

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

This Application has been Signed and Submitted by: i:0#.f|wamsmembership|hdharveyiii signed on 2022-06-21T10:33:44

Site or Project Name: Chute Pond 2022 - Treatment Report

The permit application will be saved automatically with this name

Activity: Chemical Treatment Record

Lookup Treatment Record Information

Permit ID #: NE-2022-43-12624

Permit Name: Chute Pond

Waterbody Name: Chute Pond

Permit Holder Name: Floyd Schmidt

Chemical Treatment Completed : Yes No

Permit Import Successful – Please Proceed to Treatment Tab

Enter previous years permit information below to import Contact Information (Optional)

3200-111 Chemical Control Treatment Record

- Complete form.
- Attach map with treated area(s) and dimension(s), if necessary.
- Attach file with additional sites if necessary
- Sign and submit form.

Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (R4/20)

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Notice: Completion of this form is a condition of the permit and provides records required by WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22). The Department may not issue you future permits unless you complete and submit this form. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Submit this form: (1) immediately if any unusual circumstances occurred during treatment
(2) as soon after treatment as possible, no later than 30 days
(3) by October 1 if no treatment occurred

Completion of this form along with the permit satisfies the requirements of WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22).

Permit Number NE-2022-43-12624	Water body Name (including ponds, e.g., Smith Pond) Chute Pond		
County Oconto	Permit Holder Name (Customer Name) Floyd Schmidt		
Permit Holder Address P O Box 184	City Mountain	State WI	Zip Code 54149

Treatment Information

Treatment Date(mm/dd/yyyy) 6/21/2022	Starting Time (24:00 hour) 04:30	Ending Time (24:00 hour) 07:38	Water Temp 75	<input type="checkbox"/> C <input checked="" type="checkbox"/> F	Ambient Air Temp 70	<input type="checkbox"/> C <input checked="" type="checkbox"/> F
Wind Speed (mph) 2-4	Wind Direction South West	Expected Duration of Chemical Residuals 3 Days				

Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)
None

If adverse conditions noted, indicate corrective actions taken
N/A

Comments
Winds were West to Southwest.

Onsite Supervision by DATCP and/or DNR Staff <input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, Supervisor Name : N/A
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Mixing and Loading Site Location (if other than business site or from prepackaged retail container or applied with equipment with a total capacity of not more than 5 gallons liquid or 50 pounds dry)
Chemical came in pre-packaged containers

Water User Restriction
 No Restrictions Consuming Fish Pet/Livestock Water Irrigation (Crop)
 Swimming Drinking Water Irrigation Other:

Herbicide Treatment and Water Use Restrictions Signs Posted In Accordance With NR 107 and ATCP 29.22?

Applicator shall provide each customer with a free copy of each pesticide label used (if requested)

Applicator Information

Individual or Business Name Schmidt's Aquatic, LLC	Telephone xxx-xxx-xxxx 920-980-9190 x			
Street Address 7470 Sherman Rd				
City Bancroft	State WI	ZIP Code 54921		
Individuals Making or Supervising Pesticide Application	Last Name Harvey	First Hamilton	Certification # 93-022613-019190	License # 977

Hamilton Harvey

Date: 6/21/2022

Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (R4/20)

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Site No	Property Name	Address / Fire No	Treated acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
A-22			6.30	6.30	<input type="checkbox"/>	45.1278	-88.4468

Herbicide Name	EPA Reg. No.	Amount Applied	Units	Application Concentration Rate (mg/l = ppm)
ProcellaCOR EC	67690-80	143	PDU	3.5 PDU's per ac/ft

Other (not listed above) Other:

Site No	Property Name	Address / Fire No	Treated acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
B-22			6.10	6.10	<input type="checkbox"/>	45.1278	-88.4468

Herbicide Name	EPA Reg. No.	Amount Applied	Units	Application Concentration Rate (mg/l = ppm)
ProcellaCOR EC	67690-80	128	PDU	3.5 PDU's per ac/ft

Other (not listed above) Other:

Site No	Property Name	Address / Fire No	Treated acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
C-22			10.40	10.40	<input type="checkbox"/>	45.1278	-88.4468

Herbicide Name	EPA Reg. No.	Amount Applied	Units	Application Concentration Rate (mg/l = ppm)
ProcellaCOR EC	67690-80	338	PDU	5.0 PDU's per ac/ft

Other (not listed above) Other:

TS	SP	Site(s)	TS	SP	Site(s)	TS	SP	Site(s)
<input type="checkbox"/>	<input type="checkbox"/>	Cattail	<input type="checkbox"/>	<input type="checkbox"/>	Flat-Stem Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Richardson Pondweed
<input type="checkbox"/>	<input type="checkbox"/>	Chara	<input type="checkbox"/>	<input type="checkbox"/>	Floating-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Robbins Pondweed
<input type="checkbox"/>	<input type="checkbox"/>	Coontail	<input type="checkbox"/>	<input type="checkbox"/>	Illinois Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Sago Pondweed
<input type="checkbox"/>	<input type="checkbox"/>	Curly-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Large-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Watershield
<input type="checkbox"/>	<input type="checkbox"/>	Duckweed	<input type="checkbox"/>	<input type="checkbox"/>	Northern Milfoil	<input type="checkbox"/>	<input type="checkbox"/>	White Water Lily
<input type="checkbox"/>	<input type="checkbox"/>	Elodea	<input type="checkbox"/>	<input type="checkbox"/>	Phragmites	<input type="checkbox"/>	<input type="checkbox"/>	Wild Celery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eurasion /hybrid Milfoil	<input type="checkbox"/>	<input type="checkbox"/>	Planktonic Algae	<input type="checkbox"/>	<input type="checkbox"/>	White-Stem Pondweed
<input type="checkbox"/>	<input type="checkbox"/>	Filamentous Algae	<input type="checkbox"/>	<input type="checkbox"/>	Purple Loosestrife			

Other Plants (not listed above)

TP	SP	Name	Site(s)
<input type="checkbox"/>	<input type="checkbox"/>		

Required Attachments and Supplemental Information

Upload Required Attachments (15 MB per file limit) - [Help reduce file size and trouble shoot file uploads](#)

* indicates completion of this item is required

Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file ' link. To remove additional items, select the item and press CNTRL Delete.

Site Map

 File Attachment

[ChutePond_T2022_Perm.pdf](#)

Treatment Plan

 File Attachment

Fee Calculation

Chemical Treatment Record

No additional payment required for submitting treatment records.

Sign and Submit

Applicant Responsibilities and Certification

I certify that I have completed the Chemical Treatment Record as required by WDNR (NR107) and DATCP (ATCP 29.21 and 29.22).

Steps to Complete the signature process

IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).

1. Read and Accept the Responsibilities and Certification
2. Press the Initiate Signature Process button
3. Open the confirmation email for a one time confirmation code and instructions to complete the signature process.

You will receive a final acknowledgement email upon completing these steps .

Check if you are signing as Agent for Applicant.

i:0#.f|wamsmembership|hdharveyiii signed on 202.

I hereby certify that the above information is true and correct and that copies of this submittal shall be provided to the appropriate parties named in the contact section and that the conditions of the permit and pesticide use will be adhered to.