



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 \$45 (This is a one time annual fee, charged at first billing).

2026 Lake Weed Two Treatment Program

CONTROLS - Curly-Leaf Pondweed / Eurasian Watermilfoil / Most Native Submerged Weeds / Shoreline Algae
Treatment Area: 50% of shoreline feet you own; Max 100' Min 35'. Water lilies 50' x 50'

Gleason

WHAT WE DO <small>Two Treatments: Early And Mid Season</small>	WHEN WE DO IT	WHAT WE CHARGE
First of two treatments: For submerged weeds and algae.	May / June	\$285 Per Treatment
Second of two treatments: For submerged weeds and algae.	July / August	\$285 Per Treatment.
Optional - Swimmers Itch Treatment <small>Applied at time of weed treatments.</small>	During the 1st & 2nd Treatments	\$70 per Shoreline
Optional - Premium Weed Treatment. <small>*Additional chemicals added</small>	During the 1st & 2nd Treatments	\$275 per Shoreline
Optional - Lily Pad Treatment	During the 1st & 2nd Treatments	\$225 per Shoreline

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 reevaluate 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.

GLIA Members Do Not need to pay the \$45 MNDNR Permit fee

Please fill out sign up form and return by: 3/21/2026

Forms returned after **3/21/2026** will be charged an additional **\$25 processing fee**

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



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

Signup Form

Gleason

Summer 2026

First: _____ Last: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Description for

Include house color and any notable lakeside landmarks, boat types, canopy color and/or update any changes to the description below.

TWO TREATMENTS INCLUDED

Please Check Box(es) For Additional Services:

- Two Treatments: \$570 Per Season
- Premium Treatment *additional chemicals \$275
- Swimmers Itch Treatment: \$70 per season
- Lily Pad Treatment: \$225 per season
 * \$45 DNR FEE billed with invoice

I have reviewed the costs and the submerged weed and algae control policy on the informational program sheet. **GLIA Members \$0 Permit fee**

Signature _____

Please diagram desired treatment area below:



Return This Form by: **3/21/2026**

Forms returned after deadline will be subject to an additional \$25 processing fee.

* Required > Shoreline feet owned _____

* Required > Shoreline feet to be treated _____

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

Applicant's Name (First, Mi, Last)	Day Time Phone Number	Day Time 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. Proposed treatment area extends << >> ft along shore by << >> ft lakewar, 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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