

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER RESOURCES DIVISION

TREATMENT REPORT FOR CHEMICAL TREATMENT OF NUISANCE AQUATIC PLANT AND/OR ALGAE GROWTH, OR SWIMMER'S ITCH

Failure to submit the treatment report form provided by the department is a violation of Part 33, and the rules promulgated thereunder and may result in civil or criminal penalties as specified in Part 33, Aquatic Nuisance Control, of the NREPA

Permittee Information Section A Permit Number: Submit completed report postmarked 14-98-0694-0 no later than November 30, even if no Permittee Name: treatment was undertaken. PLM Lake and Land Management Address: Submit by e-mail to: 8865 100TH Street deg-wrd-anc@michigan.gov City: Alto Submit by mail to: Phone Number: AQUATIC NUISANCE CONTROL 616-891-1294 ext. 2000 WATER RESOURCES DIVISION E-mail Address: MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Jasonb@plmcorp.net P.O. BOX 30458 Body of Water Treated:: LANSING, MI 48909-7958 Portage Lake - Pike Bay Section B - Treatment Information Fill in a separate table for each treatment date. Date of treatment Name of person applying chemical: Name of Company: (one date per table): 6/25/2014 Jason Broekstra PLM Lake and Land Management Effectiveness: X Good (70-100%) ☐ Fair (50-69%) Poor (Less than 50%) Ineffective (0%) ☐ Did not treat (skip to section E) CHEMICAL METHOD RATE OF TREATMENT TOTAL USED APPLICATION OF AREA SIZE **AMOUNT** APPLICATION (ex. 100 (acres) (ex. 4 gallons, lbs/acre, 2.6 10 lbs.) lbs/acre - foot) Chemical Brand: Sculpin G Surface 500

EPA Reg #: 67690-49	Application/injection	65.4 lbs/acre ft	treatment map	12600	EWM
Date of treatment (one date per table): 7/24/2014	Name Jason	of person applying Broekstra	chemical:	Name of Com PLM Lake an	pany: d Land Management
Effectiveness: Good (70-100%) Fair	(50-69%) Poor	(Less than 50%)	☐ Ineffective		ot treat (skip to section E)
CHEMICAL USED	METHOD OF APPLICATION	RATE OF APPLICATION (ex. 100 lbs/acre, 2.6 lbs/acre - foot)	TREATMENT AREA SIZE (acres)	TOTAL AMOUNT (ex. 4 gallons, 10 lbs.)	FOR CONTROL OF: (Plant and/or Algae names)
Chemical Brand: Sculpin G EPA Reg #: 67690-49	Surface Application/injection	65.4 lbs/acre ft	See treatment map	320	EWM

Section C - Treatment Map(s) Please attach a map for each treatment date (one map for each table in Section B). Each map shall include: date, time, weather conditions, chemicals used in each treatment area and the species targeted in each treatment area

Section D - Aquatic Plant Management (If the total treatment area for this waterbody is less than 10 acres you are not required to fill out Section D and you may skip to Section E).

Do you or a lake management consultar	nt have a	recent Aquation	C Vegetation	Survey or other	lake management report
that is not required by the ANC permit?	X Yes	☐ No	Ü	,	inanagement report

If so, and you are willing, please submit a copy of the field map and survey summary or lake management report.

2. If you or the lake management consultant is managing watermilfoil, have you obtained a genetic analysis of the watermilfoil population(s)? Yes X No

If yes, please provide the following information as well as a map of the sample locations:

State:

MI

Zip:

County: Houghton

FOR CONTROL OF:

(Plant and/or

Algae names)

