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State of Wisconsin Department of Natural Resources Geographic Names Council PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Geographic Name Proposal

Form 2200-124 (R 7/16)

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Notice: Pursuant to s. 23.25, Wis. Stats., complete and submit this form to the address in the upper left hand corner with requested geographic name proposal. See page 2 for naming guidelines. Personal information collected will be used for administrative purposes and may be made available to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

Geographic Feature Information										
Description of Feature - Include size (acres), I	or popu	lation etc.	Recomme	ended N	ame of Featu	re				
Spring Lake, Pearson, Langlade County (70 acres)				Lake Kil						
Other Names or Spellings in Use:	y Whom:	(Name ar	nd Address	s)						
Reason for this Proposal - Identify Problem an	nd Need (Atta	ich supp	lementary s	sheet if ned	essary)				
See attached. Name has sentimental valu	e and has be	en used	unofficia	lly for dec	cades.					
Origin and Significance of Recommended Na	me - Attach S	Supportin	g Documer	nts (resolut	ion, hist	orical data, e	tc.)			
See attached. Name is taken from volunt										
Feature Location			DNR Us				se Only			
County		_					0			
Langlade		•	Lat			["] , Long _			"	
Stream		○E								
Heads: Sec , T N	, R	\bigcirc W		0	,	" , Long	o			
Ends: Sec, TN	, R	O E	Lat			,Long _				
Lake, Village, etc.			1	0			0			
Secs , T N	, R	_ () E	Lat			["] , Long _			<u>"</u>	
Secs. , T N	, R	○E ○W	USGS Qua	d. Name		Index	Number			
(or locate by landmarks and attach map)										
Applicant Information Name		Agen	CV			Telephone N	lumber (in	clude area	code)	
Jonathan Rudnick			Boy Scouts of America			Telephone Number (include area code) (847) 393-3971				
Address		City				State ZIP Code				
1410 N Bosworth Ave, Unit 1			Chicago				IL	6064		
Cignature of Applicant		Applicant Email					Date S			
Signature of Applicant School		Jon@Rudnick.org					10/10	_		
DN	R Use Only - N	_	_		ition		_			
Name of Map or Other Reference		Date of Ref.				Name Given Feature				
Person Contacted		Address				Occupation				
Special Concerns										
Findings and Recommendations										
Signature of Investigator					Date	Signed				