

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

Form 3200-004 (R 02/17)

**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.].

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.**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name</td></tr> <tr><td colspan="3">Church Pine, Round, and Big Lake P&amp;R District Mike Reiter</td></tr> <tr><td colspan="3">Street Address</td></tr> <tr><td colspan="3">Po Box 494</td></tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Osceola</td> <td>WI</td> <td>54020</td> </tr> </table>	Name			Church Pine, Round, and Big Lake P&R District Mike Reiter			Street Address			Po Box 494			City	State	ZIP Code	Osceola	WI	54020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name</td></tr> <tr><td colspan="3">Street Address</td></tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Name			Street Address			City	State	ZIP Code			
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Phone Number (include area code) Primary: (715) 294-3996 Secondary:	Email Address mikereiter@centurylink.net																														

**Section II – Aquatic Plant Control Location**

Waterbody to be Treated (waterbody where treatment area is located)				Lake Surface Area	Estimated Surface Area that is 10 Feet or Less in Depth
Big Lake				259 acres	52 acres
County	Section	Township	Range <input type="radio"/> E <input checked="" type="radio"/> W	Name of Applicator or Firm	
Polk		32 N	18	Northern Aquatic Services	
Latitude 45.2922660	Longitude -92.5387540			Street or Route	
<ul style="list-style-type: none"> <li>• Is there more than one property owner? <input checked="" type="radio"/> Yes <input type="radio"/> No</li> <li>• Is there surface water discharge? <input checked="" type="radio"/> Yes <input type="radio"/> No</li> <li>• Does the waterbody have public access? <input checked="" type="radio"/> Yes <input type="radio"/> No</li> </ul> If all are no: considered to be a private pond				1061 240th Street	
Adjacent Riparian Property Owner Names (attach sheets if necessary)				City	State
1. Notification sent to 33 property owners adjacent to CLP				Dresser	WI
2. treatment beds in attached list				County	ZIP Code
3. _____				Polk	54009
4. _____				Phone Number (include area code)	
5. _____				(715) 495-5252	
6. _____				Email Address	
Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate)				ddressel@centurytel.net	
Mike Reiter				Applicator Certification Number for Category 5 Aquatic Pesticide Application	
Area(s) Proposed for Control:				061742	
				Business Location License Number (if applicable)	
				Restricted Use Pesticide License Number (if applicable)	

	Treatment Length	Treatment Width		Estimated Acreage	Average Depth	Calculated Volume
1.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
2.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
3.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
4.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
5.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
6.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
7.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
8.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
9.	ft X _____	ft ÷	43,560 ft <sup>2</sup> =	_____ ac	X _____ ft =	_____ ac-ft
Estimated Acreage Grand Total				15 ac	Calculated Volume Grand Total _____ ac-ft	

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?  Yes  No

DNR Use: NHI Review? <input type="radio"/> Yes <input type="radio"/> 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: If proposed treatment is over 0.25 acre, calculate acreage fee:  
(round up to nearest whole acre, to maximum of 50 acres.)

\_\_\_\_\_ 15 \_\_\_\_\_ acres X \$25 per acre = \$ \_\_\_\_\_ 375 \_\_\_\_\_

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

Enter Acreage Fee (from above) . . . . . \$ \_\_\_\_\_ 375.00

Basic Permit Fee (non-refundable) . . . . . \$ \_\_\_\_\_ 20.00

Total Fee Enclosed . . . . . \$ \_\_\_\_\_ 395.00

**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? <input checked="" type="radio"/> Yes <input type="radio"/> No	Treatment Type: <input checked="" type="radio"/> Lake <input type="radio"/> Pond <input type="radio"/> Wetland <input type="radio"/> Marina <input type="radio"/> Other
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Goal of Aquatic Plant Control:

1.  Maintain navigational channel
2.  Maintain boat landing and carry in access
3.  Improve fish habitat
4.  Maintain swimming area
5.  Control of invasive exotics
6.  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

Potamogeton crispus

**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="radio"/> Yes <input checked="" type="radio"/> No	<u>Would take multiple cuttings and be too expensive</u>
2. Manual removal	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Too large an area</u>
3. Sediment screens/covers	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Too large an area</u>
4. Dredging	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Not feasible</u>
5. Lake drawdown	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Not feasible</u>
6. Nutrient controls in watershed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Not site and plant specific</u>
7. Other: _____	<input type="radio"/> Yes <input type="radio"/> 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:

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

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**Section V – Chemical Control** (continued)

Full Trade Name of Proposed Chemical(s)

Aquathol K

Method of Application: Subsurface injection using weighted metered drop lines from a gps guided boat

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?

Post treatment surveys showed very few CLP plants following treatment. Also little impact to native plants.

For private ponds and wetlands please ignore next question

Is treatment area greater than 5% of surface area?  Yes  No

If yes, calculate whole lake concentration (in ppm). Refer to DNR Lake pages [dnr.wi.gov/Lakes](http://dnr.wi.gov/Lakes) to answer the following:

Does the lake stratify?  Yes  No

If yes, calculate whole lake concentration using volume above thermocline.

If no, calculate whole lake concentration using total lake volume.

Whole Lake Concentration: 0.027 ppm

**Note: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources at the following link: [dnr.wi.gov/Lakes/plants/factsheets/](http://dnr.wi.gov/Lakes/plants/factsheets/).**

**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.
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>

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.

