### **Wisconsin Department of Natural Resources SWIMS Project Summary**

#### **General Project Information**

Project ID: ACEI-032-08

GOOSE LAKE IMPROVEMENT ASSOCIATION: Goose EWM Control Name:

Type: **Aquatic Invasives Grant** Subtype: **Aquatic Invasives Control** 

Status: **COMPLETE** 

Start Date: 10/1/2007 **End Date:** 12/31/2010

Purpose: Goose Lake Improvement Association proposes to initiate a Eurasian Watermilfoil monitoring and chemical treatment

program with the objective of reducing EWM infestation on Goose Lake in Adams County to 10 percent of its current level by

autumn, 2010. Major project elements to include:

1) EWM infestation surveys, 2) use of chemical 2,4D treatments, 3) development of a Citizen Lake Monitoring Network.

Objective:

Comments: Grantee is GOOSE LAKE IMPROVEMENT ASSOCIATION

Outcome:

Study Design:

**QA Measures:** 

People								
Name	Role	Status	Start Date	End Date	Organization	Comments		
Goose Lake Improvement Associa	GRANT_RECIPI ENT	COMPLETE	10/1/2007	12/31/2010	Goose Lake Improvement Association			

#### **Project Statuses**

	1	T. C.	
Date	Reported By	Status	Comments

Actions										
Action	Detailed Description	Start Date	End Date	Status						
Monitor Invasive Species	21849997	10/1/2007		PROPOSED						
Grant Awarded	ACEI-032-08	10/1/2007	12/31/2010	COMPLETE						
Aquatic Plant Monitoring or Survey	21849997	10/1/2007		PROPOSED						
APM Chemical Permit Request	2,4D treatments for EWM	10/1/2007	12/31/2007	PROPOSED						

Details: Parameter	Value/Amount	Units	Comments	
2,4-D, # Pounds				
Acres Treated				
Aquacide, # Pounds				
Aquashade, # Gallons				
Aquathol, # Pounds				
Aquathol-K, # Gallons				
Cutrine +, # Gallons				

# Wisconsin Department of Natural Resources SWIMS Project Summary

Details:	: Parameter Value		e/Amount	Amount Units			Comm	ents					
	Cutrine, # Gallons												
	Fee												
	Nautique, # Gallons												
	Navigat	te, # P	ounds										
	Reward												
	Rodeo,	# Gall	lons										
Monitoring Stations													
Station ID		Nar	ne					Con	nments				
Assessmen	t Units												
WBIC		Segm	ent	Local Name				C	Official N	ame			
Lab Accoun	t Code	S											
Account Code	•	D	escriptio	on								Start Date	End Date
Forms		·											
Form Code			Form N	Name									
Methods													
Method Code	•		Metho	od Description									
Fieldwork E	vents												
Start Date	Sta	tus		Field ID		Station I	D	Station	Name				
Documents													
Title			Descrip	tion		Aut	hor		Publ	lished	Commen	its	
Budget													
Combined Bu	_												
Combined To	tal:		\$	60.00									
Funding													
Organization					Source		Туре				Amount	Start Date	End Date

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