

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

Form 3200-004 (R 02/17)

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

Full Trade Name of Proposed Chemical(s)

Navigate, Shredder, Aquathol K, Aquathol Super K, Reward, Tribune, Aquastrike

Method of Application: Motorized spreader and/or liquid injection system mounted on a 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?

Treatments for both EWM and CLP have been successful in the past at providing selective control and/or keeping AIS below nuisance levels.

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: 0.12 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.

Kevin F. Killian, Chair

Signature of Applicant

3-18-2019

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.