

APM ePermitting Guidebook

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Quick Guide Outline for Aquatic Plant Management (APM) Permit Applications

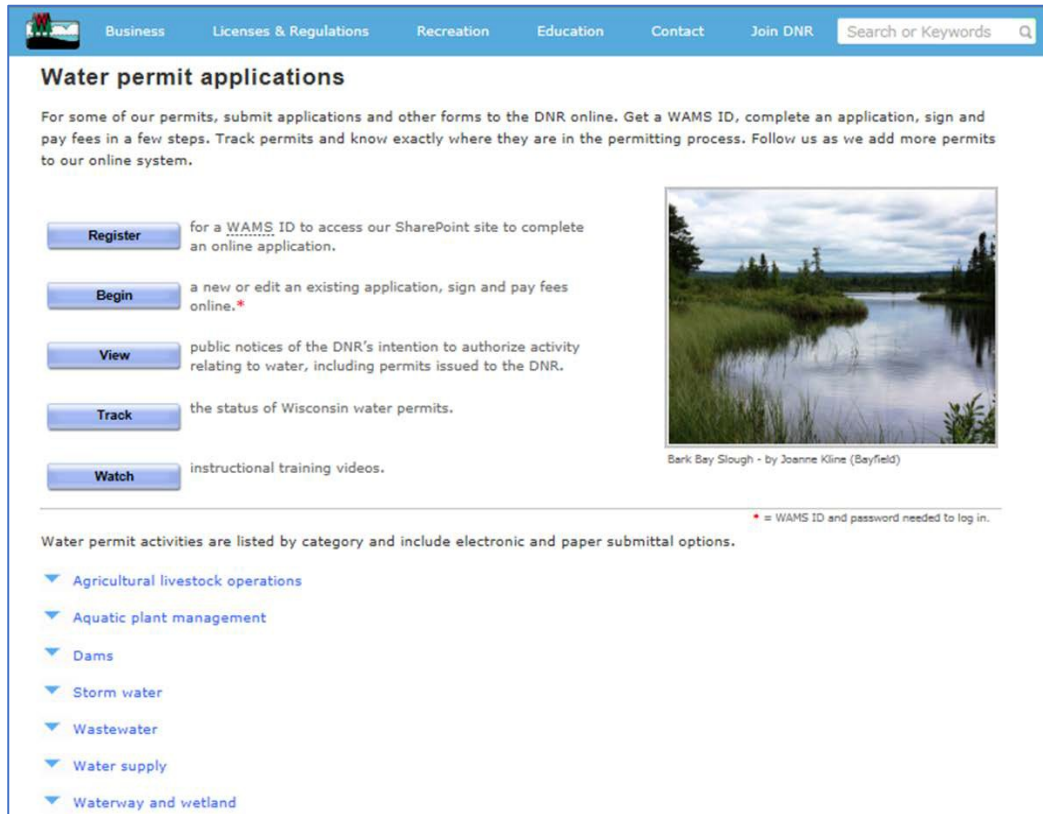
Below are the steps to complete and submit an Aquatic Plant Management permit using the ePermitting system. More details, including screen shots are included starting on page 2.

Need Assistance?	<p>Permit questions: Please call (608) 438-9919 or email DNRAPMProgram@wi.gov</p> <p>Technical support: ASK FOR HELP link on your Welcome page in the ePermitting System for technical user support</p>
Website Information	Go to the Water Portal web Page , either type in “Water Permits” in the search bar on the DNR home page, or go to dnr.wi.gov/permits/water .
WAMS ID & Logging in to the ePermitting System	<ul style="list-style-type: none"> Choose Register for a WAMS ID, <i>unless you already have a WAMS ID</i>. Return to the Water Portal webpage, choose Begin to log into the ePermitting system. Login using your WAMS ID and password You will be redirected to the “My Permit Applications” webpage. Here you can either start a new permit or edit an existing application. <ul style="list-style-type: none"> Start new application: choose Aquatic Plant Management from the list of Permit Categories along the left and move on to the Permit Application Section. Resume editing an existing application: choose the project name under either Items Awaiting Completion or Completed Items Awaiting Signature Confirmation.
Permit Application	<ul style="list-style-type: none"> Enter a project name and select your project activity. Select either Chemical Control Application or Mechanical Control Application to start a new permit application. Select Chemical Treatment Record if you already have an approved permit and are submitting a treatment record. Using the Application, Attachments, Payment, and Sign & Submit buttons, navigate through the application process. These buttons appear just above the Project Name box. Once the Application and required Attachments are completed, select Payment.
Payment Completion	<ul style="list-style-type: none"> Choose Complete Payment at US Bank button. Payment is done through US Bank and we accept credit card, e-check, or debit card: When payment has been submitted to US Bank, US Bank will email a confirmation code to the email address provided in your payment information. Copy the confirmation code provided in the email from US Bank and paste it into the area on the Payment screen.
Sign and Submit the Application	<ul style="list-style-type: none"> Choose the Sign and Submit button. Read the Terms and Conditions and select the check box next to the signature area. This will fill in a digital signature using your WAMS ID information. Choose the Sign and Submit to DNR button to submit the permit application to DNR.
After Submitting the Application	<p>A confirmation email is sent to the email address provided in the WAMS ID, acknowledging the application has successfully been submitted to the DNR.</p> <p>The <i>DNR has 5 business days for our Intake staff to review the permit application for completeness before assigning to a DNR employee.</i> After the initial 5 day Intake review you may track the status of permit applications at:</p> <p>https://permits.dnr.wi.gov/water/SitePages/Permit%20Search.aspx</p>

Getting Started with the ePermitting System

1. Below are links to the Water Portal Page, program webpages and how to start the ePermits for the Water programs. a. To get to the Water Permit Water Portal Page either:
 - i. Go to dnr.wi.gov and type in "Water Permit" into the search bar
 - ii. Go to dnr.wi.gov/permits/water/

At this page you can: **REGISTER** for a WAMS ID, **BEGIN** a new or edit an existing application, **VIEW** public notices of the DNR's intention to authorize activity relating to water, including permits issued to the DNR, **TRACK** the status of Wisconsin's water permits, and **WATCH** instructional training videos.



Towards the bottom of the webpage there are areas with links for the different permitting programs that can be used to navigate to the program webpages to learn more about the requirements for the various permit programs and does not expire. To view the links, click on the triangle to the left of the permitting program name.

2. A WAMS ID is required for applying for permits using the ePermitting System, but it is not required to view Public Notices, or Track the status of water permits. The WAMS ID is a secure login for all State of Wisconsin programs. Choose **REGISTER** to get a WAMS ID. Then navigate back to the **Water Portal Page** to start a new permit application or work on an existing one.
3. Choose **BEGIN** to log into the ePermitting system so that you can either start a new permit application or resume editing an existing one.

4. Login using your WAMS ID by clicking the **Public Access (WAMS ID Required) – Apply for WDNR Water Permit Applications** and filling in your WAMS ID and password

Public Access Login - WAMS ID Required

User name

Password

☐ Remember me next time.

