

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

Page 1 of 4

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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="4">Home Address</td></tr> <tr><td colspan="4">Name</td></tr> <tr><td colspan="4">Cedar Lake P&R District</td></tr> <tr><td colspan="4">Street Address</td></tr> <tr><td colspan="4">PO Box 93</td></tr> <tr><td>City</td><td>State</td><td colspan="2">ZIP Code</td></tr> <tr><td>Star Prairie</td><td>WI</td><td colspan="2">54026</td></tr> <tr><td colspan="4">Phone Number (include area code)</td></tr> <tr><td colspan="4">Primary: (651) 895-3544 Secondary: (651) 738-3119</td></tr> </table>	Home Address				Name				Cedar Lake P&R District				Street Address				PO Box 93				City	State	ZIP Code		Star Prairie	WI	54026		Phone Number (include area code)				Primary: (651) 895-3544 Secondary: (651) 738-3119				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="4">Waterbody Address</td></tr> <tr><td colspan="4">Name</td></tr> <tr><td colspan="4">Jim Reckinger, Treasurer</td></tr> <tr><td colspan="4">Street Address</td></tr> <tr><td colspan="4">6942 Wyndham Way</td></tr> <tr><td>City</td><td>State</td><td colspan="2">ZIP Code</td></tr> <tr><td>Woodbury</td><td>MN</td><td colspan="2">55125</td></tr> <tr><td colspan="4">Email Address</td></tr> <tr><td colspan="4">jimreck@aol.com</td></tr> </table>	Waterbody Address				Name				Jim Reckinger, Treasurer				Street Address				6942 Wyndham Way				City	State	ZIP Code		Woodbury	MN	55125		Email Address				jimreck@aol.com			
Home Address																																																																									
Name																																																																									
Cedar Lake P&R District																																																																									
Street Address																																																																									
PO Box 93																																																																									
City	State	ZIP Code																																																																							
Star Prairie	WI	54026																																																																							
Phone Number (include area code)																																																																									
Primary: (651) 895-3544 Secondary: (651) 738-3119																																																																									
Waterbody Address																																																																									
Name																																																																									
Jim Reckinger, Treasurer																																																																									
Street Address																																																																									
6942 Wyndham Way																																																																									
City	State	ZIP Code																																																																							
Woodbury	MN	55125																																																																							
Email Address																																																																									
jimreck@aol.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
Cedar Lake	1,118 acres	268 acres
County	Section	Township
St. Croix	2	31 N
Latitude	Longitude	Range
45.2023940	-92.5670594	18 <input type="radio"/> E <input checked="" type="radio"/> W
<ul style="list-style-type: none"> • Is there more than one property owner? <input checked="" type="radio"/> Yes <input type="radio"/> No • Is there surface water discharge? <input checked="" type="radio"/> Yes <input type="radio"/> No • Does the waterbody have public access? <input checked="" type="radio"/> Yes <input type="radio"/> No <p>If all are no: considered to be a private pond</p>		
Adjacent Riparian Property Owner Names (attach sheets if necessary)		
1. 31 owners on south side of lake notified via USPS		
2. (list included)		
3. _____		
4. _____		
5. _____		
6. _____		
Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate)		
Jim Reckinger		
Name of Applicator or Firm		
Northern Aquatic Services, Dale Dressel		
Street or Route		
1061 240th Street		
City	State	ZIP Code
Dresser	WI	54009
County	Phone Number (include area code)	
Polk	(715) 495-5252	
Email Address		
ddressel@centurytel.net		
Applicator Certification Number for Category 5 Aquatic Pesticide Application		
061742		
Business Location License Number (if applicable)		
NA		
Restricted Use Pesticide License Number (if applicable)		
NA		