49302



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Determination of genetic analysis: X Hybrid X Non-hybrid Date(s) of sample(s): Number of sample locations: Multiple samples from both PLM and Michigan Tech University HERBICIDE RESISTANCE CHECK ONE IF YES, PLEASE EXPLAIN: MANAGEMENT QUESTIONS: Do you have an herbicide tolerance/resistance management plan for X Yes No See NPDES/PDMP this waterbody? Has native watermilfoil occurred in this X Yes No Genetic Analysis Required to Confirm waterbody historically? Has Eurasian watermilfoil occurred in this X Yes □No Genetic Analysis Required to Confirm waterbody historically? Have you monitored field response to X Yes No Monitored After Each Treatment herbicides? Have you obtained an herbicide susceptibility X No Yes analysis (e.g., PlanTest)? Are you field testing different chemical X Yes □No If Required and If Appropriate protocols? Are you rotating active ingredients so as to X Yes ΠNo avoid herbicide resistance issues? When Ever Possible Have you obtained a laboratory assay for Yes X No response to treatment (e.g., EffecTEST)? Section E - Adverse Incident Documentation and Reporting 1. Was any person or non-target organism exposed to a chemical during or after the treatment which caused the person or non-target organism to suffer a toxic or adverse effect? Yes (if yes, please fill out the attached addendum to Section E) No (if no, proceed to Section F) Section F - Certification and Signature I, the undersigned, swear and affirm that the statements contained herein are true and correct and that the chemical treatments listed above were undertaken in accordance with the requirements of the permit and Part 33, Aquatic Nuisance Control, Natural Resources and Environmental Protection Act, 1994 PA, as amended. Jason Broekstra 11/26/2014 Submitter's Signature Submitter's Name (print) Date



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Failure to submit the treatment report form provided by the department is a violation of Part 33, and the rules promulgated thereunder and may result in civil or criminal penalties as specified in Part 33, Aquatic Nuisance Control, of the NREPA

			A

Submit completed report postmarked **no later than November 30**, even if no treatment was undertaken.

Submit by e-mail to:

deq-wrd-anc@michigan.gov

Submit by mail to:

AQUATIC NUISANCE CONTROL
WATER RESOURCES DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 30458
LANSING, MI 48909-7958

Permittee Info	rmation	
Permit Number: 14-98-0694-0		
Permittee Name: PLM Lake and Land Management		
Address: 8865 100 TH Street		
City: Alto	State:	Zip: 49302
Phone Number: 616-891-1294 ext. 2000		
E-mail Address: Jasonb@plmcorp.net	· · · · · · · · · · · · · · · · · · ·	
Body of Water Treated:: Torch Bay	County: Houghton	

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Section B - Treatment Inform					
Fill in a separate table for eac	h treatment date.				
Date of treatment (one date per table): 7/24/2014	Name Jason	of person applying Broekstra	chemical:	Name of Comp	oany: d Land Management
Effectiveness: Good (70-100%) XFair	(50-69%) Poor	(Less than 50%)	☐ Ineffective		t treat (skip to section E)
CHEMICAL USED	METHOD OF APPLICATION	RATE OF APPLICATION (ex. 100 lbs/acre, 2.6 lbs/acre - foot)	TREATMENT AREA SIZE (acres)	TOTAL AMOUNT (ex. 4 gallons, 10 lbs.)	FOR CONTROL OF: (Plant and/or Algae names)
Chemical Brand: Renovate OTF	Surface	67 lbs/sere #	See treatment map		
EPA Reg #: 67690-42	Application/injection			120	EWM
Chemical Brand: Sculpin G	Surface	GE Alba/aasa A	See treatment map		
EPA Reg #: 67690-49	Application/injection			480	EWM
Date of treatment (one date per table): 9/3/2014		of person applying o	chemical:	Name of Comp	oany: I Land Management
Effectiveness: Good (70-100%) ☐ Fair (50-69%) \(\sqrt{\parabol}\) (Poor	(Less than 50%)	☐ Ineffective (treat (skip to section E)
CHEMICAL USED	METHOD OF	RATE OF APPLICATION	TREATMENT AREA SIZE	TOTAL AMOUNT	FOR CONTROL OF: (Plant and/or

Good (70-100%) Fair	(50-69%) \(\sqrt{\parallel{Poor}}\) (Poor	(Less than 50%)	☐ Ineffective	(0%)	not treat (skip to section E)
CHEMICAL USED	METHOD OF APPLICATION	RATE OF APPLICATION (ex. 100 lbs/acre, 2.6 lbs/acre - foot)	TREATMENT AREA SIZE (acres)	TOTAL AMOUNT (ex. 4 gallons, 10 lbs.)	FOR CONTROL OF: (Plant and/or Algae names)
Chemical Brand: Renovate OTF	Surface	10 and 10	See	80	EWM
EPA Reg #: 67690-42	Application/injection	67 lbs/acre ft	treatment map		
Chemical Brand: Sculpin G	Surface	Surface	See		
EPA Reg #: 67690-49	Application/injection	65.4 lbs/acre ft	treatment map	1800	EWM

<u>Section C - Treatment Map(s)</u> Please attach a map for each treatment date (one map for each table in Section B). Each map shall include: date, time, weather conditions, chemicals used in each treatment area and the species targeted in each treatment area.

