



DEAR LAKE RESIDENTS:

Midwest Aqua Care is now scheduling services for aquatic weed and algae control at your lake. As Minnesotans, we pack a lot of fun into our summers, we'll help you keep it that way! We offer a two-treatment program for seasonal control of aquatic weeds and algae. We apply EPA registered aquatic herbicides and algaecides. Please return the sign up form by mail or fax to:

MIDWEST AQUA CARE 1924 W 200th St, Jordan, MN 55352
 P: 952-403-6879 Email: sales@midwestaquacare.com

2022 Shoreline Weed Control

CONTROLS - EURSIAN WATERMILFOIL / CURLY-LEAF PONDWEED / MOST NATIVE WEEDS / SHORELINE ALGAE

Gleason Lake

WHAT WE DO	WHEN WE DO IT	* WHAT WE CHARGE
Early and Mid-Season Treatments		
First of two treatments: For submerged weeds and algae.	**May to Early June	\$200.00 per treatment.
Second of two treatments: For submerged weeds and algae.	4 to 6 Weeks After The First Treatment	\$200.00 per treatment
Water-lily control 50'x50' + submerged weeds and algae.	—————>	\$ 329.00 per treatment.

**PLEASE NOTE > You do not need to sign up for both treatment programs. Either submerged weeds & algae or lily control WITH submerged weeds and algae. If you don't have water lilies, your cost is \$200
 GLIA Members Do Not need to pay \$40 MN DNR permit fee**

** This program does not include cattail control. Contact us for special pricing. ** Optimal application timing may change subject to seasonal variation in growth rates.*

Submerged Weed and Algae Control Policy: Treatments will control most native plant types including invasive weeds like Eurasian Watermilfoil and Curly-Leaf Pondweed. Plant re-growth can occur and/or other plants may repopulate the control site. Two treatments will minimize re-growth. Resistant plants include vallisneria, clasping-leaf and large-leaf (cabbage weed). If results are not satisfactory, contact us 12 to 16 days post treatment to re-evaluate treatment options. No guarantee is offered, however, Midwest Aqua Care, Inc. understands the value of our long-term relationship and your satisfaction and will administer the best practices and products to achieve the greatest outcome.

Please fill out sign-up form and return by **February 20th**
 Your signature is required for MN DNR permit processing.

Wishing you a great summer season !

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gleason lake

summer 2022 - sign up form

Name:
Address:

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.

TREATMENT OPTIONS

Please check box for service choice

- yes - two treatment program** - for weeds and algae
- yes - optional** - swimmers itch treatment
- Lily-pad control - subject to DNR approval
- MN DNR Permit Fee (not optional) \$40.00**

Payment Terms: Return this entire page with the DNR signature below. We will bill you for the permit fee with the first treatment.

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 **February 2022**

Description:	
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) Name:	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) Address:	E-mail Address	
SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by 100 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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