDES permit, into nimize any pollutant residual or pollutant discharge beyond the treatment area?	No
Type of WPDES coverage bei	ing requested: One Treatment Site Statewide Coverage	
For informational purposes, se	elect areas of WI for most of your aquatic treatments: NW NE SW SE	
Is WPDES coverage being red Yes No If	quested for more than 1 year? yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted.	
pest treatment activ	t I am the authorized representative (as specified in Ch. NR 205.07(1)(g), Wis. Adm. Code) of the vity which is the subject of this permit application. I certify that the information contained in this nts is, to the best of my knowledge, true, accurate and complete.	
Signature of Author	rized Representative Printed Name Date Signed	
	rized Representative Printed Name Date Signed y Out Chemical Treatment (Leave Blank – DNR Use Only)	
Section VIII – Permit to Carr	ry Out Chemical Treatment (Leave Blank – DNR Use Only) approved. Permission is hereby granted to the applicant to chemically treat the waters described in the	
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