Log In

[How do I create a WAMS ID?](#)
[How do I activate my WAMS ID?](#)
[How do I change my WAMS password, email address or secret question/answer?](#)
[I forgot my WAMS ID or password](#)

5. Then you will be redirected to the **My Permit Applications** webpage. Here you can either start a new application or continue editing an existing application.
- To start new application: click **Aquatic Plant Management** from the list of Permit Categories along the left and move on to Step 6.
 - The existing permit applications will be listed under 3 categories. These categories are: **Step 1: Draft Permit Applications, Step 2: Signature Confirmation Needed, and Items Submitted to the DNR.**
 - To open an existing permit application and resume editing it, click the link under the Project Name heading under either **Step 1: Draft Permit Applications** or **Step 2: Signature Confirmation Needed.**
 - Items Submitted to the DNR** is where applications that have been submitted to DNR will appear.

Welcome to the Wisconsin DNR Water Permits Site!

- Select a permit category from the left side menu.
- Save permit application drafts for editing. Items not modified within 90 days are automatically deleted.
- Receive acknowledgement of receipt when successfully submitted to the DNR.
- Track the status of a permit by selecting Submitted Applications from the left side menu.

Large format documents: If you plan to submit an application in hard copy with documents that are larger than 11x17, please also submit a copy of the document in electronic format on digital media, such as a CD.

My Permit Applications

Step 1: Draft Permit Applications

ACTION REQUIRED: Review, edit and/or share draft permit for signature. [Instructions for a landowner and authorized representative to share a draft permit.](#)

Project Name	Applicant Full Name	Reference Number	Share Application?	Submitted
Test		PG0133 Test	Assign Role	June 13
Test		PG2744 Test	Assign Role	April 18
Test		PG1312 Test	Assign Role	May 24
Test		PG519 Test	Assign Role	June 1
Test		PG717 Test	Assign Role	June 1
Test		PG1255 Test	Assign Role	April 13
Test		PG2205 Test	Assign Role	April 4
Test		PG058 Test	Assign Role	April 20
Test		SG5030 Test	Assign Role	April 14

Step 2: Signature Confirmation Needed

ACTION REQUIRED: Check WAMS email account for email instructions to complete this process. Note: if no email was received, see [Instructions for resending the signature confirmation email.](#)

Project Name	Applicant Full Name	Reference Number	Date	Confirmation sent to?
There are no documents in this view.				

Permit Applications Submitted to the DNR

Note: Agents will see all signed applications they shared.

Project Name	Applicant Full Name	Reference Number	Signed By
Center Street Reconstruction	Cameron Clapper	SW GP SE 2015 65 X11 05T08 28 04	alex.ferman@dnr.wisconsin.gov
2015 LCC Chemical Aquatic Plant Control Permit	Jack Tripp	AP-IP WC 2015 32 X01 30T10 05 54	Kelsey.Brown@wisconsin.gov

Chemical Permit Application for Non-Private Sites (3200-004)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

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

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:	<input type="text"/>
<small>The permit application will be saved automatically with this name</small>	
Activity	<input type="text" value="Select Activity....."/>

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated.

Activity:

Select *Chemical Control Application*.

The permit is now saved under your drafts and the following screen will appear:

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

Home
Contacts
Site
Application
Attachments
Payment
Signature

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

Activity

Eligibility:
(All questions must be no for it to be considered a private pond.)

Example Lake

The permit application will be saved automatically with this name

Chemical Control Application

Is there more than one property owner? ☒ Yes ☐ No

Will there be uncontrolled surface water discharge? ☒ Yes ☐ No

Does the water body have public access? ☒ Yes ☐ No

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

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

Permit ID #:

NE-2020-12-3456

Business Certification Number:

93-123456-789123

[How to locate last years permit](#)

Import Permit

Eligibility:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding.

Note: If all answers are “no”, the site is considered private and you will be automatically directed to the private pond form. Please see [Instructions for Chemical Permit Application Private Sites \(3200-155\)](#)

Enter previous years information (Optional)

To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click **Import Permit**. You might have to click this button more than once. When the two fields turn **GREEN**, the import was successful.


Important Note: This is case sensitive (use capital letters) and may be sensitive to extra spaces/characters before or after the number. See [Troubleshooting Permit Import](#) if you have issues.


Click **Contacts** Tab to proceed.

Contacts Tab

Contact Information

NOTE: If you used the permit import feature, please check to ensure the information autopopulated accurately and correct any errors you find.

 Save

Do not close your work until you **SAVE**.  Close

HomeContactsSiteApplicationAttachmentsPaymentSignature

Contact Information

Applicant Information

Organization

Last Name:

First Name:

Mailing Address:

City:

State: Wisconsin ▼

Zip Code:

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Applicant Information

Fill out contact information as accurately as possible. Fields marked with red * are required.

Waterbody Address	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Street Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip Code:	<input type="text"/> *
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	
Alternative Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	

Waterbody Address

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.

Applicator	
Name of Applicator Firm:	<input type="text"/> *
Applicator Certification #:	<input type="text"/> *
Business Location License #:	<input type="text"/>
Restricted Use Pesticide #:	<input type="text"/>
Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip:	<input type="text"/> *
County:	<input type="text"/> ▼
Email:	<input type="text"/> *
Phone Number:	<input type="text"/> *
(xxx-xxx-xxxx)	

Applicator

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can search by last name of the applicator here www.kellysolutions.com/WI/Applicators/index.asp and by business name here <http://www.kellysolutions.com/WI/Business/index.asp>. Valid numbers for all people who will be handling (loading

unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal
Individuals and organizations (e.g. Lake District, Lake Association, Property Owners Association, County Department of Recreation), sponsoring removal.
☐ Uploaded riparian owners to attachment tab

Name	Address	Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☒ Add Contact

Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal

If you checked Yes to the previous question “Is there more than one property owner?” you are required to enter their name(s) and address(es). This is also needed if there are riparian property owners within 150’ of the site.

Check the **Uploaded riparian owners to attachment tab** box and upload a list of names and addresses as a separate file in a later tab OR fill in blanks in this section. Use the **Add Contact** button to add more fields as needed.

Click **Press to Refresh Missing Fields** to ensure you completed the requirements.
Click **Continue to Next Tab**

Site Tab

NOTE: If you used the permit import feature, please check to ensure the information autopopulated accurately and correct any errors you find.

Site Information - Has Missing Items	
Water Body to be Treated	
Waterbody Property Owners Association or Waterbody District Representative:	<input type="text"/> <input type="checkbox"/> None
Water Body Name:	<input type="text"/>
County:	<input type="text"/>
Latitude:	<input type="text"/>
Longitude:	<input type="text"/>
Section:	<input type="text"/>
Township:	<input type="text"/>
Range:	<input type="text"/>
Direction:	<input type="radio"/> E <input type="radio"/> W
Waterbody Surface Area:	<input type="text"/> acres
Estimated Surface area that is 10ft or less	<input type="text"/> acres

Waterbody to Treated

Waterbody Property Owners' Association or Waterbody District Representative: Enter name or check the **None** box.

Waterbody Name and County:

Enter the most accurate name and county corresponding to the site. If not a specific waterbody, you may enter property name, wildlife area name, etc.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site and **please use Decimal Degrees**. See [Help](#) section for assistance.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc.) for TRS and make sure either E (east) or W (west) is selected. See [Help](#) section for assistance.

Waterbody Surface Area:

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

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

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

Proposed Treatment Area					
Area(s) Proposed for Control:					
Treatment Length	Treatment Width		Estimated Acreage	Average Depth	Calculated Volume
100 ft.	x 100 ft.	+ 43,560 ft ² =	0.23 ac	5 ft =	1.15 ac-ft
200 ft.	x 400 ft.	+ 43,560 ft ² =	1.84 ac	10 ft =	18.37 ac-ft
<input checked="" type="checkbox"/> Insert item			Estimated Acreage Grand Total	2.07 ac	Calculated Volume Grand Total
				19.51 ac-ft	
Is the area with in or adjacent to a sensitive area designated by the Department of Natural Resources. <input type="radio"/> Yes <input checked="" type="radio"/> No					
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.					

