

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 SE-2024-52-21225M		Water body Name (including ponds, e.g., Smith Pond) Lake Denoon		
County Racine		Permit Holder Name (Customer Name) Nancy Long		
Permit Holder Address S106W20449 Bosch Dr		City Muskego	State WI	Zip Code 53150
Control Information				
Start Date(mm/dd/yyyy) 8/13/2025	End Date(mm/dd/yyyy) 8/15/2025	Estimated Days of Conducting Control 3	Control Method/Equipment Used DASH	
Comments				
Onsite Supervision by DATCP and/or DNR Staff <input type="radio"/> Yes <input checked="" type="radio"/> No		If Yes, Supervisor Name :		
Controller/Operator Information				
Individual or Business Name Eco Waterway Service			Telephone xxx -xxx-xxxx 262-337-4630 x	
Street Address 111 Wilmont Dr Unit L				
City Waukesha		State WI	ZIP Code 53189	
Name of Person Completing Form Kelly Csizmadia				
Individual(s) Operating Control Equipment	Last Name Karczewski		First Ben	
Disposal Site Information				
Disposal Site Name Crowbar Farm		Disposal Site Address S110W22260 Denoon Rd.		

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	Units	Comments
14	5750	<u>Pounds</u>	

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

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

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	Units	Comments
3	1250	<u>Pounds</u>	

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

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

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

[LDLMap.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.