

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 **WDNR (NR107, WPDES 5.1) and DATCP (ATCP 29.21 &**

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

Treatment Information

Permit Number <i>Sheboygan</i>	Waterbody Name <i>Elkhart Lake</i>	Treatment Date <i>6/24/15</i>	Start Time <i>1630</i>	End Time <i>1830</i>
County <i>Sheboygan</i>	<i>Elkhart Lake Improvement Assoc</i>	Water Temp (F) <i>72</i>	Air Temp (F)	Wind Speed & Direction
Treatment Area Size (Acres) <i>1.7A</i>	Average Depth (Ft.) <i>5</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 *Treated all or portions of Area #s 3 (all) and 5 (portion) on permit map. Water clarity is incredible. Found one bed of Milfoil in Boat launch Bay 12 acre in size. Did not treat as it is at least 6-7 feet below surface. May treat in*

Water Use Restriction Signs Posted in Accordance with NR107? Yes No *Fall 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
Paul Hinterberg <input type="checkbox"/>	89833	440931	Marine Biochemists 6302 W. Eastwood Ct. Mequon, WI 53092 (888) 558-5106 Name of Person Completing Form <i>Brian Suffern</i> Date <i>6/24/15</i>
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"/>			

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>3.6 gal</i>	<i>1 ppm to 1.2A/5'</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>12.0 gal</i>	<i>2 ppm to 1.7A/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"/>	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"/> Product/Item Code _____ Amount _____ Customer # _____	FOR OFFICE USE ONLY
Additional Instructions For Invoicing: _____ _____	