Area(s) Proposed for Control:		Estimated Acreage	Average Depth	Calculated Volume
Treatment Length	Treatment Width			
1. _____ ft	X _____ ft	÷ 43,560 ft ² =	12.33 ac	X 5 ft = 61.65 ac-ft
2. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
3. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
4. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
5. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
6. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
7. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
8. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
9. _____ ft	X _____ ft	÷ 43,560 ft ² =	_____ ac	X _____ ft = _____ ac-ft
Estimated Acreage			Calculated Volume	
Grand Total		12.33 ac	Grand Total 61.65 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 this area within or adjacent to a sensitive area designated by the Department of Natural Resources? <input checked="" type="radio"/> Yes <input type="radio"/> No	DNR Use: NHI Review? <input type="radio"/> Yes <input type="radio"/> No Describe:
--	---

Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application

Form 3200-004 (R 02/17)

Page 2 of 4

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 acre, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres.)

_____ 13 _____ acres X \$25 per acre = \$ _____ 325 _____

If proposed treatment is ≤ 0.25 acre, acreage fee is \$0.

Enter Acreage Fee (from above) \$ _____ 325.00

Basic Permit Fee (non-refundable) \$ _____ 20.00

Total Fee Enclosed \$ _____ 345.00

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? <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
---	--

Goal of Aquatic Plant Control: <ol style="list-style-type: none"> 1. <input type="checkbox"/> Maintain navigational channel 2. <input type="checkbox"/> Maintain boat landing and carry in access 3. <input type="checkbox"/> Improve fish habitat 4. <input type="checkbox"/> Maintain swimming area 5. <input checked="" type="checkbox"/> Control of invasive exotics 6. <input type="checkbox"/> Other: _____ 	Nuisance Caused By: <ul style="list-style-type: none"> <input type="checkbox"/> Algae <input type="checkbox"/> Emergent water plants (majority of leaves and stems growing above water surface, e.g. cattails, bulrushes) <input type="checkbox"/> Floating water plants (majority of leaves floating on water surface, e.g., waterlilies, duckweed) <input checked="" type="checkbox"/> Submerged water plants (leaves and stems below water surface, flowering parts may be exposed, e.g., 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.**

Eurasian Water Milfoil

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	<u>potential for fragmentation</u>
2. Manual removal	<input checked="" type="radio"/> Yes <input type="radio"/> No	_____
3. Sediment screens/covers	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Too large an area</u>
4. Dredging	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
5. Lake drawdown	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Not feasible, potential unintended impacts</u>
6. Nutrient controls in watershed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>Already implemented in watershed</u>
7. Other: _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	<u>DASH is not practical with the EWM density in this area</u>

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:

We plan to hand pull any EWM plants found outside of the treatment area along with any that remain in the treatment area with divers. Water clarity improved with the June 2017 alum treatment. Further improvement is expected with a planned alum treatment in June 2019.

Chemical Aquatic Plant Control Application and Permit
WPDES Pesticide Pollutant Permit Application

Form 3200-004 (R 02/17)

Page 3 of 4

Section V – Chemical Control (continued)

Full Trade Name of Proposed Chemical(s)

ProcellaCor

Method of Application: Underwater 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?

In 2015 EWM frequency was reduced from 80.2% to 20.3%. Mean rake fullness decreased from 1.6/3 to 0.22/3.

In 2016 treatment was not successful under good conditions (low wind, same location)

In 2017 Tribune diquat was not successful.

In 2018 Dash Harvesting removed surface and near surface EWM, but fairly dense EWM remains.

For private ponds and wetlands please ignore next question

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

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

Whole Lake Concentration: _____ ppm

Note: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources at the following link: dnr.wi.gov/Lakes/plants/factsheets/.

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.

Signature of Applicant

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.

Chemical Aquatic Plant Control Application and Permit WPDES Pesticide Pollutant Permit Application

Form 3200-004 (R 02/17)

Page 4 of 4

Section VII – WPDES Permit Request

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

- No: Already have WPDES coverage. Yes – complete section VII with signature
 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: 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____.

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.