

State of Wisconsin
Department of Natural Resources
Water Permit Central Intake - WT/3
PO Box 7185, Madison, WI 53707-7185
dnr.wi.gov

**Chemical Aquatic Plant Control Application and Permit
Wisconsin Pollutant Discharge Elimination System (WPDES)
Pesticide Pollutant Permit Application**

Form 3200-004 (R 11/11)

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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
SE-2013-07-1667	10-01-2013
Waterbody #	Fee Received
36200	\$175.00

Section I - Applicant Information - Name of Permit Applicant. Also indicate names and addresses of all individuals, associations, communities or town auxiliary districts sponsoring treatment. Attach additional sheets if necessary.

Home Address		Lake Address	
Name	James KETTER	Name	Silver Lake P & R District Attn: Jim Ketter
Street Address	5581 Peters Drive	Street Address	3366 County Hwy NN
City	West Bend	City	West Bend
State	WI	State	WI
ZIP Code	53095	ZIP Code	53095
Phone Number (include area code)		Email Address	
Primary: 414 333-7910 Secondary:		jeketter@taindustrial.com	

Section II - Aquatic Plant Control Location

Waterbody to be Treated (waterbody where treatment area is located)				Lake Surface Area	Estimated Surface Area that is 10 Feet or Less in Depth
Silver Lake				118 acres	acres
County	Section	Township	Range	Name of Applicator or Firm	
Washington	27	11 N	19	Marine Biochemists	
Latitude:	Longitude:			Street or Route	
43.385100	-88.212694			6302 W. Eastwood Ct.	
Is the waterbody a private pond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				City	State ZIP Code
Does the waterbody have public access? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Mequon	WI 53092
Adjacent Riparian Property Owner Names (attach sheets if necessary)				County	Phone Number (include area code)
1. See attached list				Ozaukee	262 238-0406
2.				Email Address	
3.				brian.suffern@lonza.com	
4.				Applicator Certification Number for Category 5 Aquatic Pesticide Application	
5.				1517	
6.				Business Location License Number (if applicable)	
7.				93-010049-005505	
Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate)				Restricted Use Pesticide License Number (if applicable)	
Kevin Laabs					

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	See attached maps	Total Estimated Acreage
A. _____ ft. X _____ ft.		43,560 ft ² = _____	_____ ft.		
B. _____ ft. X _____ ft.		43,560 ft ² = _____	_____ ft.	Total from lines A - E	_____
C. _____ ft. X _____ ft.		43,560 ft ² = _____	_____ ft.	Total from Attached Sheets	_____
D. _____ ft. X _____ ft.		43,560 ft ² = _____	_____ ft.	Grand Total	7.12
E. _____ ft. X _____ ft.		43,560 ft ² = _____	_____ 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 this area within or adjacent to a sensitive area designated by the Department of Natural Resources?

☐ Yes ☒ No

DNR Use:

NH Review? ☐ Yes ☐ No Describe:

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Section III - Fees

- s. NR 107.11(1), Wis. Adm. Code, lists the conditions under which the permit fee is limited to the \$20 minimum charge.
- s. NR 107.11(4), Wis. Adm. Code, lists the uses that are exempt from permit requirements.
- 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: Basic Permit Fee (non-refundable) \$ 20.00
 If proposed treatment is over 0.25 acre, calculate acreage fee:
 (round up to nearest whole acre, to maximum of 50 acres.)
 8 acres X \$25 per acre = \$ 350.00
 If proposed treatment is ≤ 0.25 acre, acreage fee is \$0.
 Enter Acreage Fee (from above) \$200.00
 Total Fee Enclosed \$ 220.00

☐ 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 dimensions 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?

☒ Yes ☐ No

Treatment Type:

☒ Lake ☐ Pond ☐ Wetland ☐ Marina ☐ Other

Goal of Aquatic Plant Control:

- ☐ Reduce nuisance algae accumulation
☒ Maintain navigational channel for common use
☒ Maintain private access for boating
☒ Maintain private access for fishing
☒ Improve swimming
☐ Control of purple loosestrife
☒ Control of invasive exotics
☐ Other: _____

Nuisance Caused By:

- ☐ Algae
☐ Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, bulrushes)
☐ Floating water plants (majority of leaves floating on water surface, e.g., waterlilies, duckweed)
☒ Submerged water plants (leaves and stems below water surface, flowering parts may be exposed, e.g., milfoil, coontail)
☐ Other: _____

List Target Plants

Eurasian Watermilfoil

Note: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.

Section V - Chemical Control

Alternatives to Chemical Control:

- Mechanical harvesting
- Hand pulling
- Hand raking
- Hand cutting
- Sediment screens/covers
- Dredging
- Lake drawdown
- Nutrient controls in watershed
- Other: _____

Feasible?

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

If No, Why Not?

May exacerbate problem.