Proposed Treatment Area

Area(s) Proposed for Control:

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <https://dnrm.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter length, width, and depth for each polygon and the form will calculate the acreage and provide a grand total. Use the **Insert Item** button to add more polygons.

In cases where this is not feasible, enter an estimated grand total acreage and leave the other fields blank. Enter 1 for average depth of wetlands.

****If the Grand Total is more than 10 acres, or more than 10% of the "Lake Surface Area" above, this is considered a large-scale treatment. (See below for additional requirements for large-scale treatments, and ensure Public Notice is uploaded under the *Attachments Tab*).**

Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources?

Answer yes or no. If uncertain, you can use SWDV to check using the "Critical Habitat Areas" layer feature or contact your local APM Coordinator.

Click **Press to Refresh Missing Fields** to ensure you completed the requirements.

Click **Continue to Next Tab**

Application Tab

Chemical Aquatic Plant Control Information - Form 3200-004 (R 2/17)

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.].

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Algae | <input type="checkbox"/> Flowering Rush | <input type="checkbox"/> Purple Loosestrife |
| <input type="checkbox"/> Common/Glossy Buckthorn | <input type="checkbox"/> Hybrid Cattail | <input type="checkbox"/> Reed Canary Grass |
| <input type="checkbox"/> Coontail | <input type="checkbox"/> Hybrid Watermilfoil | <input type="checkbox"/> Reed Manna Grass |
| <input type="checkbox"/> Curly-Leaf Pondweed | <input type="checkbox"/> Japanese Knotweed | <input type="checkbox"/> Starry Stonewort |
| <input type="checkbox"/> Duckweed | <input type="checkbox"/> Naiad | <input type="checkbox"/> Yellow Floating Heart |
| <input type="checkbox"/> Elodea | <input type="checkbox"/> Narrow-Leaf Cattail | <input type="checkbox"/> Yellow Iris |
| <input type="checkbox"/> Eurasian Watermilfoil | <input type="checkbox"/> Phragmites | <input type="checkbox"/> Pondweed |

Other Target Plants:

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

Chemical Aquatic Plant Control Information

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide on the site. Use the **Other Target Plants** box to enter additional species.

Chemical Control																	
Full Trade Name of Proposed Chemical(s)																	
Select Chemical Name: <input type="text"/>																	
<input type="button" value="Add Herbicide"/>																	
Other (not listed above) Other: <input type="text"/>																	
Have the proposed chemicals been permitted in a prior year on the proposed site?																	
<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None																	
Method of Application: <input type="text"/>																	
What were the results of the treatment?																	
<input type="text"/>																	
NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.																	
<table border="1"> <thead> <tr> <th>Alternatives to Chemical Control: Feasible?</th> <th>If No, Why Not?</th> </tr> </thead> <tbody> <tr> <td>1. Mechanical harvesting <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>2. Manual removal <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>3. Sediment screens/covers <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>4. Dredging <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>5. Lake drawdown <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>6. Nutrient controls in watershed <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> <tr> <td>7. Other: <input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="text"/></td> </tr> </tbody> </table>		Alternatives to Chemical Control: Feasible?	If No, Why Not?	1. Mechanical harvesting <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	2. Manual removal <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	3. Sediment screens/covers <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	4. Dredging <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	5. Lake drawdown <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	6. Nutrient controls in watershed <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	7. Other: <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
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7. Other: <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>																
Note: If proposed treatment involves multiple properties, consider feasibility of EACH alternative for EACH property owner.																	
Will surface water outflow and/or overflow be controlled to prevent chemical loss?																	
<input type="radio"/> Yes <input type="radio"/> No																	
Is the treatment area greater than 5% of surface area?																	
<input type="radio"/> Yes <input type="radio"/> No																	

Chemical Control

Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the **Add Herbicide** button to enter more than one.

If a chemical is not listed, enter the full trade name under "Other" if it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that is the only wet site listed), the chemical cannot be used in a wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels: www.kellysolutions.com and click on the map of Wisconsin.

Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

Alternatives to Chemical Control:

Answer these appropriately and be sure to enter a reason if that alternative was not considered.

Surface water outflow be controlled?

For wetlands, answer No unless there is a check dam of some kind downstream from the treatment sites that will be used.

Is the treatment area greater than 5% of surface area?

☒ Yes ☐ No

Waterbody concentration calculations (in ppm.)

Refer to DNR Waterbody pages <http://dnr.wi.gov/lakes> to answer the following:

Does the waterbody stratify? ☐ Yes ☐ No

- If yes, calculate whole waterbody concentration using volume above thermocline.
- If no, calculate whole waterbody concentration using total lake value

Whole Waterbody Concentration ppm

Is the treatment area greater than 5% of surface area?

Answer appropriately. If yes, the above questions will appear. Please answer as accurately as you can.

WPDES Permit Request

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

☒ Yes - complete section VII with signature.

☐ No

☐ Already have WPDES

☐ WPDES coverage not needed

WPDES Detail

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

WPDES Permit Request

WPDES permits must comply with the Clean Water Act. Therefore, it is separate from the DNR required NR 107 permit. It has been included in this form to minimize paperwork. Chemicals applied to "waters of the state" – which includes any public or private surface water including wet sites with saturated soils – are considered a point source pollution and require permission to discharge.

It is the responsibility of the person who applies for a permit that someone involved in the treatment has WPDES coverage for their business. There is no cost for WPDES permits, and it would be valid for a period of 5 years.

WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here: <https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html>

Fill out the appropriate responses and click **Press to Refresh Missing Fields** to ensure you completed the requirements. Click **Attachments**.

Attachments Tab

Home	Contacts	Site	Application	Attachments	Payment	Signature
Required Attachments and Supplemental Information						
Contacts :			<input type="button" value="Edit Form"/>			
Completion Status:			Has Missing Items			
Site:			<input type="button" value="Edit Form"/>			
Completion Status:			Has Missing Items			
Chemical Aquatic Plant Control Application :			<input type="button" value="Edit Form"/>			
Completion Status:			Complete			

Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

Upload Required Attachments

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



Public Notice



Large Scale Worksheet



Site Map

 *

☒ Add another map

Riparian Owners:

If you checked the box from the *Contacts Tab*, you are required to upload a file containing the owners list.

Public Notice and Large-Scale Worksheet:

Required if the estimated acreage is greater than 10 OR if the estimated acreage is greater than 10% of the water body area that is 10 feet or less in depth. Most Non-private Ponds will need this.



Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a river or creek, draw an arrow and label it as "flow". The tools used for calculating acreage can help you generate a map (e.g., <https://dnrm.wi.gov/H5/?Viewer=SWDV>).

Use the **Add another map** button to add any other documents you wish to submit with the application. Sometimes it may be useful to include a cover letter or additional supporting documents depending on the treatment you are proposing.

Click the **Payment** tab at the top of the page.

Payment Tab

 SaveDo not close your work until you **SAVE**.  Close

Home Contacts Site Application Attachments Payment Signature

Fee Calculation

Chemical Control Application

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.

