

| DNR USE ONLY | |
|------------------|--|
| ID Number | |
| County Code | |
| Waterbody Number | |

NOTE: Use of this form is required by the Department for any application filed pursuant to s. 144.025(2)(i), Wis. Stats., and Chapter NR 107, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form.

SECTION I, APPLICANT DATA

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.)

| | | | |
|--------------|---|--------------|--|
| HOME ADDRESS | Name Little St. Germain Lake P & R District | LAKE ADDRESS | Name Erv Stiemke |
| | Street or Route Fire Number | | Street or Route Fire Number |
| | City, State, Zip Code | | City, State, Zip Code St. Germain WI 54558 |
| | Telephone Number (include area code) Home: Business: | | Telephone Number (include area code) Home: 715-479-4946 Business: |

SECTION II, LOCATION OF AQUATIC PLANT CONTROL

| | | |
|--|--|---|
| Waterbody To Be Treated (waterbody where treatment area is located) Little St. Germain Lake | Lake Surface Area 980.00 acres | Estimated Surface Area That Is 10 Feet or Less In Depth 150.00 acres |
| County Vilas | Names of Adjacent Riparian Property Owners (use additional sheet if necessary) | |
| Town 40 N Range 8 E Section 23,24,25,26,34,35 | 1. See attached | |
| Name of Applicator or Firm Schmidt's Lndsg. & Nur. Inc. - Schmidt's Aquatic Plant Control | 2. | |
| Street or Route 320 Golf Dr. | 3. | |
| City, State, Zip Code Iola WI 54945 | Name of Lake Property Owners' Association Representative of Lake District Representative (if none, please indicate) Erv Stiemke | |
| Telephone Number (include area code) Home: Business: 715-445-3962 | | |
| Applicator Certification Number for Category 5, Aquatic Pesticide Application 029377 | DNR USE ONLY | Date Verified w/DATCP |
| Business Location License Number (if applicable) 93-007905-006214 | | Certification Expiration |
| Restricted Use Pesticide License Number (if applicable) | | Date Verified w/DATCP |
| | | Expiration Date |

Area(s) Proposed for Control (Note details in permit cover letter for final permitted sizes of treatment areas.)

| | | | | | |
|---------------------|---------------------------|--------------------|----------------------------------|---|-----|
| A. Shoreline Length | ft. x Distance From Shore | ft. + 43,560 ft. = | Estimated Acreage. Average Depth | 6 | ft. |
| B. Shoreline Length | ft. x Distance From Shore | ft. + 43,560 ft. = | Estimated Acreage. Average Depth | | ft. |
| C. Shoreline Length | ft. x Distance From Shore | ft. + 43,560 ft. = | Estimated Acreage. Average Depth | | ft. |
| D. Shoreline Length | ft. x Distance From Shore | ft. + 43,560 ft. = | Estimated Acreage. Average Depth | | ft. |
| E. Shoreline Length | ft. x Distance From Shore | ft. + 43,560 ft. = | Estimated Acreage. Average Depth | | ft. |

Total Estimated Acreage 46.4 of CLP and 23.6 of EWM See map for depths.

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, please complete and attach Form 3200-4A, Large-Scale Treatment Worksheet. Private pond treatments area exempted from this requirement.

Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources?

Yes No

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: | 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.) | |
| | <u>50.00</u> acres x \$25 per acre = | <u>\$1,250.00</u> |
| | If proposed treatment is ≤ 0.25 acre, acreage fee is \$0. | |
| | Enter Acreage Fee (from above) | <u>\$1,250.00</u> |
| | Total Fee Enclosed | <u>\$1,270.00</u> |

Please include a sketch and/or a printed map of lake indicating area and dimensions of each individual area where plant control is desired. Also show location of property owners riparian to and adjacent to the treatment area. You may use the space below to sketch a map. Attach a separate list of owners and corresponding treatment dimensions coded to the lake map, if necessary.

