

**Chemical Aquatic Plant Control Application and Permit
 Wisconsin Pollutant Discharge Elimination System (WPDES)
 Pesticide Pollutant Permit Application**
 Form 3200-004 (R 03/13)

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.

Home Address	Name			Lake Address	Name		
	Street Address				Street Address		
	City	State	ZIP Code		City	State	ZIP Code
Lilly Lake Protection and Rehabilitation District				P.O. Box 797			
New Munster				WI 53152			
Phone Number (include area code)				Email Address			
Primary: (262) 537-4340				Secondary: smsiegler@townwheatland.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
Lilly Lake				87 acres	acres
County	Section	Township	Range	Name of Applicator or Firm	
Kenosha	11	01 N	19	Marine Biochemists	
Latitude:	Longitude:			Street or Route	
43.56542	88.21555			N173 W21440 Northwest Passage	
Is the waterbody a private pond?				City	State
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Jackson	WI
Does the waterbody have public access?				ZIP Code	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				53037	
Adjacent Riparian Property Owner Names (attach sheets if necessary)				County	Phone Number (include area code)
1. see attached list				Washington	(262) 674-1781
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)	

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	Total Estimated Acres
A. see attached	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.	
E. _____	ft. X _____ ft. + 43,560 ft. ² = _____	_____	_____ ft.	Grand Total 24

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DNR Use: NHI Review? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
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Section V - Chemical Control (continued)

Trade Name of Proposed Chemical(s)

Aquathol-K, Navigate, DMA4-IVM, Cutrine-Plus, Tribune/Reward (diquat)

Method of Application: Gasoline powered pump (liquids), Rotary Spreaders (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?

DMA4-IVM has proven effective for controlling Eurasian Watermilfoil. Aquathol-K effective on Curlyleaf Pondweed.

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.


Signature of Applicant

2/29/2016
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.

Lilly Lake—Kenosha County
2016 Proposed Treatment Areas



Shoreline Length: 5900 ft. Width: 175 ft (Avg.*) 24 acres

*Distance from shore varies according to depth from less than 100 feet to 250 feet.

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