If Proposed treatment is over 0.25, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres)
acres X \$25 per acre = \$

2.07

\$75.00

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

Basic Permit Fee (non-refundable)

\$20.00

Total Fee

\$95

Pay Online Return to Permit [Fee Exempt?](#)

You can not continue to the signature page until you pay for your application.

The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

Sign and Submit

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 will provide 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>

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.

I hereby certify that the above information is true and correct and that copies of the application shall be provided to all affected property owners promptly 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.

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

Review Applicant Responsibilities and Certification items 1 – 5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. Under item 2, you may request that APM staff not supervise the treatment, but the program may require it, in which case you would need to give notice to the regional APM staff of any application at least 4 business days before the treatment. If this is the case, your permit cover letter will specify this.

If there were one or more property owners adjacent to your treatment area, or a lake organization representative listed in section II, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully.

[OPTIONAL] Check the first box ONLY if you are “agent for applicant,” and see the [Assign Role Feature](#) section if you require a two-person signature process.

Check the “*I hereby certify...*” box and click **Initiate Signature Process**. Follow prompts and you will receive an email. You will need to click the link there to **finalize** the signature process.

Chemical Permit Application for Private Sites (3200-155)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

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

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated. It is best to use the pond owner's name here.

Activity:

Select *Chemical Control Application*.

The permit is now saved under your drafts and the following screen will appear:

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

Home
Contacts
Site
Application
Attachments
Payment
Signature

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

Activity

Eligibility:
(All questions must be no for it to be considered a private pond.)

Example Pond

The permit application will be saved automatically with this name

Chemical Control Application ▼

Is there more than one property owner? ☐ Yes ☒ No

Will there be uncontrolled surface water discharge? ☐ Yes ☒ No

Does the water body have public access? ☐ Yes ☒ No

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

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

Permit ID #:

NE-2020-12-3456

Business Certification Number:

93-123456-789123

[How to locate last years permit](#)

Import Permit

Eligibility:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding. These should all be “no” for all ponds you plan to treat to fit the definition of a private site. If any are “yes”, the site is considered non-private and will be automatically directed to the non-private form. Please see [Instructions for Chemical Permit Application Non-Private Sites \(3200-004\)](#)

Enter previous years information (Optional)

To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click **Import Permit**. You might have to click this button more than once. When the two fields turn **GREEN**, the import was successful.

Important Note: This is case sensitive (use capital letters) and may be sensitive to extra spaces/characters before or after the number.


See [Troubleshooting Permit Import](#) if you have issues.


Click **Contacts** Tab at the top to proceed.

Contacts Tab

Contact Information

NOTE: If you used the permit import feature, please check to ensure the information autopopulated accurately and correct any errors you find.

 Save

Do not close your work until you **SAVE**.  Close

HomeContactsSiteApplicationAttachmentsPaymentSignature

Contact Information

Pond Owner Information

Organization

Last Name:

First Name:

Mailing Address:

City:

State:Wisconsin

Zip Code:

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Pond Owner Information

Fill out contact information as accurately as possible. Fields marked with red * are required.

Additional Contact Information	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	Wisconsin ▼
Zip Code:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	
Alternative Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	

Additional Contact Information

Enter additional contact information if it differs from the applicant contact information above.

Applicator	
Name of Applicator Firm:	<input type="text"/> *
Applicator Certification #:	<input type="text"/> *
Business Location License #:	<input type="text"/>
Restricted Use Pesticide #:	<input type="text"/>
Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip:	<input type="text"/> *
County:	<input type="text"/> ▼
Email:	<input type="text"/> *
Phone Number:	<input type="text"/> *
(xxx-xxx-xxxx)	

Applicator

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can search by last name of the applicator here www.kellysolutions.com/WI/Applicators/index.asp and by business name here <http://www.kellysolutions.com/WI/Business/index.asp>. Valid numbers for all people who will be handling (loading unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Click ***Press to Refresh Missing Fields*** to ensure you completed the requirements.

Click ***Continue to Next Tab***

Site Tab

NOTE: If you used the permit import feature, please check to ensure the information autopopulated accurately and correct any errors you find.

Site Information - Has Missing Items	
Water Body to be Treated	
Water Body Name:	<input type="text"/>
County:	<input type="text"/>
Latitude:	<input type="text"/>
Longitude:	<input type="text"/>
Section:	<input type="text"/>
Township:	<input type="text"/>
Range:	<input type="text"/>
Direction:	<input type="radio"/> E <input type="radio"/> W
Waterbody Surface Area:	<input type="text"/> acres
Estimated Surface area that is 10ft or less	<input type="text"/> acres

Waterbody to Treated

Waterbody Name and County:

Enter the owner's name/property name and county corresponding to the site.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site and **please use Decimal Degrees.** See [Help](#) section for assistance.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc.) for TRS and make sure either E (east) or W (west) is selected. See [Help](#) section for assistance.

Waterbody Surface Area:

Supply the total area of contiguous pond within which you are proposing to do herbicide treatment.

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

Enter best estimate.

Proposed Treatment Area			
Area(s) Proposed for Control:			
Site Name	Estimated Acreage	Depth (optional)	
Example Site 1	1.30 ac	2	ft
Example Site 2	0.56 ac	6	ft
<input checked="" type="checkbox"/> Insert item			
Estimated Acreage Grand Total:		1.86 ac	

Proposed Treatment Area

Area(s) Proposed for Control:

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <https://dnrm.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the pond area and determine an estimated acreage.

Use the **Insert Item** button to add more sites if there is more than one pond. The form will automatically calculate a sum.

Depth is an optional field that can be filled out if you choose.

Click **Press to Refresh Missing Fields** to ensure you completed the requirements.

Click **Continue to Next Tab**

Application Tab

Chemical Aquatic Plant Control Information

Chemical Aquatic Plant Control Information - Form 3200-155 (R 6/19)		
<small>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.].</small>		
Nuisance Caused By:		
<input type="checkbox"/> Algae		
<input type="checkbox"/> Emergent water plants (majority of leaves & stems growing above water surface, e.g. cattail, bulrushes)		
<input type="checkbox"/> Floating water plants (majority of leaves floating on water surface, e.g., water lilies, duckweed)		
<input type="checkbox"/> Submerged water plants (leaves & stems below surface, flowering parts may be exposed: milfoil, coontail)		
<input type="checkbox"/> Other		
List Target Plants		
<input type="checkbox"/> Algae	<input type="checkbox"/> Flowering Rush	<input type="checkbox"/> Purple Loosestrife
<input type="checkbox"/> Common/Glossy Buckthorn	<input type="checkbox"/> Hybrid Cattail	<input type="checkbox"/> Reed Canary Grass
<input type="checkbox"/> Coontail	<input type="checkbox"/> Hybrid Watermilfoil	<input type="checkbox"/> Reed Manna Grass
<input type="checkbox"/> Curly-Leaf Pondweed	<input type="checkbox"/> Japanese Knotweed	<input type="checkbox"/> Starry Stonewort
<input type="checkbox"/> Duckweed	<input type="checkbox"/> Naiad	<input type="checkbox"/> Yellow Floating Heart
<input type="checkbox"/> Elodea	<input type="checkbox"/> Narrow-Leaf Cattail	<input type="checkbox"/> Yellow Iris
<input type="checkbox"/> Eurasian Watermilfoil	<input type="checkbox"/> Phragmites	<input type="checkbox"/> Pondweed
Other Target Plants:		
<input type="text"/>		
<small>Note: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.</small>		

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide on the site. Use the **Other Target Plants** box to enter additional species.