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**Section VII – WPDES Permit Request**

Is WPDES coverage being requested? Refer to <http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html> for more information.

- No:  Already have WPDES coverage.  Yes – complete section VII with signature  
 WPDES coverage not needed

- Select which permit you are requesting:  WI-0064556-1 Aquatic Plants, Algae & Bacteria  
 WI-0064564-1 Aquatic Animals  
 WI-0064581-1 Mosquitoes & other Flying Insects

Indicate WPDES permittee 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?  
 Yes  No If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted.

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?

- Yes  No

State of Wisconsin  
Department of Natural Resources  
For the Secretary

Advance notification of treatment required?

- Yes  No

By \_\_\_\_\_  
Regional Director or Designee  
  
\_\_\_\_\_  
Date Signed Date Mailed

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.

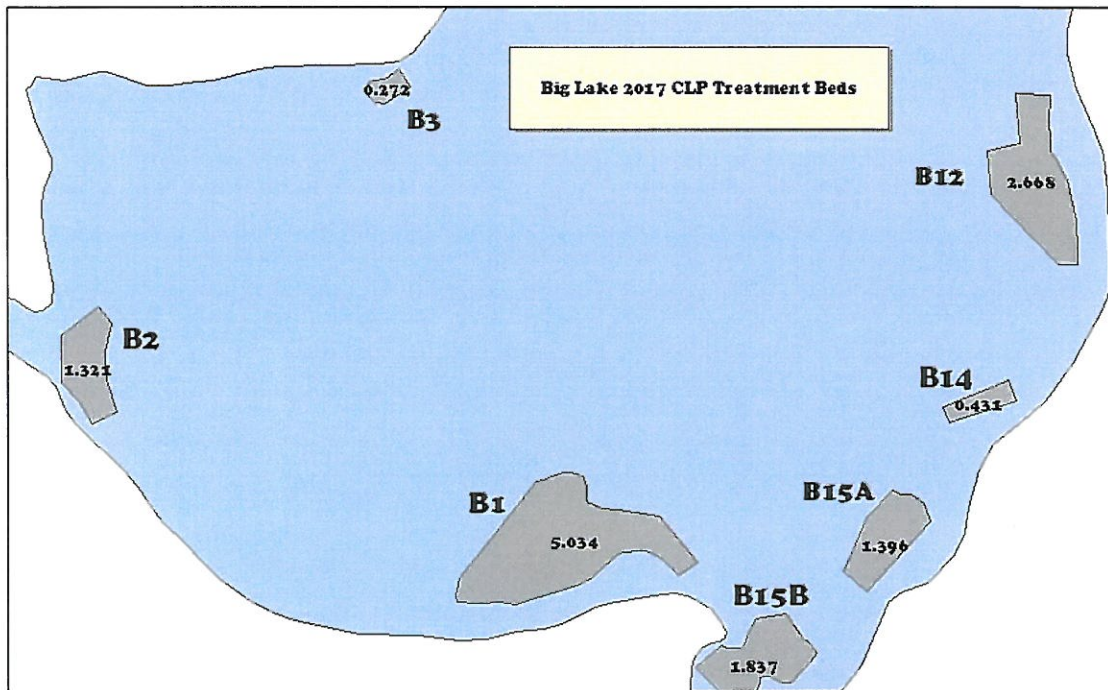
This notice is provided pursuant to s. 227.48(2), Wis. Stats.

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.



## Big Lake 2018 CLP Treatment

The map and table below illustrate potential 2018 CLP treatment beds for Big Lake based on the 2017 treatment. Permit application and bids are to be based on these treatment areas. Note that the pretreatment survey may indicate that treatment is not needed in some of the beds. All beds treated in 2017 had a pretreatment frequency of CLP of at least 60% (mean of all beds = 62%). A pretreatment threshold and minimum treatment areas will be established by the Lake District for 2018 with review of the pre-treatment survey. Turion information from past years is included on page 2. However, turion density has not been a reliable predictor of the following year's growth.



Big Lake 2018 Anticipated CLP Treatment				
	Acres	Mean Depth(ft)	Acre-feet	Target conc.* (ppm)
B1	5.03	6.40	32.19	1.5
B2	1.32	6.10	8.05	2.5
B3	0.27	8.00	2.16	2.5
B12	2.67	7.20	19.22	1.5
B14	0.43	5.80	2.49	2.5
B15A	1.40	7.00	9.80	2.5
B15B	1.84	4.4	8.10	2.5
<b>Total</b>	<b>12.96</b>		<b>82.02</b>	

<b>Turion Density Summary from 2012 to 2017 (Turions/m<sup>2</sup>)</b>						
<b>Bed</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
B1	30.7	27	12.4	18.4	6.2	6.1
B2	32.28	4	10.9	0.0	28.7	0.0
B3	7.1	15	21.7	0.0	0.0	0.0
B8	0	6.7	n/a	n/a	n/a	n/a
B12	28.7	39.7	0	129	34.4	4.4
B14	0	20	0	0.0	21.5*	11.0
B15	30.7	16.7	0	8.6	17.2*	17.7
R1	0	20	n/a	n/a	n/a	n/a
All Treated	<b>12.8</b>	<b>13.6</b>	<b>6.4</b>	<b>24.3</b>	<b>18.7</b>	<b>7.5</b>