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)

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: NE-2016-70-573	Permit Expiration Date: 10/1/2016
Waterbody #: 107900	Fee Received: 1,270.00

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: Silver Lake Management District

Street Address: PO BOX 302 ~~W6012 South Silver Lake Road~~

City: Wautoma | State: WI | ZIP Code: 54982

Lake Address

Name:

Street Address:

City: | State: | ZIP Code:

Phone Number (include area code)

Primary: (414) 870-1381 Secondary:

Email Address: mruhland123@gmail.com

Section II – Aquatic Plant Control Location

Waterbody to be Treated (waterbody where treatment area is located): Silver Lake

Lake Surface Area: 352 acres

Estimated Surface Area that is 10 Feet or Less in Depth: 90 acres

County: Waushara | Section: 5, 6, 28 | Township: 18 N | Range: 11 ☒ E ☐ W

Latitude: 44.054754 | Longitude: -89.23385610

Is the waterbody a private pond? ☐ Yes ☒ No

Does the waterbody have public access? ☒ Yes ☐ No

Adjacent Riparian Property Owner Names (attach sheets if necessary)

1. see attached
2.
3.
4.
5.
6.
7.

Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate): Mike Ruhland

Name of Applicator or Firm: Clean Lakes, Inc.

Street or Route: 5701 Oak Park Road

City: Oakwood Hills | State: IL | ZIP Code: 60013

County: McHenry | Phone Number (include area code): (715) 891-6798

Email Address: akay@cleanlakesmidwest.com

Applicator Certification Number for Category 5 Aquatic Pesticide Application: 90532, 94984, 89222

Business Location License Number (if applicable): 93-018789-015570

Restricted Use Pesticide License Number (if applicable):

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
A.	see attached ft.	X	ft.	÷ 43,560 ft.² =		ft.
B.	ft.	X	ft.	÷ 43,560 ft.² =		ft.
C.	ft.	X	ft.	÷ 43,560 ft.² =		ft.
D.	ft.	X	ft.	÷ 43,560 ft.² =		ft.
E.	ft.	X	ft.	÷ 43,560 ft.² =		ft.

Total Estimated Acres

Total from lines A - E: N/A

Total from Attached Sheets: 86.4

Grand Total: 86.4

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? ☑ Yes ☐ No Describe: No Conflicts

Completed on: 4/20/16

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

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	☐ Yes ☒ No	plant regrowth, fragmentation
2. Hand pulling	☐ Yes ☒ No	area too large
3. Hand raking	☐ Yes ☒ No	area too large, plant regrowth, fragmentation
4. Hand cutting	☐ Yes ☒ No	area too large, plant regrowth, fragmentation
5. Sediment screens/covers	☐ Yes ☒ No	area too large, would prevent desirable plant growth
6. Dredging	☐ Yes ☒ No	too expensive
7. Lake drawdown	☐ Yes ☒ No	not site specific
8. Nutrient controls in watershed	☐ Yes ☒ No	not site specific
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:

Section V – Chemical Control (continued)

Trade Name of Proposed Chemical(s)
SonarONE (fluridone pellets)

Method of Application: Vortex Gas Powered Spreader from a 21' Carolina Skiff

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?
N/A

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.

Mike Quillard
Signature of Applicant

March 22, 2016
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)

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 Aquatic 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?

☐ 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.

Mike Rulland — Signature of Authorized Representative

MIKE RULLAND — Printed Name

3-22-16 — 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 2016.

Application fee received? ☑ Yes ☐ No

Advance notification of treatment required? ☑ Yes ☐ No

State of Wisconsin
Department of Natural Resources
For the Secretary

By Eric Evensen
Regional Director or Designee

4/22/16 — Date Signed

4/22/16 — 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.