

Aquatic Plant Management Herbicide Treatment Record

Notice: Completion of this form is a condition of WI DNR permits and provides records required by WDNR (NR107, WPDES 5.1) and DATCP (ATCP 29.21 & 29.22). The Department may not issue you future permits unless you complete and submit this form. Personally identifiable information required on this form is not likely to be used for purposes other than that for which it is originally collected. It may also be made available to requesters under Wisconsin Open Records law (ss. 19.31—19.39 Wis. Stats.).

Submit This Form: 1) Immediately if any unusual circumstances occurred during the treatment, 2) As soon as possible, no later than 30 days after treatment, 3) By October 1 if no treatment occurred

Completion of this form along with the Permit satisfies the requirements of WDNR (NR107, WPDES 5.1) and DATCP (ATCP 29.21 & 29.22)

General Permit Information Waterbody name (including ponds, eg., Smith Pond and Address)

Treatment Information

Permit Number <i>2015-30606 Kelly Lake</i>		Treatment Date <i>5/29/15</i>	Start Time <i>11:30</i>	End Time <i>15:30</i>
County <i>Kenosha Kelly Lake P & R Dist</i>		Water Temp (F) <i>68</i>	Air Temp (F) <i>75</i>	Wind Speed & Direction <i>5-10 SSW</i>
Treatment Area Size (Acres) <i>4.9 A</i>	Average Depth (Ft.) <i>3.8'</i>	Water Volume (Acre-Ft.)	Est. Water Volume (Acre-Ft.)	On Site DNR Supervision Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Supervisor Name:

Visual Observations/Notes *Inspected all shoreline areas for Eurasian Watermillet and/or Curlyleaf Pondweed. Curlyleaf limited to public swimming / pier / launch area. Treatment interrupted twice by some heavy rain showers. Winds out of the SSW lessened ~~at the time~~ in the afternoon. No adverse conditions noted*

Water Use Restriction Signs Posted in Accordance with NR107? Yes No *1 day swimming 21 days irrigation*

Note: Applicator Shall Provide Customer free copy of pesticide label used upon request

Name of Applicator(s)	Certification #	License #	Application Business Information Marine Biochemists 6302 W. Eastwood Ct. Mequon, WI 53092 (888) 558-5106 Name of Person Completing Form <i>Brian Suffern</i> Date <i>5/29/15</i>
Paul Hinterberg <input type="checkbox"/>	89833	440931	
Jim Kannenberg <input type="checkbox"/>	28668	224269	
Tom Lloyd <input type="checkbox"/>	53869	146250	
Marc Schmitz <input type="checkbox"/>	77687	280174	
Brian Suffern <input checked="" type="checkbox"/>	1517	142402	

Pond	Product Used	E.P.A. Registration No.	Quantity Applied	Concentration (ppm) Or Rate (gal./acre) Applied
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Aquathol-K	70506-176	<i>2.0 gal</i>	<i>1.0 ppm to 0.8A/4'</i>
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Clearigate	8959-51		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Cutrine-Plus	8959-10		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	DMA4-IVM	62719-3	<i>26.5 gal</i>	<i>2 ppm to 4.9 Acres / 3.8' avg</i>
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Harpoon	8959-54		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Harvester	100-1091-8959		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Hydrothol 191	70506-175		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>				

Contract Type: Per Treatment <input type="checkbox"/> Seasonal <input type="checkbox"/>	FOR OFFICE USE ONLY	
Product/Item Code	Amount	Customer #
_____	_____	_____

Additional Instructions For Invoicing: _____
