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 Signe	ed and Submitted by: i:0#.f wamsmembership hdharveyiii signed on 2	020-03-11T18:12:52
Site or Project Name:	Crooked Lake 2020	
	The permit application will be saved automatically with this name	
Activity	Chemical Control Application	
	Is there more than one property owner?	\odot Yes \bigcirc No
Eligibility: (All questions must be no for it to be considered a private pond.)	Will there be uncontrolled surface water discharge?	\odot Yes \bigcirc No
be considered a private pond.)	Does the water body have public access?	● Yes ○ No

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

Permit	ID #:
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Business Certification Number:

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 competed 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 ● Cont	ractor \bigcirc Lake Organization (Specify):	
Organization	Crooked Lake Area Lakes P & R District	
Last Name:	Porubcan	
First Name:	Patrick	
Mailing Address:	15694 North Black Bass Lane	
City:	Crivitz	
State:	<u>WI</u>	
Zip Code:	54114	
Email:	porubcanpat@gmail.com	
Phone Number: (xxx-xxx-xxxx)	920-965-0600	
(XXX-XXX-XXXX) Alternative Phone Number: (XXX-XXX-XXXX)		

Waterbody Address

Last Name:	
First Name:	
Street Address:	North Black Bass Lane
City:	Crivitz
State:	<u>WI</u>
Zip Code:	54114
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 Rd
City:	Bancroft
State:	<u>WI</u>

Zip:	54921
County:	Portage
Email:	hdhiii@schmidtsaquatic.com
Phone Number: (xxx-xxx-xxxx)	920-980-9190

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

Site Information - Complete							
Water Body to be Treated							
Lake Property Owners Association	Crooked	d Lake	Area Lakes F	P & R Distr	ict		
or Lake District Representative							
Water Body Name	: Crooked	l, Gilke	y, & Bass Lake				
County	: Oconto						
Latitude	: 45.2444						
Longitude	: -88.3498	3					
Section	: 14						
Township	: 17						
Range	: 30						
Direction	: • E •	W					
Lake Surface Area:			acres				
Estimated Surface area that is 10ft or less 80			acres				
Proposed Treatment Area							
Area(s) Proposed for Control:							
Treatment Length Treatment Width		<u>Est</u>	imated Acreage	Averag	e Depth	<u>Calcul</u>	ated Volume
0 ft. x 0 ft. ÷ 4	3,560 ft. ² =	2.70	ac	6	ft =	16.20	ac-ft
0 ft. x 0 ft. ÷ 4	3,560 ft. ² =	5.20	ac	5	ft =	26.00	ac-ft
Estim	ated Acreage Grand Tota		7.90 _{ac}		ted Volume Grand Total	42.20	ac-ft
Is the area with in or adjacent to a sensitive area de	signated by th	he Depa	rtment of Natura	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:

 \bullet Lake \bigcirc Pond \bigcirc Wetland \bigcirc Marina \bigcirc 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

🗌 Algae	
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Common/Glossy Buckthorn	🗌 Hybrid 🛛
🗌 Coontail	🗌 Hybrid '
	_

- Curly-Leaf Pondweed
- Duckweed
- 🗌 Elodea
- Eurasian Watermilfoil

Flowering Rush
Hybrid Cattail
Hybrid Watermilfoil
Japanese Knotweed
Naiad

	Narrow-Leaf Cattail
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Phragmites

Reed Canary Grass
Reed Manna Grass
Starry Stonewort
Yellow Floating Heart

Purple Loosestrife

- 🗌 Yellow Iris
- 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: <u>ProcellaCOR EC</u>

Other (not listed above) Other:

Have the proposed chemicals been permitted in a prior year on the proposed site? \bigcirc *All* \bigcirc *Some* \bigcirc *None*

Method of Application: Injection

What were the results of the treatment?

N/A

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	○ Yes ● No	May spread EWM
2. Manual removal	● Yes ○ No	
3. Sediment screens/covers	○ Yes ● No	Cost and Damage to Native Plants
4. Dredging	○ Yes ● No	Cost and Damage to Native Plants
5. Lake drawdown	○ Yes ● No	N/A
6. Nutrient controls in watershed	○ Yes ● No	N/A
7. Other:	● Yes ○ No	Dash

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? \bigcirc Yes \odot 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
- \bigcirc 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	III File Attachment	RiparianListCrooked202011.pdf
Public Notice	III File Attachment	
Large Scale Worksheet	III File Attachment	
Site Map	I File Attachment	Crooked_EWM_T2020_Prelim2_PCOR.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)	7.90
acres X \$25 per acre = \$ If proposed treatment is less than 0.25 acre, acreage fee is \$0	\$200.00
Basic Permit Fee (non-refundable)	\$20.00
Total Fee	\$220

Payment Information

Invoice Number: WP-00022333

Payment Confirmation Number: WS2WT3004457381

Amount Paid: \$220

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?



- 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 2020-03-1...

✓ 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.