

# 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

This Application has been Signed and Submitted by: i:05.t| mywisconsin id| kcsizmadia@ecowaterway.com signed on 2025-09-05T11:48:39

Site or Project Name: Nancy Long

The permit application will be saved automatically with this name

Activity: Mechanical/Manual Control Reporting Form

## Enter permit number to begin your treatment record or control report

Permit ID #: **SE-2024-52-21225M**

Permit Name: **Lake Denoon - Long**

Waterbody Name: **Lake Denoon**

Permit Holder Name: **Nancy Long**

Treatment or Control Completed :  Yes  No

Permit Import Successful – Please Proceed to Treatment Tab

### 3200-011 Mechanical/Manual Control Reporting Form

- Complete form.
- Attach map with control area(s) and dimension(s), if necessary.
- Attach file with additional sites if necessary
- Sign and submit form.

**Aquatic Plant Management Mechanical / Manual Control Report**

Form 3200-011 (R4/23)

**Notice:** Completion of this form is a condition of your permit under NR 109.05(2)(g). 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 control or by department request
- (2) within 30 days of the last control activity in the calendar year
- (3) by December 31 if no control occurred

Permit Number <b>SE-2024-52-21225M</b>	Water body Name (including ponds, e.g., Smith Pond) <b>Lake Denoon</b>		
County <b>Racine</b>	Permit Holder Name (Customer Name) <b>Nancy Long</b>		
Permit Holder Address <b>S106W20449 Bosch Dr</b>	City <b>Muskego</b>	State <b>WI</b>	Zip Code <b>53150</b>

**Control Information**

Start Date(mm/dd/yyyy) <b>8/13/2025</b>	End Date(mm/dd/yyyy) <b>8/15/2025</b>	Estimated Days of Conducting Control <b>3</b>	Control Method/Equipment Used <b>DASH</b>
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Comments

Onsite Supervision by DATCP and/or  Yes  No

DNR Staff

If Yes, Supervisor Name :

**Controller/Operator Information**

Individual or Business Name <b>Eco Waterway Service</b>	Telephone xxx-xxx-xxxx <b>262-337-4630</b>
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Street Address

**111 Wilmont Dr Unit L**

City <b>Waukesha</b>	State <b>WI</b>	ZIP Code <b>53189</b>
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Name of Person Completing Form

**Kelly Csizmadia**

Individual(s) Operating Control Equipment	Last Name <b>Karczewski</b>	First <b>Ben</b>
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**Disposal Site Information**

Disposal Site Name <b>Crowbar Farm</b>	Disposal Site Address <b>S110W22260 Denoon Rd.</b>
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## Site Summary

Site No	Property Name	Address / Fire No	Controlled Acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
1			0.29	0.29	<input type="checkbox"/>	42.8424	-88.1649

Hours Spent Total Amount of Plants or Organisms Removed /Controlled

14 5750 Pounds

## Species Details – Include both target & non-target species information

<i>Species Name</i>	<i>Other Species</i>	<i>Amount Removed</i>	<i>Units</i>
<u>Other</u>	Starry Stonewort	98	<u>%</u>
<u>Chara</u>		2	<u>%</u>

## Site Summary

Site No	Property Name	Address / Fire No	Controlled Acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
2			0.05	0.05	<input type="checkbox"/>	42.8446	-88.1714

Hours Spent Total Amount of Plants or Organisms Removed /Controlled

3 1250 Pounds

## Species Details – Include both target & non-target species information

<i>Species Name</i>	<i>Other Species</i>	<i>Amount Removed</i>	<i>Units</i>
<u>Other</u>	Starry Stonewort	98	<u>%</u>
<u>Chara</u>		2	<u>%</u>

## Required Attachments and Supplemental Information

### 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

 File Attachment

[LDLDMAP.pdf](#)

Lake  
Management  
Plan

 File Attachment

## Fee Calculation

Mechanical Removal Report

No additional payment required for records.

## Sign and Submit

### Applicant Responsibilities and Certification

I certify that I have completed the Mechanical/Manual Control Record as required by my permit condition under NR109.05(2)(g).

### 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:05.t|mywisconsin id|kcsizmadia@ecowaterway.co

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