

Wisconsin Department of Natural Resources  
SWIMS Project Summary

General Project Information

**Project ID:** AEPP75224

**Name:** GILMORE LAKE ASSOCIATION: Gilmore Lake 2024-2025 EWM Monitoring and Management Project

**Type:** Aquatic Invasives Grant

**Subtype:** Aquatic Invasives Education

**Status:** ACTIVE

**Start Date:** 3/15/2024

**End Date:** 12/31/2024

**Purpose:** The Gilmore Lake Association is sponsoring a project to improve lake user knowledge and skills on managing EWM and AIS, water level and water quality monitoring activities, mapping, surveys, buoys to mark EWM beds, supplies for training sessions, and Clean Boats Clean Water (CBCW) prevention efforts.

Activities: 1) Meandering surveys/bed mapping 2) Implement training program for riparian owners  
3) Install EWM buoys

Deliverables: 1) Annual bed mapping 2) Spring, summer, and fall meander surveys 3) Riparian training plan for EWM mitigation 4) Additional related items paid by this grant.

Conditions:  
1) Point intercept surveys shall follow Recommended Baseline Monitoring of Aquatic Plants in Wisconsin: Sampling Design, Field and Laboratory Procedures, Data Entry and Analysis, and Applications, publication number PUB-SS-1068. Submit electronic point intercept data to this email address: DNRBaselineAquaticPlants@wisconsin.gov  
2) Lake-wide point intercept surveys to be conducted between July 1 and August 31.  
3) All monitoring shall follow DNR protocols.  
4) Enter data collected into SWIMS database under the grant project number.  
5) All outreach and education materials shall use DNR messaging; DNR Biologist review and approval is required before dissemination.  
6) Notify DNR AIS Biologist of any new detection of an AIS species.

This scope summarizes details provided in the application and does not negate tasks and/or deliverables described therein. Data, reports, surveys, and supporting information, including photos, maps and GIS data, must be submitted to the DNR Biologist in electronic format and in any other format they specify.

If a consultant provides a final report, it is recommended that the Grantee provide the DNR Biologist with a draft for comment on report adequacy prior to making a final payment to the consultant. Include electronic copy of the final report along with or prior to submission of grantee's final payment request.

**Objective:**

**Comments:** Grantee is GILMORE LAKE ASSOCIATION

**Outcome:**

**Study Design:**

**QA Measures:**

People

| Name | Role | Status | Start Date | End Date | Organization | Comments |
|------|------|--------|------------|----------|--------------|----------|
|------|------|--------|------------|----------|--------------|----------|

Project Statuses

| Date | Reported By | Status | Comments |
|------|-------------|--------|----------|
|------|-------------|--------|----------|

Actions

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| Action        | Detailed Description    | Start Date | End Date   | Status   |
|---------------|-------------------------|------------|------------|----------|
| Grant Awarded | Grant AEPP75224 awarded | 3/15/2024  | 12/31/2024 | COMPLETE |

Monitoring Stations

| Station ID | Name | Comments |
|------------|------|----------|
|------------|------|----------|

Assessment Units

| WBIC    | Segment | Local Name   | Official Name |
|---------|---------|--------------|---------------|
| 2695800 | 1       | Gilmore Lake | Gilmore Lake  |

Lab Account Codes

| Account Code | Description | Start Date | End Date |
|--------------|-------------|------------|----------|
|--------------|-------------|------------|----------|

Forms

| Form Code | Form Name |
|-----------|-----------|
|-----------|-----------|

Methods

| Method Code | Method Description |
|-------------|--------------------|
|-------------|--------------------|

Fieldwork Events

| Start Date | Status | Field ID | Station ID | Station Name |
|------------|--------|----------|------------|--------------|
|------------|--------|----------|------------|--------------|

Documents

| Title | Description | Author | Published | Comments |
|-------|-------------|--------|-----------|----------|
|-------|-------------|--------|-----------|----------|

Budget

Combined Budgets:

Combined WSLH:

Combined Total: \$0.00

Funding

| Organization | Source | Type | Amount | Start Date | End Date |
|--------------|--------|------|--------|------------|----------|
|--------------|--------|------|--------|------------|----------|

7/25/2024

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