



**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 email to: sales@midwestaquacare.com

**There is a nonrefundable DNR permit processing fee of \$40.00** (This is a one time annual fee, charged at first billing).

## 2023 Lake Weed *Two Treatment* Program

CONTROLS - Curly-Leaf Pondweed / Eurasian Watermilfoil / Most Native Submerged Weeds / Shoreline Algae

### Gleason Lake

WHAT WE DO	WHEN WE DO IT	* WHAT WE CHARGE
Two Treatments-early and mid season		
<b>First</b> of two treatments: For submerged weeds and algae.	<b>May / June</b>	<b>\$ 230.00 Per Treatment.</b>
<b>Second</b> of two treatments: For submerged weeds and algae.	<b>July / August</b>	<b>\$ 230.00 Per Treatment.</b>
<b>Optional - Swimmers Itch Treatment:</b> Applied at time of weed treatments.	<b>During the 1st &amp; 2nd Treatments</b>	\$25 per Shoreline (per treatment)
<b>Optional - Premium Weed Treatment.</b> *Additional chemicals added	<b>During the 1st &amp; 2nd Treatments</b>	\$100 per Shoreline (per treatment)
<b>Optional - Lily Pad Treatment</b>	<b>During the 1st &amp; 2nd Treatments</b>	\$100 per Shoreline (per treatment)

**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**

Forms returned after **3/15/23** will be charged an additional **\$25 processing fee**

**Your signature is required on the DNR Application for permit processing.**



1924 W 200th St  
 Jordan, MN 55352  
 952-403-6879  
 sales@midwestaquacare.com

# gleason

## summer 2023 - sign up form

First: Last:  
 Address:  
 City, State Zip:  
 Phone #:

### TWO TREATMENTS INCLUDED

Please check box(es) for additional services:

- Two Treatments: \$460 per season
  - Premium Treatment \*additional chemicals \$200
  - Swimmers itch Treatment: \$50 per season
  - Lily pad Treatment: \$200 per season
- \$40 DNR Permit Fee will be billed after first treatment
- Check box if you're a member of GLIA \* no permit fee

I have reviewed the costs and the submerged weed and algae control policy on the informational program sheet. Forms returned after 3/15/23 will be subject to an additional \$25 processing fee.

Signature \_\_\_\_\_

(1 of 2) Return This Form By **February 20th**

**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 on south end of lake. Large green canopy. Treat dock area.

Neighbors Name		Neighbors Name
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\* Required > Shoreline feet owned \_\_\_\_\_ feet.

\* Required > Shoreline feet to be treated \_\_\_\_\_ feet.

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

\* you will be notified via e-mail to turn off IRR system

*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
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code) Lake Address: _____		Fire # / 911 #	Lake Residence Phone Number Phone #: _____
Permanent Mailing Address (Indicate if it is the same as above) Address: _____ Zip _____		E-mail Address Email: _____	
<b>SIZE OF AREA PROPOSED TO BE TREATED:</b> 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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