State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
810 W. Maple Street
Spooner WI 54801

Tony Evers, Governor
Preston D. Cole, Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711

January 28, 2020

Sharon Duneman
Upper Turtle Lake Association
1474 Autumn Sage Ct. SW
Rochester, MN 55902

Permit # NO-2020-03-5712

Dear Ms. Dunemann:

Enclosed you will find your approved Aquatic Plant Management permit for chemical treatment on Upper Turtle Lake in Barron County. Your application has been approved for the area described and may not be expanded. Details of the approved treatment area are as follows:

Township 34N Range 14W Sec. 16

Specific Project Description (as shown on application form).

1. Early season CLP control covering a maximum of 74.08 acres may be treated using Aquathol K (Endothall) and performed while water temperatures are averaging less than 60 degrees F. Treatment after May 31 will be allowed only if it can be shown that CLP is still in an early growth form and not forming significant numbers of turions, and if native plants are not yet actively growing.
2. Treatment is to occur after tribal spearing has concluded on Upper Turtle Lake. We will keep the lake group up to date on the progress moving forward.
3. Disturbance of wild rice is prohibited.
4. Treatments to be scheduled to avoid inclement weather and winds that would hinder efficacy.
5. All requirements for notification according to NR 107.07 (3) must be satisfied prior to treatment.
6. All riparian residents within 150 feet of a treated areas must be properly notified per NR107.04(4).

Please note these selected permit conditions (refer to Section NR 107.07 and 107.08 for complete details):

1. Four-day advance notification of treatment is required unless exempted in Section VII of the application.

2. Treatment sites must be posted a minimum of one day or as specified in the use restrictions on the chemical label.

3. The Aquatic Plant Treatment Record must be submitted within 30 days after treatment or by October 1 if no treatment occurs.

4. All equipment used for the project shall be de-contaminated following the most current protocols for invasive and exotic viruses and species prior to use and after use.

Thank you for complying with the provisions of Wis. Adm. Code NR 107 concerning the use of aquatic pesticides for plant management. Feel free to contact Tyler Mesalk at the Spooner Service Center at 715-635-4227 for further information.

Sincerely,

Tyler Mesalk
Water Resource Specialist
WDNR
Spooner, WI

State of Wisconsin DNR
DNR Department of Natural Resources
Water Permit Central Intake – attn. APM
PO Box 7185
Madison, WI 53707-7185

Chemical Aquatic Plant Control Application and Permit
Wisconsin Pollutant Discharge Elimination System (WPDES)
Pesticide Pollutant Permit Application

Form 3200-004 (R 02/17)

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: NO-2020-03-5712	Permit Expiration Date: 12/31/2020
Waterbody #: 2079800	Fee Received: $1270

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: Sharon Duneman
Street Address: 1474 Autum Sage Ct. SW
City: Rochester | State: MN | Zip: 55902

Waterbody Address

Name: Sharon Duneman
Street Address: 1421 3rd Street
City: Turtle Lake | State: WI | Zip: 54889

Phone Number (include area code)
Primary: 507-261-9772 x Secondary:

Email Address: sduneman@charter.net

Section II – Aquatic Plant Control Location

Water body to be Treated (water body where treatment area is located): Upper Turtle Lake

Lake Surface Area: 427.00 acres

Estimated Surface Area that is 10 Feet or Less in Depth: 115.0 acres

County: Barron | Section: 16 | Township: 34 | Range: 14 ○ E ◉ W

Name of Applicator or Firm: Northern Aquatic Services (expected)

Latitude: 45.42423 | Longitude: -92.098036

Street or Route: 1061 240th St

City: Dresser | State: WI | Zip: 54009

Is there more than one property owner? ◉ Yes ○ No
Is there surface water discharge? ◉ Yes ○ No
Does the water body have public access? ◉ Yes ○ No
If all are no the it is considered to be a private pond

Adjacent Riparian Owner Names
1. Type Name Here

County: Polk | Phone Number (include area code): 715-495-5252 x

Email Address: ddressel@centurytel.net

Applicator Certification Number for Category 5 Aquatic Pesticide Application: 061742

Business Location License Number (if applicable):

Name of Lake Property Owners' Association Representative or Lake District Representative (if none, please indicate): Sharon Dunemann

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		Calculated Volume	
3,341	ft. x	500	ft. ÷ 43,560 ft.² =		38.35	ac	7	ft =	268.45	ac-ft
575	ft. x	500	ft. ÷ 43,560 ft.² =		6.60	ac	6	ft =	39.60	ac-ft
305	ft. x	500	ft. ÷ 43,560 ft.² =		3.50	ac	6	ft =	21.01	ac-ft
1,007	ft. x	500	ft. ÷ 43,560 ft.² =		11.56	ac	6	ft =	69.35	ac-ft
289	ft. x	500	ft. ÷ 43,560 ft.² =		3.32	ac	6	ft =	19.90	ac-ft
525	ft. x	500	ft. ÷ 43,560 ft.² =		6.03	ac	6	ft =	36.16	ac-ft
412	ft. x	500	ft. ÷ 43,560 ft.² =		4.73	ac	6	ft =	28.37	ac-ft
				Estimated Acreage	74.08	ac		Calculated Volume	482.84	ac-ft