<u>Section D - Aquatic Plant Management</u> (If the total treatment area for this waterbody is less than 10 acres you are not required to fill out Section D and you may skip to Section E).

1. Do you or a lake management consultar	t have a	recent Aquatic	Vegetation	Survey or other	lake management ren	ort
that is not required by the ANC permit?	X Yes	□ No		, , , , , , , , , , , , , , , , , , ,	nana managoment rep	JIL

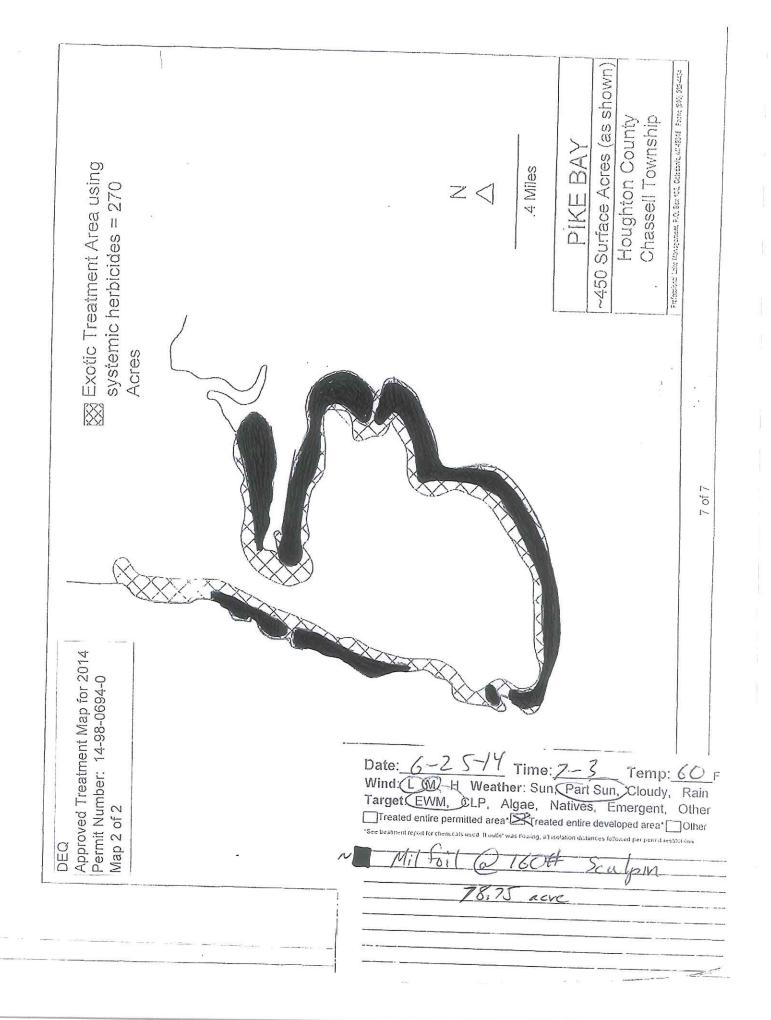
If so, and you are willing, please submit a copy of the field map and survey summary or lake management report.



