

NOTE: Completion of this form is required by the Department, pursuant to s. 144.025(2)(i), Wis. Stats., and Chapter NR 107, Wis. Adm. Code, once every five years for proposed treatments that would cover more than 10 acres on one lake, or more than 10 percent of that portion of the lake that is 10 feet or less in depth.

The purpose of this form is to identify the: (1) recreational needs of the property owners and visitors;
(2) value of the proposed treatment area to fish and wildlife;
(3) cause(s) of the excess plant growth problem; and
(4) short and long-term solutions to the problem.

Please furnish a detailed map(s) of the lake and its watershed. Indicate the watershed boundaries on the map. If you do not have a watershed map for the lake you wish to treat, your DNR lake management coordinator can help you locate or prepare one.

SECTION I. BACKGROUND

Name of Applicant
Silver Lake Association - City of Eagle River

Date Completed
4/1/2024

Name of Lake
Silver Lake - Vilas County

SECTION II. RECREATIONAL USES

Check those uses that apply and complete the information requested:

- 1. **SWIMMING:** Indicate on your lake map the portions of the proposed treatment area that are used for swimming.
What distance from shore is needed to provide adequate swimming space? _____ feet
What is the average depth at this distance? _____ feet
- 2. **FISHING:** Indicate on your lake map any fishing areas that are within the proposed treatment area.
- 3. **HUNTING:** Indicate on your lake map any hunting areas that are within or adjacent to the proposed treatment area.
- 4. **BOATING/NAVIGATION:** Indicate on your lake map where the following boating activities take place within the proposed treatment area:
Sailing Water skiing Fishing
Pleasure boating Jet skiing Other _____
- 5. **AESTHETIC:** Indicate on your lake map any wildlife or nature observation areas within the proposed treatment area.
Do you object to the aesthetic quality (appearance, odor) of the proposed treatment area? Yes No
- 6. **OTHER:** What other activities occur in the proposed treatment area? Swimming, fishing, boating, and recreational
activities take place throughout the entire lake.

SECTION III. FISH AND WILDLIFE VALUE

- 1. **Fisheries:** To maintain a quality fishery, a lake must provide good spawning, rearing and feeding habitat. Please indicate on your lake map the location of any quality fisheries habitat. (Contact your local DNR fish manager or your local fishing club for information about your lake's fishery.)
- 2. **Wildlife:** Indicate on your lake map any portions of the proposed treatment area or adjacent shoreline that are considered to be good wildlife habitat. (Contact your local DNR wildlife manager or your local wildlife or hunting club for additional information about the wildlife around (and in) your lake.)
- 3. Which organization(s) or individual(s) did you contact for your information? Local DNR

SECTION IV. CAUSES OF THE PROBLEM

What are perceived to be the local or regional causes of the problem? (Check all those that apply.)

- A. Agricultural runoff (from barnyards or croplands) that contributes sediment, nutrients and/or bacteria to the lake.
- B. Urban runoff (from stormwater) that contributes sediment, nutrients and other pollutants to the lake.
- C. Sewage treatment or industrial discharges upstream of the lake.
- D. Possible faulty septic systems in the area around the lake.
- E. Runoff from fertilized lawns near the lake.
- F. Sediments contaminated with nutrients from past pollution activities.
- G. Naturally fertile - no known human sources of excessive sediment, nutrients or other pollutants.
- H. Other: Eurasian Water Milfoil introduced into Silver Lake by an unknown source.

Please identify on your watershed map the locations of any land use practices that are perceived to be contributing to excess plant growth problems in the lake.

SECTION V. SOLUTIONS

Control of aquatic plant problems can be temporarily accomplished with short-term measures, but no strategy will be successful without long-term planning to address the source of the problem. A sound plant management program should combine both short-term and long-term control strategies.

1. What level of short-term control do you wish to achieve?

- Remove 100% of the plants in the treatment area.
- Remove 70-99% of the plants in the treatment area.
- Remove less than 70% of the plants in the treatment area.

2. Which plants do you wish to remove in the short-term?

- Remove all plant species.
- Remove specific plant species only. (Name(s) of species: Eurasian watermilfoil)

3. How often will it be necessary to:

- A. Chemically treat? 0 times per year for algae; 1 times per year for other plants
- B. Mechanically harvest? 0 times per year

4. What long-term control alternatives have you begun to implement?

- Developed a lake plant management plan.
- Developed a lake protection plan.
- Formed a Lake District, Lake Association or other organization. (Name: Silver Lake Association)
- Established a monitoring program for the lake.
- Contacted the Soil Conservation Service or Land Conservation Commission to identify land use controls that are needed in the watershed.
- Conducted a septic survey with the county sanitarian.
- Other: _____

Long-term planning can provide an organized approach to solving the problems that are affecting the water quality of your lake. Your DNR lake management coordinator, county extension agent, or regional planning commission can provide specific technical information and assistance.

SECTION VI. PUBLIC INVOLVEMENT

1. Before you conduct a large-scale chemical aquatic plant treatment, you are required to provide the public with formal notice of the planned treatment (s. NR 107.04(3), Wis. Adm. Code). Please attach evidence (e.g., newspaper clipping) that such notice has been made.

2. You are also required to conduct a public informational meeting on the proposed large-scale treatment if 5 or more individuals, organizations or local or special units of government request such a meeting within 5 days of the notice (s. NR 107.04(3), Wis. Adm. Code).

Was a public informational meeting required for the proposed treatment? Yes No
If yes, please attach evidence that such a meeting was held.

3. These public notice and public meeting provisions apply each year that a treatment is proposed.

NOTE: This form is to be updated once every 5 years to include new information. Modifications of the proposed treatment within the 5-year period also require re-submittal of this form if the location or target organisms are changed, or if the treatment area is expanded by more than 10 percent.

I hereby certify that the above information is true and correct and that copies of this application have been provided to the appropriate parties named in Section II of Form 3200-4, Application for Permit for Chemical Aquatic Plant Control.

Applicant's Signature
[Handwritten Signature]

Please attach with map(s) to Form 3200-4, Application for Permit for Chemical Aquatic Plant Control.