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|hdharveyiii signed on 2021-04-02T17:07:36

Site or Project Name:

Kelly Lake Oconto County 2021

The permit application will be saved automatically with this name

Chemical Control Application

Is there more than one property owner?

(All questions must be no for it to Will there be uncontrolled surface water discharge?

Yes
No

Does the water body have public access?

● Yes ○ No

3200-004 Chemical Aquatic Control Application

be considered a private pond.)

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: 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 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	Kelly Lake Advancement Association	
Last Name:	Marks	
First Name:	Mary	
Mailing Address:	577 County Road G	
City:	Suring	
State:	<u>WI</u>	
Zip Code:	54174	
Email:	mmarks@plbb.us	
Phone Number: (xxx-xxx-xxxx)	920-842-2345	
Alternative Phone Number: (xxx-xxx-xxxx)	215-696-0798	
(**************************************		
Waterbody Address		
Last Name:	Kelly Lake	
First Name:		
Street Address:	9577 County Road G	
City:	Suring	
State:	<u>WI</u>	
Zip Code:	54174	
Email:		
Phone Number:		
(xxx-xxx-xxxx) Alternative Phone Number:		
(xxx-xxx-xxxx)		
Applicator		
Name of Applicator Firm:	Schmidt's Aguatic, LLC	
Applicator Certification #:		
Business Location License #:	93-022613-020730	
Restricted Use Pesticide #:		
Address:	7470 Sherman Rd	
City:	Bancroft	
State:	<u>WI</u>	
Zip:	54921	
Email:	hdhiii@schmidtsaquatic.com	

Phone Number: (xxx-xxx-xxxx) 920-980-9190

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal

Individuals and organizations (e.g. Lake District, Lake Association, Property Owners Association, County Department of Recreation), sponsoring removal.

✓ Uploaded riparian owners to attachment tab

Name	Address	Phone	Email Address		

Site Information - Complete Water Body to be Treated **Waterbody Property Owners Association** Kelly Lake Advancement Association or Waterbody District Representative: □ None Kelly Lake Water Body Name: Oconto County: Latitude: 45.0214 Longitude: -88.2257 Section: 05 Township: 29 Range: 19 **Direction:** • E • W **Waterbody Surface Area:** 326 acres Estimated Surface area that is 10ft or less | 100 acres

Proposed Treatment Area

Area(s) Proposed for Control:

Treatme	nt Length		Treatment Widt	<u>h</u>		Estima	ted Acreage	Averag	ge Depth	<u>Calcu</u>	lated Volume
0	ft.	х	0	ft.	\div 43,560 ft. ² =	5.30	ac	11	ft =	58.30	ac-ft
0	ft.	х	0	ft.	\div 43,560 ft. ² =	7.60	ac	11	ft =	83.60	ac-ft
					Estimated Acreage Grand Tota		12.90 ac	Calcula	ated Volume Grand Total	141.90	ac-ft

Is the area with in or adjacent to a sensitive area designated by the Department of Natural Resources.

O 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)

Other (not listed above) Other: Agri Star 2,4-D Amine 4

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 ● <i>Yes</i> ○ <i>No</i>	in accordance with an appro	ved Aquatic Plant Management Plar	1?
Treatment Type: ● <i>Lake</i> ○ <i>Pond</i> ○ <i>Wetland</i> ○	Marina 🔾 Other		
Goal of Aquatic Plant Control:			
 ☐ Maintain navigation channel ☐ Maintain boat landing and card ☐ Improve fish habitat ☐ Maintain swimming area ☑ Control of invasive exotics ☐ Other 	ry in access		
Nuisance Caused By:			
☐ Algae☐ Emergent water plants (majority☐ Floating water plants (majority	of leaves floating on water surf	ove water surface, e.g. cattail, bulrushes) ace, e.g., water lilies, duckweed) ring parts may be exposed: milfoil, coonta	
List Target Plants			
 □ Algae □ Common/Glossy Buckthorn □ Coontail □ Curly-Leaf Pondweed □ Duckweed □ Elodea ☑ Eurasian Watermilfoil 	 ☐ Flowering Rush ☐ Hybrid Cattail ☐ Hybrid Watermilfoil ☐ Japanese Knotweed ☐ Naiad ☐ Narrow-Leaf Cattail ☐ Phragmites 	 □ Purple Loosestrife □ Reed Canary Grass □ Reed Manna Grass □ Starry Stonewort □ Yellow Floating Heart □ Yellow Iris □ Pondweed 	
Other Target Plants:			
Note: Different plants require different of Chemical Control Full Trade Name of Proposed (Select Chemical Name:		ot purchase chemical before identifying plants.	

Have the proposed chemic ● All ○ Some ○ None	als been permitt	ed	in a prior year on the proposed site?				
Method of Application:	Injection						
What were the results of t	he treatment?						
During the treatment season	they were exceller	it, b	ut over the following years they rebounded.				
NOTE: Chemical fact sheets for Resources upon request.	or aquatic pesticid	es u	sed in Wisconsin are available from the Depart	ment of Natural			
Alternatives to Chemical Control:	Feasible?)	If No, Why Not?				
1. Mechanical harvesting	○ Yes ●	No	May spread EWM				
2. Manual removal	○ Yes •	No	Area too large				
3. Sediment screens/covers	○ Yes •	No	Too expensive				
4. Dredging	○ Yes •	No	Too expensive				
5. Waterbody drawdown	○ Yes ●	No	N/A				
6. Nutrient controls in waters	ned O Yes 💿	No	N/A				
7. Other:	○ Yes ○	No					
Note: If proposed treatment involv	es multiple properties	, con	nsider feasibility of EACH alternative for EACH property of	owner.			
Will surface water outflow ○ Yes No	and/or overflow	/ be	controlled to prevent chemical loss?				
Is the treatment area grea ○ Yes No	ter than 5% of su	ırfa	ce area?				

WPDES Permit Request Is WPDES coverage being requested? Refer to

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
 - Already have WPDES
 - O WPDES coverage not needed

Required Attachments and Supplemental Information

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	ListsofRiparianPropertyOwners-2.docx
Public Notice	■ File Attachment	NewspaperArticleAffidavit2021.pdf
Large Scale Worksheet	■ File Attachment	KellyLake3200-4ASignedCopy.pdf
Site Map	■ File Attachment	2021RECTRTAREAS10.pdf
Site Map	■ File Attachment	KellyLakeMap2021.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.

12.90	If Proposed treatment is over 0.25, calculate acreage fee:
	(round up to nearest whole acre, to maximum of 50 acres) acres X \$25 per acre = \$
\$325.00	If proposed treatment is less than 0.25 acre, acreage fee is \$0
\$20.00	Basic Permit Fee (non-refundable)
	· ·
\$345	Total Fee

Payment Information

Invoice Number: WP-00028655

Payment Confirmation Number: WS2WT3006440697

Amount Paid: \$345

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|hdharveyiii signed on 202.

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.