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 Signed and Submitted by: i:0#.f|wamsmembership|blumedl signed on 2020-05-31T11:46:14

Site or Project Name:	2020 Callahan Lake, Sawyer County EWM Management		
	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?	● Yes ○ No	
· · · /	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: <u>http://dnr.wi.gov/files/pdf/forms/3200/3200-004A.pdf</u>
- 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 Lake Organization (Specify): 	Callahan Lake Protectiv
Organization	Callahan Lake Protective Association Inc	
Last Name:	Toll	
First Name:	Dennis	
Mailing Address:	11046W Southshore Road	
City:	Hayward	
State:	<u>WI</u>	
Zip Code:	54843	
Email:	bbdwt@yahoo.com	
Phone Number:	715-462-3260	
(xxx-xxx-xxxx) Alternative Phone Number: (xxx-xxx-xxxx)	239-395-4348	

Waterbody Address

Last Name:	Toll		
First Name:	Dennis		
Street Address:	11046W Southshore Road		
City:	Hayward		
State:	WI		
Zip Code:	54843		
Email:	bbdwt@yahoo.com		
Phone Number: (xxx-xxx-xxxx)	715-462-3260		
Alternative Phone Number: (xxx-xxx-xxxx)	239-395-4348		

Applicator

Name of Applicator Firm:	Northern Aquatic Services		
Applicator Certification #:	061742		
Business Location License #:			
Restricted Use Pesticide #:			
Address:	1061 240th Street		
City:	Dresser		
State:	<u>WI</u>		
Zip:	54009		

County:	Polk					
Email:	ddressel@centurytel.net					
Phone Number: (xxx-xxx-xxxx)	715-495-525	52				
, , , , , , , , , , , , , , , , , , ,						
Adjacent Riparian Property	Owners or C)ther Individua	als Sponsoring	g Removal		
Individuals and organizations (e.g. Lake sponsoring removal.	e District, Lake As	ssociation, Property	y Owners Associati	on, County Departmen	t of Recreatio	n) <i>,</i>
Uploaded riparian owners to attac	hment tab					
Name		Address		Phone	Ema	ail Address
Site Information - Complet	e					
Water Body to be Treated						
Lake Property Owners	Association	Dennis Toll				
or Lake District Repr	esentative :	None	None			
Water	Body Name:	Callahan Lake				
	County:	Sawyer				
	Latitude:	45.98956				
	Longitude:	-91.23952		_		
	Section:	34				
	Township:	41				
	Range:	07				
	Direction:	⊖ e				
Lake S	urface Area:	106	acres			
Estimated Surface area that is	s 10ft or less	50	acres			
Proposed Treatment Area						
Area(s) Proposed for Control:						
Treatment Length Treatment V			mated Acreage	Average Depth	Calci	ulated Volume
200 _{ft. x} 165	ft. ÷ 43,	$560 \text{ ft.}^2 = 0.76$	ac	5 ft =	3.79	ac-ft
		ed Acreage Grand Total	0.76 _{ac}	Calculated Volum Grand Tot		ac-ft
Is the area with in or adjacent to a set \bigcirc Yes \bigcirc No	nsitive area desig	nated by the Depa	rtment of Natural	Resources.		

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? \bigcirc Yes \odot No

Treatment Type:

 \odot 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

Flowering Rush	Purple Loosestrife	
Hybrid Cattail	Reed Canary Grass	
Hybrid Watermilfoil	🗌 Reed Manna Grass	
🗌 Japanese Knotweed	Starry Stonewort	
🗌 Naiad	Yellow Floating Heart	
🗌 Narrow-Leaf Cattail	Yellow Iris	
Phragmites	Pondweed	
	 Hybrid Cattail Hybrid Watermilfoil Japanese Knotweed Naiad Narrow-Leaf Cattail 	 Hybrid Cattail Hybrid Cattail Reed Canary Grass Hybrid Watermilfoil Reed Manna Grass Japanese Knotweed Starry Stonewort Naiad Yellow Floating Heart Narrow-Leaf Cattail Yellow Iris

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>Shredder Amine 4</u>

Other (not listed above) Other:

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

Method of Application: Injection

What were the results of the treatment?

2019 EWM treatments on Callahan and Mud worked extremely well. There is no treatment planned in for 2020 in the areas treated in 2019. It is not needed.

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	EWM fragments - lots of stumps and other underwater obstacles
2. Manual removal	● Yes ○ No	
3. Sediment screens/covers	○ Yes ● No	not able to be approved in WI, areas too large
4. Dredging	○ Yes ● No	not necessary
5. Lake drawdown	○ Yes ● No	the outlet structure on Callahan Lake is not conducive to a drawdown
6. Nutrient controls in watershed	○ Yes ● No	Not needed, mostly county forest land
7. Other:	○ Yes ● No	DASH - expensive. Dark Water, not available locally

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

- \bigcirc Already have WPDES
- WPDES coverage not needed

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	IIe Attachment	PropertyOwners.pdf
Public Notice	U File Attachment	
Large Scale Worksheet	U File Attachment	
Site Map	III File Attachment	2020CallahanLakeEWMTreatmentMapandDetails.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)	0.76
acres X \$25 per acre = \$ If proposed treatment is less than 0.25 acre, acreage fee is \$0	\$25.00
Basic Permit Fee (non-refundable)	\$20.00
Total Fee	\$45

Payment Information

Invoice Number: WP-00024124

Payment Confirmation Number: WS2WT3004812356

Amount Paid: \$45

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|blumedl signed on 2020-05-31T...

✓ 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.