Grand Total	Grand Total

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 the area with in or adjacent to a sensitive area designated by the Department of Natural Resources. ◉ Yes ○ No	**DNR Use:** NHI Review? ☒ Yes ☐ No Describe:

Section III - Fees

1. s. NR 107.11(1), Wis. Adm. Code, lists the conditions under which the permit fee is limited to the $20 minimum charge.
2. s. NR 107.11(4), Wis. Adm. Code, lists the uses that are exempt from permit requirements.
3. s. NR 107.04(2), Wis. Adm. Code, provides for a refund of acreage fees if the permit is denied or if no treatment occurs.
4. Fee calculations: If Proposed treatment is over 0.25, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres)

74.08 acres X $25 per acre = $ $1,250.00

If proposed treatment is less than 0.25 acre, acreage fee is $0

Acreage Fee (from above)	$ 1,250.00
Basic Permit Fee (non-refundable)	$ 20.00
Total Fee Enclosed	$ 1,270.00

Site Map: Attach a sketch or a printed map of lake indicating area and dimensions of each individual area where plant control is desired and flow of surface water outside treatment area. Also show location of property owners riparian to and adjacent to the treatment area. Attach a separate list of owners and corresponding treatment dimension coded to the lake map, if necessary.

Section IV - Reasons for Aquatic Plant Control

Is this permit being requested in accordance with an approved Aquatic Plant Management Plan? ◉ Yes ○ No

Treatment Type
◉ Lake ○ Pond ○ Wetland ○ Marina ○ Other

Goal of Aquatic Plant Control:
- ☐ Maintain navigation channel
- ☐ Maintain boat landing and carry in access
- ☐ Improve fish habitat
- ☐ Maintain swimming area
- ☑ Control of invasive exotics
- ☐ Other

Nuisance Caused By:
- ☐ Algae
- ☐ Emergent water plants (majority of leaves & stems growing above water surface, e.g. cattail, bulrushes)
- ☐ Floating water plants (majority of leaves floating on water surface, e.g., water lilies, duckweed)
- ☑ Submerged water plants (leaves & stems below surface, flowering parts may be exposed: milfoil, coontail)
- ☐ Other

List Target Plants

Note: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.

Curly-leaf pondweed

Section V - Chemical Control

Alternatives to Chemical Control:	Feasible?	If No, Why Not?
1. Mechanical harvesting	◉ Yes ○ No	would likely require multiple harvesters and is very expensive
2. Manual removal	○ Yes ◉ No	too much CLP to effectively hand-pull
5. Sediment screens/covers	○ Yes ◉ No	not appropriate for CLP
6. Dredging	○ Yes ◉ No	not appropriate
7. Lake drawdown	○ Yes ◉ No	no outlet structure
8. Nutrient controls in watershed	◉ Yes ○ No	already being done
9. Other:	○ Yes ◉ No	none

Note: If proposed treatment involves multiple properties, consider feasibility of EACH alternative for EACH property owner.

If you checked yes to any of the alternatives listed above, please explain your decision to use chemical controls:

Currently the Upper Turtle Lake District does not own harvesting equipment. Contracted large-scale harvesting is very expensive with limited availability in the area.

Trade Name of Proposed Chemical(s)
Aquathol K

Method of Application: Injection
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?
A similar treatment was completed in 2019 with very good results, with nearly 100% reduction in CLP post-treatment

For private ponds and wetlands please ignore the next question
Is the treatment area greater than 5% of surface area? ◉ Yes ○ No
If yes, calculate whole lake concentration (in ppm). Refer to DNR Lake pages http://dnr.wi.gov/lakes to answer the following:

Does the lake stratify? ◉ Yes ○ No
If yes, calculate whole lake concentration using volume above thermocline.
If no, calculate whole lake concentration using total lake value
Whole Lake Concentration .000205 ppm

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.

5 Conditions related to invasive species movement. The applicant and operator agree to the following methods required under s.NR 109.05(2), Wis. Adm. Code for controlling, transporting and disposing of aquatic plants and animals, and moving water:

- Aquatic plants and animals shall be removed and water drained from all equipment as required by s.30.07, Wis. Stats., and ss. NR 19.055 and 40.07, Wis. Adm. Code.
- Operator shall comply with the most recent Department-approved 'Boat, Gear, and Equipment Decontamination and Disinfection Protocol', Manual Code #9183.1, available at http://dnr.wi.gov/topic/invasives/disinfection.html

☑ Check if you are signing as Agent for Applicant.
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.

All portions of this permit, map and accompanying cover letter must be in possession of the chemical applicator at the time of treatment. During treatment all provisions of Chapter NR 107 107.07 and NR 107.08, Wis. Adm. Code, must be complied with, as well as the specific conditions contained in the permit cover letter.