See attached maps/



SECTION IV, REASON FOR AQUATIC PLANT CONTROL

Purpose of Aquatic Plant Control

- 1. Reduce nuisance algae accumulation
- 2. Maintain navigational channel for common use
- 3. Maintain private access for boating
- 4. Maintain private access for fishing
- 5. Improve swimming
- 6. Control of purple loosestrife
- 7. Other: CLP and EWM Control

Nuisance Caused By

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

Name of Plants, if known

Curly-leaf pondweed and Eurasian watermilfoil

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

SECTION V, CHEMICAL CONTROL

Alternative to Chemical Control

Feasible?

If No, Why Not?

- | Alternative to Chemical Control | Feasible? | If No, Why Not? |
|-----------------------------------|---|------------------------|
| 1. Mechanical harvesting | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May spread EWM and CLP |
| 2. Hand pulling | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area too large |
| 3. Hand raking | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area too large |
| 4. Hand cutting | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area too large |
| 5. Sediment screens/covers | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area too large |
| 6. Dredging | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Cost |
| 7. Lake drawdown | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No control |
| 8. Nutrient controls in watershed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No control |
| 9. Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

NOTE: If-proposed treatment involves multiple properties, please 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:

Trade Name of Proposed Chemical(s)

Aquathol-K and Navigate 2,4-D granular

Method of Application

Spray with calibrated boom sprayer and spread granular with mechanical calibrated boom air applicator.

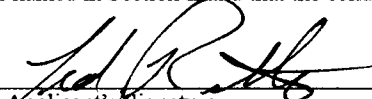
Which Chemicals or Other Control Options Have Been Tried Before On The Proposed Site, and What Were the Results?
Have been using these products in a program to control CLP and EWM. See AIS report

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

SECTION VI, APPLICANT'S RESPONSIBILITIES

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 district 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 NR107, Wis. Adm. Code. The required application fee is attached.
4. The applicant has provided a copy of the current application to any affected property owner's 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.

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.


 Applicant's Signature

09/07/10
 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.

SECTION VII, 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 _____.

| | | |
|---|--|-------------------|
| Application fee received? <input type="checkbox"/> Yes <input type="checkbox"/> No | State of Wisconsin Department of Natural Resources For the Secretary | |
| Advance notification of treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No | By _____ District 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.

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.

This notice is provided pursuant to s. 227.48(2), Wis. Stats.

NOTE: Completion of this form is required by the Department, pursuant to s. 144.025(2)(i), Wis. Stats., and Chapter NR 107, Wis. Adm. Code, once every five years for proposed treatments that would cover more than 10 acres on one lake, or more than 10 percent of that portion of the lake that is 10 feet or less in depth.

- The purpose of this form is to identify the:
- (1) Recreation needs of the property owners and visitors;
 - (2) value of the proposed treatment area to fish and wildlife;
 - (3) cause(s) of the excess plant growth problem; and
 - (4) short and long-term solutions to the problem.

Please furnish a detailed map(s) of the lake and its watershed. Indicate the watershed boundaries on the map. If you do not have a watershed Map for the lake you wish to treat, your DNR lake management coordinator can help you locate or prepare one.

SECTION I BACKGROUND

| | |
|--|----------------|
| Name of Applicant | Date Completed |
| Little St. Germain Lake P & R District | 4/6/2010 |
| Name of Lake | |
| Little St. Germain-Vilas County | |

SECTION II RECREATIONAL USES

Check those uses that apply and complete the information requested:

1. **SWIMMING:** Indicate on your lake map the portions of the proposed treatment area that are used for swimming.
What distance from shore is needed to provide adequate swimming space? _____ feet
What is the average depth at this distance? _____ feet
2. **FISHING:** Indicate on your lake map any fishing areas that are within the proposed treatment area.
3. **HUNTING:** Indicate on your lake map any hunting areas that are within or adjacent to the proposed treatment area.
4. **BOATING/NAVIGATION:** Indicate on your lake map where the following boating activities take place within the proposed treatment area:
Sailing Water skiing Fishing
Pleasure boating Jet skiing Other
5. **AESTHETIC:** Indicate on your lake map any wildlife or natural observation areas within the proposed treatment area.
Do you object to the aesthetic quality (appearance, odor) of the proposed treatment area? Yes No
6. **OTHER:** What other activities occur in the proposed treatment area?

