



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

gleason

summer 2019 - sign up form

Name _____

Address _____

Phone # _____

TREATMENT OPTIONS

Please check box for service choice

- yes - first treatment** for submerged weeds and algae.
- yes - second treatment** for submerged weeds and algae.
- yes - optional - swimmers itch treatment.**
- MN DNR Permit Fee (not optional)**

Payment Terms: Return this entire page with DNR permit fee to Midwest Aqua Care, Inc. We will bill you after the first and second treatments.

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

Signature _____

(1 of 2)

Return This Form By March 15th

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.

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)	Day Time Phone Number	Cell Phone Number
Lake Home Address (/# and street, RFD, Box #, City, State, Zip Code)	Fire # / 911 #	Lake Residence Phone Number
Permanent Mailing Address (Indicate if it is the same as above)	E-mail Address	
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)

Return This Page With Permit Fee.