Chemical Control
Full Trade Name of Proposed Chemical(s)
Select Chemical Name: <input type="text"/>
<input type="checkbox"/> Add Herbicide
Other (not listed above) Other: <input type="text"/>
Have the proposed chemicals been permitted in a prior year on the proposed site?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
Method of Application: <input type="text"/>
What were the results of the treatment?
<input type="text"/>
<small>NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.</small>

Chemical Control

Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the *Add Herbicide* button to enter more than one.

If a chemical is not listed, enter the full trade name under “Other” if it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that is the only wet site listed), the chemical cannot be used in a wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels: www.kellysolutions.com and click on the map of Wisconsin.

Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

WPDES Permit Request

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

☒ Yes - complete section VII with signature.

☐ No

- ☐ Already have WPDES
- ☐ WPDES coverage not needed

WPDES Detail

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

WPDES Permit Request

WPDES permits must comply with the Clean Water Act. Therefore, it is separate from the DNR required NR 107 permit. It has been included in this form to minimize paperwork. Chemicals applied to "waters of the state" – which includes any public or private surface water including wet sites with saturated soils – are considered a point source pollution and require permission to discharge.

It is the responsibility of the person who applies for a permit that someone involved in the treatment has WPDES coverage for their business. There is no cost for WPDES permits, and it would be valid for a period of 5 years.

WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here: <https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html>

Fill out the appropriate responses and then click **Attachments**.


Attachments Tab

Home	Contacts	Site	Application	Attachments	Payment	Signature
Required Attachments and Supplemental Information						
Contacts :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Site:			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Chemical Aquatic Plant Control Application :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Complete</div>			


Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

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

 Click here to attach a file

Site Map

 Click here to attach a file*

☒ Add another map

Upload Required Attachments

Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. You can use various map tools listed above (e.g., <https://dnrmaps.wi.gov/H5/?Viewer=SWDV>).

Use the **Add another map** button to add any other documents you wish to submit with the application. Sometimes it may be useful to include a cover letter or additional supporting documents depending on the treatment you are proposing.

Click the **Payment** tab at the top of the page.

Payment Tab

There is a \$20 base application fee. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

Sign and Submit

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 will provide 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>

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.

I hereby certify that the above information is true and correct and that copies of the application shall be provided to all affected property owners promptly 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.

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

Initiate Signature Process

Review Applicant Responsibilities and Certification items 1 – 5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. You may request that APM staff not supervise the treatment. The determination will be in your permit cover letter.

If there were any property owners adjacent to your treatment area, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully.

[OPTIONAL] Check the first box **ONLY** if you are “agent for applicant,” and see the [Assign Role Feature](#) section if you require a two-person signature process.

Check the “**I hereby certify...**” box and click **Initiate Signature Process**. Follow prompts and you will receive an email. You will need to click the link there to **finalize** the signature process.

Mechanical/Manual Permit Application (3200-113)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

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

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated.

Activity:


Select *Mechanical Control Application*.


The permit is now saved under your drafts and the following screen will appear:

Click **Contacts** Tab to proceed.

Contacts Tab

Contact Information

 Save

Do not close your work until you **SAVE**.  Close

Home

Contacts

Site

Application

Attachments

Payment

Signature

Contact Information

Applicant Information

Organization

Last Name:

First Name:

Mailing Address:

City:

State: Wisconsin ▼

Zip Code:

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Applicant Information

Fill out contact information as accurately as possible. Fields marked with red * are required.

Waterbody Address	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Street Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip Code:	<input type="text"/> *
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	
Alternative Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	

Waterbody Address

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.

Removal Firm Information (if sub contracted)	
Name of Firm:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	Wisconsin ▼
Zip:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	

Removal Firm Information (if sub contracted)

Enter contact information if applicable.

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal

In the attachment section, attach a copy of a lake map that includes the property(s) to be harvested. On the map identify the following required information.

- Area and dimensions of each proposed plant removal area.
- Location of all riparian neighbors (property owners riparian to and adjacent to the proposed removal area) including project participants and non-participants. Consecutively number each riparian neighbor (both project participants and non-participants). In the space below:
- Name all riparian owners, including project participants & non-participants. The number should correspond with the numbered properties on the map. Attach additional sheets if necessary.
- Check Yes box to indicate project participants and No box for non-participants.

Name of Riparian Neighbor	Project Participant	Control Dimensions (calculated acreage)
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00

Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal

Enter name(s) of project participants and/or if there are riparian property owners within 150' of the site. Indicate which are participants and which are not. Use ***Insert Riparian Owner*** button to add more names.

If you prefer to upload a list as a separate file, enter "see attached list" and choose No for project participant. Be sure to then upload a list in the **Attachments** tab containing the necessary information.

Click ***Press to Refresh Missing Fields*** to ensure you completed the requirements.

Click ***Continue to Next Tab***

Site Tab

Site Information - Has Missing Items	
Water Body to be Treated	
Waterbody Property Owners Association or Waterbody District Representative:	<input type="text"/> <input type="checkbox"/> None
Water Body Name:	<input type="text"/>
County:	<input type="text"/>
Latitude:	<input type="text"/>
Longitude:	<input type="text"/>
Section:	<input type="text"/>
Township:	<input type="text"/>
Range:	<input type="text"/>
Direction:	<input type="radio"/> E <input type="radio"/> W
Waterbody Surface Area:	<input type="text"/> acres
Estimated Surface area that is 10ft or less	<input type="text"/> acres

Waterbody to Treated

Lake Property Owners' Association or Lake District Representative:

Enter name if applicable. If none, check the **None** box.

Waterbody Name and County:

Enter the most accurate name and county corresponding to the site. The name could be waterbody name, property name, wildlife area name, etc.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site and **please use Decimal Degrees**. See [Help](#) section for assistance.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc.) for TRS and make sure either E (east) or W (west) is selected. See [Help](#) section for assistance.

Waterbody Surface Area:

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

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

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

Proposed Treatment Area									
Length of project area	1,000	ft. x Shoreline or area width	500	ft. /43,560=	11.478	Estimated Acreage	Avg. Depth	5	ft.
<input checked="" type="checkbox"/> Insert item									
Offshore Control Site Length	150	ft. x Shoreline or area width	500	ft. /43,560=	1.722	Estimated Acreage	Avg. Depth	5	ft.
<input checked="" type="checkbox"/> Insert item									
TOTAL ESTIMATED ACREAGE						13.20			

Proposed Treatment Area

Determine the entire acreage of the contiguous treatment area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <https://dnrm.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter *length*, *width*, and *depth* for each polygon and for offshore control sites. In cases where entering *length* and *width* are not feasible, enter your best approximation of an *Estimated Acreage*. For wetland treatments, you may enter a 1 for depth (since it is a required field). Use the **Insert Item** button to add more fields. The form will calculate the Total Acreage based on what you enter.

Click **Press to Refresh Missing Fields** to ensure you completed the requirements.

