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 S	Submitted by: i:0#.f wamsmembership blumedl signed on 2021-03-31T13:05:10	
Site or Project Name:	2021 Mud Lake, Sawyer County EWM Control Project	
Site of Project Name.	The permit application will be saved automatically with this name	
Activity:	Chemical Control Application	
Eligibility:	Is there more than one property owner?	\odot Yes \bigcirc No
(All questions must be no for it to	Will there be uncontrolled surface water discharge?	\odot Yes \bigcirc No
be considered a private pond.	Does the water body have public access?	\odot Yes \bigcirc No

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 Information					
Organization	Callahan Lake Protective Association				
Last Name:	Toll				
First Name:	Dennis				
Mailing Address:	11046W Southshore Rd				
City:	Hayward				
State:	<u>WI</u>				
Zip Code:	54843				
Email:	bbdwt@yahoo.com				
Phone Number:	239-395-4348				
(xxx-xxx-xxxx) Alternative Phone Number: (xxx-xxx-xxxx)	715-462-3260				

Waterbody Address

Last Name:	
First Name:	
Street Address:	11046W Southshore Rd
City:	Hayward
State:	<u>WI</u>
Zip Code:	54843
Email:	
Phone Number:	
(xxx-xxx-xxxx)	
Alternative Phone Number:	
(xxx-xxx-xxxx)	

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
Email:	ddressel@centurytel.net

Phone Number: (xxx-xxx-xxxx)	715 405 5252
(xxx-xxx-xxxx)	713-493-3232

Adjacent Riparian Property Ov	wners or Other Ind	ividuals Spons	oring Remova	I			
Individuals and organizations (e.g. Lake Di sponsoring removal.	istrict, Lake Association, P	roperty Owners As	sociation, County E	Department of	f Recreation),		
Uploaded riparian owners to attachment tab							
Name	Address	;	Phone		Email Address		
c'u la fa su alta su Complete							
Site Information - Complete							
Water Body to be Treated							
Waterbody Property	Owners Association	Dennis Toll					
or Waterbody Distr	ict Representative :	□ None					
	Mud Lake						
	Sawyer						
	45.99644						
	Longitude:	-91.24971					
	Section:	33					
	Township:	41					
	Range:	07					
	Direction:	⊖ e					
Water	rbody Surface Area:	480	acres				
Estimated Surface are	-	430	acres				
			00103				
Dronosod Treatment Area							

Proposed Treatment Area

Treatmer	nt Length		Treatment Wid	<u>th</u>		<u>Estima</u>	ted Acreage	Aver	age Depth	<u>Calcu</u>	lated Volume
1,014	ft.	x	317	ft.	÷ 43,560 ft ² =	7.38	ac	4	ft =	29.52	ac-ft
849	ft.	x	202	ft.	÷ 43,560 ft. ² =	3.94	ас	4	ft =	15.75	ac-ft
					Estimated Acreage		11.32 _{ac}	Calcu	lated Volume		ac-ft
					Grand Tota				Grand Total		

Is the area with in or adjacent to a sensitive area designated by the Department of Natural 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	Flowering Rush	Purple Loosestrife
Common/Glossy Buckthorn	Hybrid Cattail	Reed Canary Grass
🗌 Coontail	Hybrid Watermilfoil	Reed Manna Grass
Curly-Leaf Pondweed	Japanese Knotweed	Starry Stonewort
Duckweed	🗌 Naiad	Yellow Floating Heart
🗌 Elodea	Narrow-Leaf Cattail	Yellow Iris
Eurasian Watermilfoil	Phragmites	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>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?

Shredder Amine 4 was used in previous years and has provided significant relief in the treated areas. Some long-tern results beyond one season have been observed after its use in Callahan and Mud lakes.

NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.

Alternatives to Chemical	Feasible?	If No, Why Not?
Control:		
1. Mechanical harvesting	🔾 Yes 🖲 No	lots of bogs, stumps, and other underwater obstructions
2. Manual removal	\odot Yes \bigcirc No	
3. Sediment screens/covers	🔾 Yes 🖲 No	not an approved management action in APM Plan or WI
4. Dredging	🔾 Yes 🖲 No	not appropriate or needed
5. Waterbody drawdown	🔾 Yes 🖲 No	Limited capability to change the water level with the dam on Callahan lake
6. Nutrient controls in watershed	🔾 Yes 🖲 No	Mostly forest-natural
7. Other:	\odot Yes \bigcirc No	Diver/DASH removal - lots of EWM all over, dark water, so difficult to be a
Note: If proposed treatment involves multi	ple properties, cor	sider feasibility of EACH alternative for EACH property owner.

Will surface water outflow and/or overflow be controlled to prevent chemical loss?

○ Yes ● 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	III File Attachment	2021PropertyOwnersCAMLA.pdf
Public Notice	I File Attachment	2021NoticeforPaperforCallahan-MudLakes.pdf
Large Scale Worksheet	U File Attachment	2021MudLakeSawyerCountyLarge- scaleTreatmentWorksheetForm3200-4A.pdf
Site Map	U File Attachment	<u>3-28-</u> 2021 Mud Lake Modified EWM Treatment Mapand Details.p df

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)	11.32
acres X \$25 per acre = \$ If proposed treatment is less than 0.25 acre, acreage fee is \$0	\$300.00
Basic Permit Fee (non-refundable)	\$20.00
Total Fee	\$320

Payment Information

Invoice Number: WP-00028565

Payment Confirmation Number: WS2WT3006423007

Amount Paid: \$320

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?

• 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 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 that the above information is true and correct and that copies of the application shall be provided to all affected property owners promptly 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 2021-0.

[✓] 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.