

Aquatic Plant Management-General Information

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.

Site or Project Name 2019 Echo Lake, Barron County EWM Treatment

The permit application will be saved automatically with this name.

Activity [3200-004 Chemical Aquatic Plant Control Application](#)

Before completing your APM permit, the DNR encourages applicants to contact their local APM

Contact: http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

NOTE: To be considered a private pond. The waterbody must meet all of the following requirements:

1. Confined to one property owner.
2. No public access.
3. The pond has no uncontrolled surface water discharge.

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 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 NR10
 - Form 3200-004 is completed 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, 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 association/district and to landowners adjacent to treatment area.

Large Format Documents: If you submit an application in hard copy with documents that are larger than 11x17, WDNR staff may require you submit a copy of the document in electronic format, either as an email attachment, or on digital media, such as a CD. [Help reduce file size and troubleshoot file uploads](#)

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.

Home Address	Name Echo Lake Association - Mike Clohisy			Waterbody Address	Name Mike Clohisy		
	Street Address 115 16 3/4 Ave				Street Address 115 16 3/4 Ave		
	City Turtle Lake	State WI	Zip 54889		City Turtle Lake	State WI	Zip 54889
Phone Number (include area code) Primary 715-222-3882 x [] Secondary 715-986-2377				Email Address cabinlife@centurylink.net			

Section II – Aquatic Plant Control Location

Water body to be Treated (water body where treatment area is located) Echo Lake				Lake Surface Area 161.00 acres	Estimated Surface Area that is 10 Feet or Less in Depth 65.0 acres
County Barron	Section 08	Township 35	Range 13	Name of Applicator or Firm Northern Aquatic Services	
Latitude: 45.446		Longitude: -92.129		Street or Route 1061 240th Street	
Is there more than one property owner? <input checked="" type="radio"/> Yes <input type="radio"/> No			City Dresser		State WI
Is there surface water discharge? <input checked="" type="radio"/> Yes <input type="radio"/> No			Zip 54009		
Does the water body have public access? <input checked="" type="radio"/> Yes <input type="radio"/> No			If all are no the it is considered to be a private pond		
Adjacent Riparian Owner Names 1. Type Name Here			County Polk		Phone Number (include area code) 715-495-5252 x []
			Email Address ddressel@centurytel.net		
			Applicator Certification Number for Category 5 Aquatic Pesticide Application 061742		
			Business Location License Number (if applicable)		
Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate) Mike Clohisy - President			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	Calculated Volume
1,048 ft.	x 200 ft.	+ 43,560 ft ² = 4.81 ac	7 ft =	33.68 ac-ft
355 ft.	x 200 ft.	+ 43,560 ft ² = 1.63 ac	6 ft =	9.78 ac-ft
		Estimated Acreage Grand Total 6.44 ac	Calculated Volume Grand Total 43.46 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 the area with in or adjacent to a sensitive area designated by the Department of Natural Resources. <input type="radio"/> Yes <input checked="" type="radio"/> No	DNR Use: NHI Review? <input type="checkbox"/> Yes <input type="checkbox"/> 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, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres)

$$\underline{\quad 6.44 \quad} \text{ acres} \times \$25 \text{ per acre} = \$ \underline{\quad 175.00 \quad}$$

If proposed treatment is less than 0.25 acre, acreage fee is \$0

Acreage Fee (from above) \$	175.00
Basic Permit Fee (non-refundable) \$	20.00
Total Fee Enclosed \$	195.00

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 dimension 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:	Nuisance Caused By:
<input type="checkbox"/> Maintain navigation channel <input type="checkbox"/> Maintain boat landing and carry in access <input type="checkbox"/> Improve fish habitat <input type="checkbox"/> Maintain swimming area <input checked="" type="checkbox"/> Control of invasive exotics <input type="checkbox"/> Other	<input type="checkbox"/> Algae <input type="checkbox"/> Emergent water plants (majority of leaves & stems growing above water surface, e.g. cattail, bulrushes) <input type="checkbox"/> Floating water plants (majority of leaves floating on water surface, e.g., water lilies, duckweed) <input checked="" type="checkbox"/> Submerged water plants (leaves & stems below surface, flowering parts may be exposed: milfoil, coontail) <input type="checkbox"/> Other

List Target Plants 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	not appropriate for EWM
2. Manual removal	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5. Sediment screens/covers	<input type="radio"/> Yes <input checked="" type="radio"/> No	not an approved management action
6. Dredging	<input type="radio"/> Yes <input checked="" type="radio"/> No	not appropriate
7. Lake drawdown	<input type="radio"/> Yes <input checked="" type="radio"/> No	no dam, not possible
8. Nutrient controls in watershed	<input checked="" type="radio"/> Yes <input type="radio"/> No	
9. Other:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Diver removal

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:

Herbicides are being used in combination with physical and diver removal to keep EWM under control in the lake.

Chemical Aquatic Plant Control Application and Permit
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Pesticide Pollutant Permit Application

Form 3200-004 (R 02/17)

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Trade Name of Proposed Chemical(s)

Shredder Amine 4

Method of Application: Injection

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?

Chemical treatments results in the past have been outstanding with multiple years where little or no herbicide was applied

For private ponds and wetlands please ignore the next question

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

If yes, calculate whole lake concentration (in ppm). Refer to DNR Lake pages <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 value

Whole Lake Concentration ppm

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.
- 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.

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.

Section VII - WPDES Permit Request

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

- No
- Yes - complete section VII with signature.
- Already have WPDES
- 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: NE NW 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

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.

Attachments and Checklists

Main Permit Application

Chemical Aquatic Plant Control Application (3200-004) :

Page 1 Completion Status:

Page 2 Completion Status:

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

 File Attachment

[2019TreatmentAreaPropertyOwners Echo.pdf](#)


Public Notice

 File Attachment

Large Scale Worksheet

 File Attachment

Site Map

 File Attachment

[2019EchoLakePreliminaryEWMTreatmentProposal4-01-2019.pdf](#)

Errors:

Online Payment

Wisconsin Department of Natural Resources Invoice Number:
Total Due:
Payment Confirmation #

STEP 1: Payment is Complete

Confirmation Number:

STEP 2 :

Please note that payment is considered successful when your financial institution renders payment for this transaction. Failure of US Bank to collect and transfer funds from the permit applicant to the DNR, does not release the applicant of financial responsibility and the DNR reserves the right to collect unpaid fees.

All payments are collected by US Bank which is an external website contracted by the Wisconsin Department of Natural Resources for the sole purpose of collecting payments over the web.

Sign and Submit Permit

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. The advance notification may be specified in your permit.
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>

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.

Check if you are signing as Agent for Applicant.

i:0#.f|wamsmembership|blumedl signed on 2019-04-08T...

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.