Click **Continue to Next Tab**

Application Tab

Notice: Pursuant to s. 23.24, Wis. Stats., the information requested on this form is required by the Department of Natural Resources (DNR) to permit aquatic plant control mechanical and/or manual application. Failure to complete and submit this form will result in no permit being issued. Personally identifiable information collected will be used for program administration and may be made available to requesters to the extent required under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Section II: Location of Aquatic Plant Removal

Has a Lake Management plan been provided to the DNR? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	If Yes, date approved of most current copy <input type="text"/>	Location of Applicant file copy <input type="text"/>					
Does the proposed plant removal agree with the approved plan? <input type="radio"/> Yes <input type="radio"/> No							
If NO, explain. Attach additional sheets if necessary. <input type="text"/>							
Is this area within or adjacent to a Sensitive Area designated by the Wisconsin Department of Natural Resources? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know If yes, list sites: <input type="text"/>							
Name of 1st Plant Disposal Site (if applicable) <input type="text"/>	1/4 1/4 ...	1/4 ...	Section <input type="text"/>	Township <input type="text"/>	Range <input type="text"/>	<input type="radio"/> E <input type="radio"/> W	County <input type="text"/>
Name of 2nd Plant Disposal Site (if applicable) <input type="text"/>	1/4 1/4 ...	1/4 ...	Section <input type="text"/>	Township <input type="text"/>	Range <input type="text"/>	<input type="radio"/> E <input type="radio"/> W	County <input type="text"/>
What type of aquatic plants below the Ordinary High Water Mark are proposed to be removed? (check all that apply)							
<input type="checkbox"/> Emergent (above water level)	<input type="checkbox"/> Submergent (below water level)	<input type="checkbox"/> Floating Leaf (at the surface i.e. lily pads)					

Section II: Location of Aquatic Plant Removal

Fill out fields as accurately and completely as possible. For “attach additional sheets if necessary”, files can be uploaded in addition to a map in the **Attachments** tab.

Section IV: Methods

What mechanical or manual methods to remove plants are proposed? (check all that apply)

☐ Mechanical harvesting ☐ Raking ☐ Other (specify)

☐ Hand Pulling ☐ Cutting ☐ Alum

If alum is proposed, has a plan been developed? ☐ Yes ☐ No If yes, please include the plan with this application.

Please explain why you selected the proposed cutting method(s).

Section IV: Methods

Fill out fields as accurately and completely as possible. For including an alum plan, files can be uploaded in addition to a map in the **Attachments** tab.

Section VI: Reasons for Aquatic Plant Removal	
Purpose of Aquatic Plant Removal:	Nuisance Caused By:
<input type="checkbox"/> Maintain navigational channel for common use	<input type="checkbox"/> Emergent water plants
<input type="checkbox"/> Maintain private boat access	<input type="checkbox"/> Submergent water plants
<input type="checkbox"/> Maintain private access for fishing	<input type="checkbox"/> Floating water plants
<input type="checkbox"/> Improve Swimming	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	
Name of plants, if known: _____	

Section VI: Reasons for Aquatic Plant Control

Fill out fields as accurately and completely as possible. Be sure to name any plant species you can identify.

Section VII: Integrated Pest Management (Alternatives Considered)		
	A. Previously Done?	B. Presently Proposed?
1. Chemical	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Dredging	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Drawdown	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Nutrient controls in watershed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Nutrient controls on property	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Note: Consider feasibility of alternatives for each control site. this information not only helps the department make a decision on this application but also helps you evaluate your investment in aquatic plant management.		
Describe the level of success for alternative methods previously used:		
1. Chemical	_____	
2. Dredging	_____	
3. Drawdown	_____	
4. Nutrient controls in watershed	_____	
5. Nutrient controls on property	_____	
6. Other	_____	

Section VII: Integrated Pest Management (Alternatives Considered)

Fill out fields as accurately and completely as possible. Remember that it is important to consider the feasibility of alternative for each control site. It helps the department decide on the application and helps you evaluate your investment in aquatic plant management.

Fill out the appropriate responses and click **Press to Refresh Missing Fields** to ensure you completed the requirements. Click **Attachments**.

Attachments Tab

Required Attachments and Supplemental Information

Contacts :

Completion Status: Has Missing Items

Site:

Completion Status: Has Missing Items

Mechanical - Manual Plant Control Application :

Completion Status: Complete

Check that Contacts, Site, and Mechanical-Manual Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

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

Site Map

Upload Required Attachments

Riparian Owners:

If you enter “See attachment” in the riparian owner fields from the **Contacts Tab**, please upload a file containing the owners list and project participant information here.


Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a river or creek, draw an arrow and label it as “flow”. Use the tools used for calculating acreage to generate a map (e.g., <https://dnrmaps.wi.gov/H5/?Viewer=SWDV>).


Use the **Add another map** button to add any other documents you wish to submit with the application.

Click the **Payment** tab at the top of the page.

Payment Tab

 Save

Do not close your work until you **SAVE**.

 Close

[Home](#) [Contacts](#) [Site](#) [Application](#) [Attachments](#) [Payment](#) [Signature](#)

Fee Calculation

Mechanical Removal

Fees are not refundable and are calculated as follows:

- Single riparian area, one property owner, less than one acre**\$30.00**
- Multiple riparian areas, offshore control areas, multiple riparian properties, one acre or greater \$30/acre (round up to nearest whole acre) If proposed removal acre is greater than 10 acres fee caps at \$300

Acreage:	15.00
Acreage Fee:	\$300
Total Fee:	\$300

[Pay Online](#) [Return to Permit](#) [Fee Exempt?](#)

You can not continue to the signature page until you pay for your application.

The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

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.
2. The applicant understands that the Department of Natural Resources may require supervision of any aquatic plant management project involving removal. Supervision may include inspection of the proposed treatment area and/or equipment, before, during, or after removal. The applicant is required to notify the regional office 4 working days in advance of each anticipated date of plant removal with the date, time, location and size of plant removal unless the Department waives this requirement. The advance notification may be specified in your permit.
3. The applicant agrees to inform all operators of harvesting equipment of the conditions and terms of this permit and to insure that all operators understand and abide by those terms and conditions.
4. The applicant agrees to comply with all terms and conditions of this permit, if used, as well as applicable Wisconsin Administrative Rules. The required fee is attached.
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

Review Applicant Responsibilities and Certification items 1 – 5 before starting the signature process. You are agreeing with these statements or signifying you have/will complete them.

The signature process has two steps. Please read the instructions carefully.

[OPTIONAL] Check the first box ONLY if you are “agent for applicant,” and see the [Assign Role Feature](#) section if you require a two-person signature process.

Check the “***I hereby certify...***” box and click ***Initiate Signature Process***. Follow prompts and you will receive an email. You will need to click the link there to **finalize** the signature process.

Chemical Treatment Record (3200-111)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

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

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site that you treated.

Activity:

Select *Chemical Treatment Record*.

The treatment record is now saved under your drafts and the following screen will appear:

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

[Home](#)[Treatment](#)[Attachments](#)[Signature](#)

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name: Example Treatment Record

The permit application will be saved automatically with this name

Activity

Chemical Treatment Record

Lookup Treatment Record Information

Permit ID #: NE-2020-12-3456

[Where to find your permit number](#)

Double Click to Validate Permit Number

Lookup Treatment Record information

Enter the permit number for the treatment record you are submitting and click **Double Click to Validate Permit Number**.

Important Note: This is case sensitive (use capital letters) and may be sensitive to extra spaces/characters before or after the number. Please make sure the number is entered exactly as shown on your permit.

Lookup Treatment Record Information

Permit ID #: NE-2020-12-3456

Permit Name: Example Permit

Waterbody Name: Example Lake

Permit Holder Name: Jane Smith

Chemical Treatment Completed: ☒ Yes ☐ No

After your permit number validates successfully, the box will turn green and you will see Permit Name, Waterbody Name, and Permit Holder Name information below it. Please verify this is the correct permit you are entering.

