



10001 Great Plains Blvd
 Chaska, MN 55318
 952-403-6879 f.952-403-6902
 sales@midwestaquacare.com

gleason
 summer 2017 - sign up form

First Last:
 Address:
 City: ST Zip
 H:

TREATMENT OPTIONS

Please check box for service choice

- yes - first treatment** for curly-leaf pondweed and algae.
- yes - second treatment** for submerged weeds and algae.
- yes - optional** - swimmers itch treatment.
- MN DNR Permit Fee \$35.00 ***

* DNR Fee Paid by GLIA for GLIA Members

MN DNR may limit treatments to 50' x 50'

I have reviewed the costs and the submerged weed and algae control policy on the informational program sheet.

(1 of 2) **Signature** _____
 Return This Form By **April 22, 2017**

Please diagram desired treatment area below.
 Include house color and any notable lakeside landmarks, boat type(s), canopy color and/or update any changes to the description below.

House Description (From lake perspective) Neighbors:	
Neighbors Name	Neighbors Name

* Required > Shoreline feet owned _____ feet.

* Required > Shoreline feet to be treated _____ feet.

DO YOU IRRIGATE WITH LAKE WATER? **YES NO**

Your signature and date are required on application to apply for DNR Permit.



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES
 (Please Print or Type)

Applicant's Name (First, MI, Last) First _____ Last: _____	Day Time Phone Number	Cell Phone Number C: _____
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code) Lake Address: _____	Fire # / 911 #	Lake Residence Phone Number H: _____
Permanent Mailing Address (Indicate if it is the same as above) Address: _____ City: _____ ST _____ Zip _____	E-mail Address Email: _____	
SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by _____ ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.		

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved.
 Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

Applicants Signature	Date
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(2 of 2)

Fill out form and send with your check by APRIL 22.