Section VII - WPDES Permit Request

Is WPDES coverage being requested? Refer to http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html for more information.

- ◉ No
  - ○ Already have WPDES
  - ◉ WPDES coverage not needed
- ○ Yes - complete section VII with signature.

Select which permit you are requesting:
- ○ WI-0064556-1 Aquatic Plants, Algae & Bacteria
- ○ WI-0064564-1 Aquatic Animals
- ○ WI-0064581-1 Mosquitoes & other Flying Insects

Indicate WPDES permittee responsible for the pollutant discharge: ○ Applicator ○ Sponsor

Do you expect the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed? ○ Yes ◉ No

If yes, identify the pollutant(s):

Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area? ○ Yes ○ No

Type of WPDES coverage being requested: ○ One Treatment Site ○ Statewide Coverage

For informational purposes, select areas of WI for most of your aquatic treatments: ☐ NE ☐ NW ☐ SW ☐ SE

Is WPDES coverage being requested for more than 1 year? ○ Yes ○ No

If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted

Section VIII – Permit to Carry Out Chemical Treatment (Leave Blank – DNR Use Only)

The foregoing application is approved. Permission is hereby granted to the applicant to chemically treat the waters described in the application during the season of 20____.

Application fee received?

(●) Yes ( ) No

Advance notification of treatment required?

(●) Yes ( ) No

State of Wisconsin
Department of Natural Resources
For the Secretary

By Tyler Mesalk
Regional Director or Designee

1/28/2020
Date Signed

1/29/2020
Date Mailed

Please Note:

If you believe that you have a right to challenge this decision, you should know that Wisconsin statutes and administrative rules establish time periods within which requests to review Department decisions must be filed.

For judicial review of a decision pursuant to ss. 227.52 and 227.53, Wis. Stats., you have 30 days after the decision is mailed or otherwise served by the Department, to file your petition with the appropriate circuit court and serve the petition on the Department. Such a petition for judicial review shall name the Department of Natural Resources as the respondent.

This notice is provided pursuant to s. 227.48(2), Wis. Stats.

To request a contested case hearing pursuant to s. 227.42, Wis. Stats., you have 30 days after the decision is mailed, or otherwise served by the Department, to serve a petition for hearing on the Secretary of the Department of Natural Resources. The filing of a request for a contested case hearing is not a prerequisite for judicial review and does not extend the 30-day period for filing a petition for judicial review.

Attachments and Checklists

Main Permit Application

Chemical Aquatic Plant Control Application (3200-004) :

Page 1 Completion Status: Complete

Page 2 Completion Status: Complete

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.

Riparian Owners	File Attachment	MailingLabels20201-14-20.pdf
Public Notice	File Attachment	2020NoticeforPaperforUpperTurtleLake.pdf
Large Scale Worksheet	File Attachment	UpperTurtleLake-2020LargescaleTreatmentWorksheet.pdf

Site Map	File Attachment	2020UpperTurtleLakeCLPChemicalTreatmentAreas.pdf
Site Map	File Attachment	2020UpperTurtleHerbicideDetails-01-16-2020.pdf

Errors:

Online Payment

Wisconsin Department of Natural Resources Invoice Number: WP-00021141

Total Due: $1,270.00

Payment Confirmation # WS2WT3004265077

STEP 1:

Payment is Complete

Confirmation Number: WS2WT3004265077

STEP 2 :

Please note that payment is considered successful when your financial institution renders payment for this transaction. Failure of US Bank to collect and transfer funds from the permit applicant to the DNR, does not release the applicant of financial responsibility and the DNR reserves the right to collect unpaid fees.

All payments are collected by US Bank which is an external website contracted by the Wisconsin Department of Natural Resources for the sole purpose of collecting payments over the web.

Sign and Submit Permit

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. The advance notification may be specified in your permit.
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.

5. Conditions related to invasive species movement. The applicant and operator agree to the following methods required under s. NR 109.05(2), Wis. Adm. Code for controlling, transporting and disposing of aquatic plants and animals, and moving water:
    - Aquatic plants and animals shall be removed and water drained from all equipment as required by s. 30.07, Wis. Stats., and ss. NR 19.055 and 40.07, Wis. Adm. Code.
    - Operator shall comply with the most recent Department-approved 'Boat, Gear, and Equipment Decontamination and Disinfection Protocol', Manual Code # 9183.1, available at http://dnr.wi.gov/topic/invasives/disinfection.html

I hereby certify that the above information is true and correct and that copies of the application have been provided to the appropriate parties name in Section II and that the conditions of the permit will be adhered to. All portions of this permit, map and accompanying cover letter must be in possession of the applicant or their agent at time of plant removal. During plant removal activities, all provisions of applicable Wisconsin Administrative Rules must be complied with, as well as the specific conditions contained in the permit cover letter.

☑ Check if you are signing as Agent for Applicant.

i:0#.f|wamsmembership|blumedl signed on 2020-01-16T...

☑ 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.