If you completed treatment for the permit – Select **Yes** for Chemical Treatment Completed. Click **Treatment** Tab to proceed.

If you **did not** complete treatment for the permit – Select **No** for Chemical Treatment Completed. Click **Submit “no treatment” treatment record**. This will take you directly to the Signature Tab to sign and submit.

Treatment Tab

State of Wisconsin Department of Natural Resources dnr.wi.gov		Aquatic Plant Management Herbicide Treatment Record Form 3200-111 (R 11/16) Page 1 of 2	
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 NE-2018-05-0079	Water body Name (including ponds, e.g., Smith Pond)		
County *	Permit Holder Name (Customer Name) *		
Permit Holder Address *	City *	State *	Zip Code *

General Permit Information

Fill out fields as accurately and completely as possible. Red * indicates required fields.

Treatment Information					
Treatment Date(mm/dd/yyyy) 1/11/2021	Starting Time (24:00 hour)	Ending Time (24:00 hour)	Water Temp C F	Ambient Air Temp C F	
Wind Speed (mph)	Wind Direction Select or type...	Expected Duration of Chemical Residuals			
Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)					
If adverse conditions noted, indicate corrective actions taken					
Comments					
Onsite Supervision by DATCP and/or DNR Staff <input type="radio"/> Yes <input type="radio"/> 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)					
Water User Restriction <input type="checkbox"/> No Restrictions <input type="checkbox"/> Consuming Fish <input type="checkbox"/> Pet/Livestock Water <input type="checkbox"/> Irrigation (Crop) <input type="checkbox"/> Swimming <input type="checkbox"/> Drinking Water <input type="checkbox"/> Irrigation Other: *					
<input type="checkbox"/> 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)					

Treatment Information

Fill out fields as accurately and completely as possible. Red * indicates required fields. For Treatment Date, please only enter one date. If you treated on a second date, please submit that as a separate treatment record.

Applicator Information				
Individual or Business Name Aquatic Biologists, Inc.			Telephone xxx-xxx-xxxx 920-921-6827 x	
Street Address N4828 U.S. Highway 45 South				
City Fond du Lac			State WI ▼	ZIP Code 54937
Individuals Making or Supervising Pesticide Application	Last Name	First	Certification #	License #
<input type="button" value="Add Individual"/>				
Name of Person Completing Form				

Applicator Information

Fill out fields as accurately and completely as possible. All fields are required. Use the **Add Individual** button to add names and certification numbers for everyone who was part of the treatment.

Aquatic Plant Management Herbicide Treatment Record									
Date: 1/14/2020		Form 3200-111 (R 11/16)				Page 2 of 2			
Treatment Site and Chemical Information									
Site No	Property Name	Address / Fire No	Treated acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude		
*	*	*	0.00	0.00	<input type="checkbox"/>	*	*		
Herbicide Name	EPA Reg. No.	Amount Applied	Units	Application Concentration Rate (mg/l = ppm)					
*		*	Select... *	*					
<input type="button" value="Insert Herbicide"/>									
Other (not listed above) Other: <input type="text"/>									
<input type="button" value="Insert Site"/>									

Treatment Site and Chemical Information

Fill out fields as accurately and completely as possible. Fields with red * are required. Use the **Insert Herbicide** and **Insert Site** buttons to add additional information. Use the *Other* box to add chemicals not listed in the dropdown menu. Include an accurate lat/long for each site treated using decimal degrees.

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

Aquatics at Treatment Site

Indicate the plant species found during treatment using the check boxes. For records with more than one treatment site, indicate at which site(s) each species was found. If you need to enter more than one site, please separate them with commas.

Use the blank box on the lower right to add additional species not included on the list. If you need to enter more than one, please separate them with commas.

Click **Press to Refresh Missing Fields** to ensure you completed the requirements.

(OPTIONAL) If you need to submit a treatment map or any other attachments, click **Attachments** tab.

To sign and submit, click **Signature** tab.

Attachments Tab (OPTIONAL for Some Treatment Records)


Required Attachments and Supplemental Information


Chemical Treatment Record : Edit Form

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.


Site Map

 Click here to attach a file

 Add another map

Treatment Plan

 Click here to attach a file

 Add treatment plan

Check that *Chemical Treatment Record* completion status says "Complete".

Upload Site Map and/or Treatment Plan if necessary.

Click the ***Signature Tab*** to proceed.

Signature Tab

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

Initiate Signature Process

The signature process has two steps. Please read the instructions carefully.

[OPTIONAL] Check the first box ONLY if you are “agent for applicant,” and see the [Assign Role Feature](#) section if you require a two-person signature process.

Check the “***I hereby certify...***” box and click ***Initiate Signature Process***. Follow prompts and you will receive an email. You will need to click the link there to **finalize** the signature process.

Assign Role Feature (Optional)

Using the **Assign Role** feature, you also can start a permit application and then share it with someone else. This feature is commonly used by consultants to start a permit application and get the attachments added to the permit application packet and then they will send the application to the landowner/lake organization to review and then complete the payment and signature areas. Please note that if you use this feature, the permit application may not appear under the appropriate category area as described above.

If desired, you can also send the application to another person, i.e. the landowner or lake organization, so that they can review it, complete the payment portion of the application and sign & submit the application to DNR. This is done through the **Assign Role** feature on the "My Permit Applications" webpage discussed under #5 [here](#). The person you are sharing it with needs to have a WAMS ID set up already, and you need to know the email associated with it to send the application to them.

IMPORTANT NOTE: Do not use this process if you are the applicant and are trying to complete the signature confirmation process. The steps below are for a two-person signature process. Each signer must have their own WAMS ID to complete the steps.

If you are an Authorized Representative, you may create, update and review the application and then assign it to the applicant.

If you are the applicant, you may create, update and review an application and then assign it to an authorized representative for review. Upon completion of the review process the authorized representative must reassign it back to you for final submittal.

In both cases, please do not share your WAMS credentials with others. The process to assign an application is done by selecting the email address associated with a WAMS ID. This process does not delegate access to any additional document beyond the application being assigned.

To assign to an Authorized Representative or Landowner for their review or signature:

1. Select an application from "**Draft Permit Applications**" list that require a second signature.
2. In the 'Share Application' column select '**Assign Role**' link. If an email address already appears in this column, you have already shared the application. You can re-share it with other users selecting this same link.
3. Enter the email address associated with the WAMS ID for person you wish to share the permit application in the 'Signatory Email' field. **Important:** A matching email address will display the user's WAMS ID instead of their email address, this is intentional.
4. Use the drop down for the 'New Signatory Role'. If you are the applicant, choose **authorized representative**. If you are the authorized representative, choose **applicant**.
5. Read the certification text.
6. Press '**Continue**'. This action routes an email to the selected individual WAMS email account to complete the second signature process. Please contact this individual ahead of time to remind them to check 'junk email' or 'Spam' folders in case the email is bounced.