Too labor intensive for large, deep areas

Too labor intensive for large, deep areas

Too labor intensive for large, deep areas

Cost prohibitive for large areas

Cost prohibitive, non-target impacts

No control structure

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:

Selectivity, cost effectiveness.

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Section V - Chemical Control (continued)

Trade Name of Proposed Chemical(s)

DMA4-IVM, 4, Navigate

Method of Application: Gasoline powered spray pump (liquids) Granular spreaders or blower (granular)

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?

Positive Results

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.

☐ Check if you are signing as Agent for Applicant. Note: Applicator responsible for WPDES

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.

James E. Kelle Chairman SLPRD
Signature of Applicant

6-21-13
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/org/water/wm/www/aquaticpesticides.htm> for more information.

☐ Yes ☒ No If no, you do not need to complete this section.

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 13.

Application fee received?

☒ Yes ☐ No

Advance notification of treatment required?

☒ Yes ☐ No

State of Wisconsin
Department of Natural Resources
For the Secretary

By Heidi Burch
Regional Director or Designee

7/17/13
Date Signed

7/17/13
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.

2013 Proposed Treatment Areas
Silver Lake—Washington County, WI



Marine Biochemists
6302 W. Eastwood Ct.
Mequon, WI 53092
(888) 558-5106
www.marinebiochemists.com

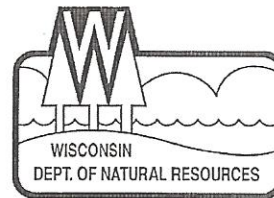
Proposed 2013 Treatment Areas
Silver Lake—Washington County, WI

Area	Length	Width	Acreage
West Kettle			2.1
East Kettle	1500	50	1.7
1	100	30	0.07
2	100	30	0.07
3	150	30	0.1
4	50	30	0.06
5	100	30	0.07
6	300	30	0.21
7	400	30	0.28
8	400	30	0.28
9	400	150	1.38
10	400	50	0.17
11	250	50	0.29
12	300	50	0.34

Total Acreage 7.12

State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
Waukesha Service Center
141 Barstow Street, Room 180
Waukesha WI 53188

Scott Walker, Governor
Cathy Stepp, Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711



July 17, 2013

Brian Suffern
Marine Biochemists
6302 W. Eastwood Court
Mequon, WI 53092

Subject: Aquatic Plant Management Permit Application

Dear Brian:

Enclosed is your approved permit for the chemical treatment of aquatic plants in Silver Lake, Washington County, (Permit number SER-13-68-1007). The proposed treatment is a maximum of 7.12 acres.

This permit has been issued in accordance with Wisconsin Administrative code NR 107. Aspects of this permit may not be changed without prior approval of the Department of Natural Resources. Issuance of this permit is not an endorsement for the action authorized. Please note permit conditions below.

PERMIT CONDITIONS

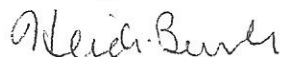
1. The permit holder, according to NR 107.08(8), shall submit the Aquatic Plant Management Treatment record for treatment as follows:
 - A. Immediately, if any unusual circumstances occur during treatment.
 - B. Within 30 days, if treatment occurs.
 - C. By October 1 of this year if no treatment occurred.
2. A copy of the permit application must be provided to riparian property owners in and adjacent to the treatment area before the treatment may occur. The application may be provided by US mail, e-mail, or a US mail postcard directing the property owner to a public website that has posted the permit application.
3. You must notify Lake Biologist Heidi Bunk (262.574.2130) a minimum of 4 working days prior to anticipated treatment to schedule supervision.

4. Treatment concentration cannot exceed maximum recommended dosage for target species, as listed on the product label.
5. All equipment used in the lake must be sterilized before entering waters of the state and must abide by all provisions of NR 40.
6. Posting signs shall be placed on each individual property in and adjacent to treatment area. These posting signs shall clearly indicate which properties have and have not had treatment in front of their riparian property. A posting sign shall also be provided at the public boat launch, which will include a map of the treatment area.
7. Application is restricted to the permitted area as shown on the map included in the permit application.
8. **Herbicide applications may be limited in areas where high value native aquatic plants (such as native pondweeds, native milfoils, water shield, water lilies, bulrush, water celery, bladderwort, naiads, crowfoot, etc) are more abundant than eurasian water milfoil, curly leaf pondweed or coontail.**
9. Treatment in the permitted application area will not be performed in front of riparian property if the owners indicate they do not want treatment in writing to the Silver Lake P & R District and/or the Department of Natural Resources.

Any chemical treatments or locations not described in this application will require an additional permit from the Department. Future permit applications will be evaluated based on the information at that time.

Please feel free to contact me at 262-574-2130 or by email at heidi.bunk@wisconsin.gov if you have any questions.

Sincerely,



Heidi Bunk

Lakes Biologist