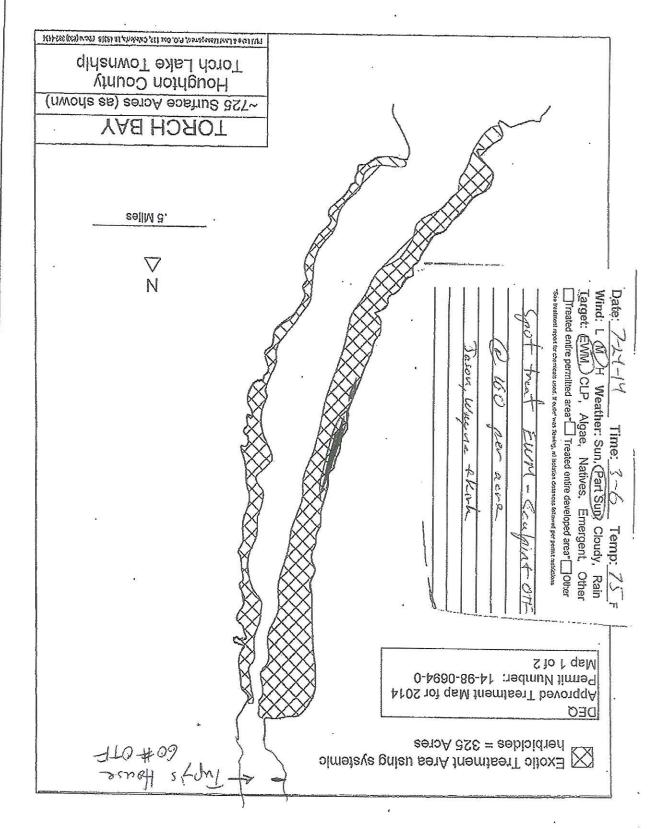
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2. If you or the lake management consultant watermilfoil population(s)? ☐ Yes ☒ N	is managing wate	rmilfoil, have you obtained a genetic analysis of the			
If yes, please provide the following information as well as a map of the sample locations:					
Determination of genetic analysis: X H	ybrid X Non-h	ybrid			
Date(s) of sample(s): Michigan Tech University	Nur	mber of sample locations: Multiple Sample from both PLM and			
HERBICIDE RESISTANCE MANAGEMENT QUESTIONS:	CHECK ONE	IF YES, PLEASE EXPLAIN:			
Do you have an herbicide tolerance/resistance management plan for this waterbody?	X Yes ☐ No	See NPDES/PDMP			
Has native watermilfoil occurred in this waterbody historically?	X Yes ☐ No	Genetic Analysis Required to Confirm			
Has Eurasian watermilfoil occurred in this waterbody historically?	ĬYes □ No	Genetic Analysis Required to Confirm			
Have you monitored field response to herbicides?	XYes ☐ No	Monitored After Each Treatment			
Have you obtained an herbicide susceptibility analysis (e.g., PlanTest)?	☐ Yes ☒ No				
Are you field testing different chemical protocols?	XYes ☐ No	If Required and If Appropriate			
Are you rotating active ingredients so as to avoid herbicide resistance issues?	X Yes ☐ No	When Ever Possible			
Have you obtained a laboratory assay for response to treatment (e.g., EffecTEST)?	Yes No				
or non-target organism to suffer a toxic or a	xposed to a chem adverse effect?	ical during or after the treatment which caused the person			
Yes (if yes, please fill out the attached addendum to Section E) No (if no, proceed to Section F)					
Section F - Certification and Signature					
treatments listed above were undertaken in a Control, Natural Resources and Environmenta	ccordance with the	ned herein are true and correct and that the chemical e requirements of the permit and Part 33, Aquatic Nuisance 1994 PA, as amended.			
12	6				
Submitter's Signature Submitter's Name (print) Submitter's Name (print)					



7-24-14 Jasser, Joens Breeze, P.S. 70° Breeze, P.S. 70° Breeze, P.S. 70° REUM WITH SEULPIN 2160 ~450 Surface Acres (as shown) Professional Lake Management, P.O. Box 132, Caledonia, MI 49316 Pnone (800) 392-4434 Houghton County Chassell Township PIKE BAY .4 Miles



PMI the a Land Handyment, P.O. Cox 192, Culcion a. M. 19316 (Ph.D. (1939) 562-4134	
Houghton County Torch Lake Township	
-725 Surface Acres (as shown)	
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	# 09E
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#085 mglos -8	Time: Weather (Sun) LP, Algae, N de area Treate red if outle was fronty, allier A care
77000	Time Algae, Algae, Time Algae,
	Time: Time: Treater N. N. Treater
	Date: 9-3-14 Time: 9-11 Temp: 60 Wind: Low H Weather Sun Part Sun, Cloudy, Rair [arget: EWW) CLP, Algae, Natives, Emergent, Othe Troated entire permitted area" Treated entire developed area Mother Sou Para Loo # acres 8.58 acres 12 acres 13 acres 14 acres 15 acres 16 acres 17 acres 18 acres 19 acres 19 acres 10 acres 10 acres 11 acres 12 acres 13 acres 14 acres 15 acres 16 acres 17 acres 18 acres 19 acres 19 acres 10
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	Temp: Cloudy, lergent, wed area; E
	Rain Other
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#08 710-8	S to f qsM
1 ₩ 🕸	Permit Number: 14-98-0694-0
) ³ (XX	Approved Treatment Map for 2014
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	Exotlo Treatment Area using systemic herbicides = 325 Acres
	- Implement Avec meternate Name