SECTION III FISH AND WILDLIFE VALUE

1. **Fisheries:** To maintain a quality fishery, a lake must provide a good spawning, rearing and feeding habit. Please indicate on your lake map the location of any quality fisheries habitat. (Contact your local DNR fish manager or your local fishing club for information about your lake's fishery.)
2. **Wildlife:** Indicate on your lake map any portions of the proposed treatment area or adjacent shoreline that are considered to be good wildlife habitat. (Contact your local DNR wildlife manager or your local wildlife or hunting club for additional information about the wildlife around (and in) your lake.)
3. Which organization(s) or individual(s) did you contact for your information?

SECTION IV. CAUSES OF THE PROBLEM

- A. Agricultural runoff (from barnyards or croplands) that contributes sediment, nutrients and/or bacteria to the lake.
- B. Urban runoff (from stormwater) that contributes sediment, nutrients and other pollutants to the lake.
- C. Sewage treatment or industrial discharges upstream of the lake.
- D. Possible faulty septic systems in the area around the lake.
- E. Runoff from fertilized lawns near the lake.
- F. Sediments contaminated with nutrients from past pollution activities.
- G. Naturally fertile - no known human sources of excessive sediment, nutrients or other pollutants.
- H. Other:

Please identify on your watershed map the locations of any land use practices that are perceived to be contributing to excess plant growth problems in the lake.

SECTION V. SOLUTIONS

Control of aquatic plant problems can be temporarily accomplished with short-term measures, but no strategy will be successful without long-term planning to address the source of the problem. A sound plant management program should combine both short-term and long-term control strategies.

1. What level of short-term control do you wish to achieve?
 Remove 100% of the plants in the treatment area.
 Remove 10-99% of the plants in the treatment area.
 Remove less than 70% of the plants in the treatment area.
2. Which plants do you wish to remove in the short-term?
 Remove all plant species.
 Remove specific plant species only. (Name(s) of species: CLP/EWM)
3. How often will it be necessary to:
A. Chemically treat? _____ times per year for algae; 1 times per year for other plants
B. Mechanically harvest? _____ times per year
4. What long-term control alternatives have you begun to implement?
 Developed a lake plant management plan.
 Developed a lake protection plan.
 Formed a Lake District, Lake Association or other organization. (Name: Little St. Germain P & R District)
 Established a monitoring program for the lake.
 Contacted the Soil Conservation Service or Lake Conservation Commission to identify land use controls that are needed in the watershed.
 Conducted a septic survey with the county sanitarian.
 Other:

Long-term planning can provide an organized approach to solving the problems that are affecting the water quality of your lake. Your DNR lake management coordinator, county extension agent, or regional planning commission can provide specific technical information and assistance.

SECTION VI PUBLIC INVOLVEMENT

1. Before you conduct a large-scale chemical aquatic plant treatment, you are required to provide the public with formal notice of the planned treatment (s. NR 107.04(3), Wis. Adm. Code). Please attach evidence (e.g., newspaper clipping) that such notice has been made.
2. You are also required to conduct a public informational meeting on the proposed large-scale treatment if 5 or more individuals, organizations or local or special units of government request such a meeting within 5 days of the notice (s. NT 107.04(3), Wis. Adm. Code).

Was a public informational meeting required for the proposed treatment? Yes No
If yes, please attach evidence that such a meeting was held.
3. These public notice and public meeting provisions apply each year that a treatment is proposed.

NOTE: This form is to be updated once every 5 years to include new information. Modifications of the proposed treatment within the 5-year period also require re-submittal of this form if the location or target organisms are changed, or if the treatment area is expanded by more than 10 percent.

I hereby certify that the above information is true and correct and that copies of this application have been provided to the appropriate parties names in Section II of Form 3200-4, Application for Permit for Chemical Aquatic Plant Control.

Applicant's Signature

