

**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 <b>ND-2016-49-670</b>	Waterbody Name (including ponds, e.g., Smith Pond) <b>Long Trade LAKE</b>		
County <b>Burnett</b>	Permit Holder Name (Customer Name) <b>RTLIA</b>		
Permit Holder Address <b>2870 218<sup>th</sup> St</b>	City <b>Cushing</b>	State <b>WI</b>	ZIP Code <b>54006</b>

**Treatment Information**

Treatment Date (mm/dd/yyyy) <b>5/19/2016</b>	Starting Time (24 hr) <b>0730</b>	Ending Time (24 hr) <b>1030</b>	Water Temp (°C) <b>58</b>	Ambient Air Temp (°C) <b>60</b>
Wind Speed (mph) <b>0-3</b>	Wind Direction <b>S</b>	Expected Duration of Chemical Residuals <b>24 hrs</b>		

Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)

**fish spawning**

If adverse conditions noted, indicate corrective actions taken

Onsite Supervision Present?  Yes  No If Yes, Supervisor Name

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 <b>Northern Aquatic Services</b>	Telephone Number <b>715 495 5252</b>		
Street Address <b>1061 240<sup>th</sup> St</b>	City <b>Dresser</b>	State <b>WI</b>	ZIP Code <b>54009</b>
Individuals Making Pesticide Application:	Last Name <b>DRESSE</b>	First <b>Dale</b>	Certification # <b>061742</b>
	Last Name	First	Certification #
	Last Name	First	Certification #
Name of Person Completing Form <b>Dale</b>	Signature <i>Dale</i>	Date Signed <b>5/19</b>	DNR Use Only Date Received