

**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)

Permit Number <i>58201630815</i>	Waterbody Name <i>Lilly Lake</i>	Treatment Date <i>6/8/16</i>	Start Time <i>0945</i>	End Time <i>1215</i>
County <i>Kenosha Lilly Lake P &amp; R Dist</i>	Water Temp (F) <i>74</i>	Air Temp (F) <i>71°F</i>	Wind Speed & Direction <i>5 SE</i>	
Treatment Area Size (Acres) <i>5.5A/4.5'</i>	Avg. Depth (Ft.)	Water Volume	DO ppm	On Site DNR Supervision Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Visual Observations/Notes <i>Inspected and treated all areas permitted, as necessary for Milfoil control. Treated Curlyleaf Pondweed and Elodea directly surrounding fishing pier. Posted all properties within/adjacent to treatment areas. No Adverse Conditions noted</i>				
Water Use Restriction Signs Posted in Accordance with NR107? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>1 day swimming, 21 days irrigation</i>				

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

Name of Applicator(s)	Certification #	License #	Application Business Information
Paul Hinterberg <input type="checkbox"/>	89833	440931	Marine Biochemists N173 W21440 Northwest Passage Jackson, WI 53037 262-674-1781
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	
<input type="checkbox"/>			
Name of Person Completing Form <i>Brian Suffern</i>			Name of Person Completing Form Date <i>6/8/16</i>

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>.4 gal</i>	<i>15ppm to .1A/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"/>	Copper Sulfate	46923-4		
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>34.5 gal</i>	<i>2ppm to 5.5A/4.5'</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"/>	Hydrothol 191	70506-175		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Phycomycin SCP	68660-9-8959		
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	Tribune	100-1390	<i>.15 gal</i>	<i>1.5 gal/acre to 0.1 <del>700</del> <sup>acres</sup></i>
A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>				

Contract Type:  Per Treatment  Seasonal

**FOR OFFICE USE ONLY**

Product/Item Code	Amount	Customer #
_____	_____	_____

Additional Instructions For Invoicing: *~~700~~*