

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).

General Permit Information				
Permit Number <i>NO-2016-66-283</i>	Waterbody Name (including ponds, e.g., Smith Pond) <i>Minong Flowage</i>			
County <i>Washington/Douglas</i>	Permit Holder Name (Customer Name) <i>Minong Flowage Association</i>			
Permit Holder Address	City	State	ZIP Code	

Treatment Information				
Treatment Date (mm/dd/yyyy) <i>05/16/2016</i>	Starting Time (24 hr) <i>0900</i>	Ending Time (24 hr) <i>1130</i>	Water Temp (°C) <i>51</i>	Ambient Air Temp (°C) <i>48-60</i>
Wind Speed (mph) <i>2-7</i>	Wind Direction <i>WNW</i>	Expected Duration of Chemical Residuals <i>24 hrs</i>		
Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)				

If adverse conditions noted, indicate corrective actions taken

Onsite Supervision Present? <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, Supervisor Name <i>Sundeen, Steve Johnson</i>
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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)

site

Herbicide Treatment and Water Use Restrictions Signs Posted In Accordance With NR 107? Yes No

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

Applicator Information				
Individual or Business Name <i>Northern Aquatic Services</i>			Telephone Number <i>715 495 5252</i>	
Street Address <i>1061 240th St</i>				
City <i>Dresser</i>		State <i>WI</i>	ZIP Code <i>54009</i>	
Individuals Making Pesticide Application:	Last Name <i>DRESSE!</i>	First <i>DALE</i>	Certification # <i>061742</i>	
	Last Name	First	Certification #	
	Last Name	First	Certification #	
Name of Person Completing Form <i>DALE</i>	Signature <i>Daley</i>	Date Signed <i>5/16/2016</i>	DNR Use Only Date Received	