NOTE: The application is not submitted to the DNR until the signature process is complete. The application may be edited until it is signed and submitted

Help Section

General Help Contact: Email DNRAPMProgram@wi.gov or call 608-438-9919

Helpful Links

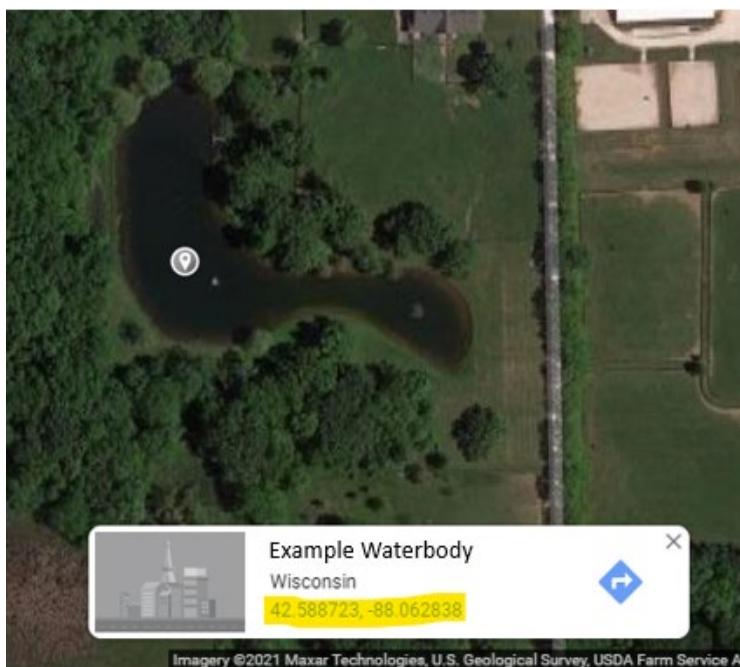
Video Guides for using the ePermitting system:

<https://permits.dnr.wi.gov/water/Pages/Video-Links.aspx>

Converting to Decimal Degrees from other coordinate formats:

<https://www.fcc.gov/media/radio/dms-decimal>

You can also locate the site using [Google Maps](#) by address or whichever coordinate system you prefer. Click and hold the mouse down over the site. A gray place marker icon should appear along with a box at the bottom containing the correct coordinate format. You can copy/paste these into the latitude and longitude section of your application. See example screenshot:



Finding Section, Township, and Range information:

<https://www.earthpoint.us/TownshipsSearchByLatLon.aspx>

Finding lake information:

<https://dnr.wi.gov/lakes/lakepages/Search.aspx?show=search>

Search by lake name using Location dropdown menu to narrow results down by county. Go to Facts & Figures Tab to find details about surface area, depth, latitude, longitude, and maps.

Troubleshooting Permit Import

If you are having trouble finding your previous permit number - Search for it by name here:

<https://permits.dnr.wi.gov/water/SitePages/Permit%20Search.aspx>

The screenshot shows the 'Welcome to the Wisconsin Department of Natural Resources Water Permit Application Site!' page. On the left, there are filter options: 'By Status', 'By County', 'By Type', and 'Date Modified'. A search box is labeled 'Search by Applicant or Application or Project Name' and contains the text 'example lake'. Below the search box, a table lists search results with columns for Application, Applicant, Project Name, Type, and County. The first result is highlighted with a blue arrow pointing to it from the search box.

Application	Applicant	Project Name	Type	County
AP-IP-SC-2020-14-X01-24T09-18-07	Jane Smith	Example Lake	Aquatic Plant Management	Dodge
AP-IP-SC-2020-14-X01-24T15-31-52	Jane Smith	Big Lake	Aquatic Plant Management	Dodge
AP-IP-SC-2020-54-X01-17T09-21-58	Doe John	Test 2 Private	Aquatic Plant Management	Rock

Type applicant, waterbody name, or permit name into the search box. It may help to filter by Type using the dropdown menu and selecting Aquatic Plant Management. Click the link under the “Application” column to access all the permit documents.

Department of Natural Resources Water Permit Application					
Application Files					
	File Name	File Size	Created	Modified	File Link
1	AP-IP-SC-2020-14-X01-24T09-18-07.pdf	205K	3/9/2020	3/9/2020	Download Item
2	Example Lake SC-2020-12-3456 Letter.pdf	205K	1/14/2021	1/14/2021	Download Item
3	Example Lake SC-2020-12-3456.pdf	205K	1/14/2021	1/14/2021	Download Item
4	Map_TestLake_091745.jpg	124K	3/9/2020	3/9/2020	Download Item

Both the permit and cover letter file names contain the permit number (highlighted in yellow above). You may also view the permit number inside the letter itself by clicking “Download Item” and opening the PDF.

If you have your permit number, but it is not validating – Make sure you are entering it exactly. It is case-sensitive and may be sensitive to special characters or extra spaces. If you are trying to use copy and paste, try manually typing it in instead.

If you are sure you are entering it correctly, but it still does not validate – Email DNRAPMProgram@wi.gov or call 608-438-9919 for assistance. Please provide the number you are attempting to enter.

Troubleshooting Signature Issues

Check that the email address associated with your WAMS account is current and correct.

Wisconsin DNR ePermitting

ePermitting

Search

- Submitted Items
- Public Notices

Support

- Ask for Help
- Help Topics
- WAMS Account**

Permit Categories

- Aquatic Plant Management
- Dams
- Livestock Operations
- Storm Water
- Wastewater
- Waterway and Wetlands
- Wetland Identification

Welcome to the Wisconsin DNR Water Permits Site!

- **Select** a category from the left side menu.
- **Save** draft items for editing.
- **Important:** Items not submitted within 120 days will be deleted.
- **Receive** acknowledgement of receipt when successfully submitted to the DNR.
- **Track** the status by selecting Submitted Items from the left side menu.

Large format documents: If you plan to submit an application in hard copy with documents that are larger than 11x17, please also media, such as a CD.

My Applications and Reports

Step 1: Draft Items

ACTION REQUIRED: Review, edit and/or share draft items for signature. [Instructions for a landowner and authorized representative to share](#)

Project Name	Applicant Full Name	Reference Number
Example Pond		AI0324-ExamplePond

Go to the [Welcome Page](#) and click **WAMS Account** under the Support section of the menu on the left hand side.

Wisconsin Web Access Management System (WAMS)

User Name: Hjalmarson, Emily A
Email: emily.hjalmarson@wisconsin.gov

WAMS is required for all WI State agency online systems and is managed by the Department of Administration (DOA), **not** the Department of Natural Resources.

If you need to update the email associated with your WAMS ID
You can update your email and other profile settings at : <https://on.wisconsin.gov/WAMS/home>

Questions? Use our Ask for Help

You should see your WAMS information and a link to update your email if necessary.

After verifying your email, check your Junk and Spam folders in case the signature email went there.

Try resending the email by following these steps:

1. On the [Welcome Page](#), locate the "Step 2: Signature Confirmation Needed" section (see example below).
2. Locate the project name for the desired application.
3. Click the **email address** under the "Confirmation sent to" column.
4. The system will open a confirmation screen, and you must click **Continue** to proceed.
5. Open your WAMS account email and open the new confirmation email.
6. Complete the instructions in the confirmation email

Step 2: Signature Confirmation Needed

ACTION REQUIRED: Check WAMS email account for email instructions to complete this process. Note: if no email was received, see [Instructions for resending the signature confirmation email*](#)

Project Name	Applicant Full Name	Reference Number	Date	Confirmation sent to*
My Project	Dairy Inc	SW-GP-SC-2016-13-X01-03T20-23-51	1/3/2016	E.Johnson@wisconsin.gov

If the email still does not arrive, please contact DNRAPMProgram@wisconsin.gov or call 608-438-9919.