

Instructions

1. Please fill out the permit, sign and date the permit and sign terms and conditions page along with the treatment plan you choose attached and return by **Mar 1st**.
2. Make sure to sign and date the DNR multi-party form. Once we've received your application, the permit will be applied for using the DNR's online permitting website named MPARS.
3. No money is required until after the permit has been issued. An invoice will then be sent for the permit and the 1st treatment.

Timing (typically)

We plan on treating when the plants are up and growing. Please feel free to let us know what you are seeing. The estimated treatment date is in June for the 1st treatment and about 4- 6 weeks later for the 2nd treatment. We will notify the lake association at least 1 day prior to treatment. Signs may be posted up to 1 day prior to treatment.

Results

There is no guarantee. Our goal is to achieve the best possible results during treatment. Certain plants like wild celery, claspingleaf pondweed and chara are very difficult to control. Other plants, like coontail, can somewhat be controlled, but are non-rooted and may move over from non-treated areas. This treatment is strictly for submerged vegetation and algae. Results can vary each year.

Products used

Tribune (diquat herbicide) and a copper based algaecide will likely be used, and at maximum label rates. Copper sulfate will be used for swimmers itch.

Restrictions

All restrictions will be posted prior to treatment. Generally there are no swimming or fishing restrictions.

*2nd treatment (normally)

If you do not want the 2nd application, you can cancel prior to the treatment. The main difference between Aquatic Solutions and other companies is we will NOT treat your area if no real benefit will be achieved due to difficult to control plants (mainly wild celery) in your area.

Your responsibility prior to treatment

Please make sure all weed rollers and/or blowers are shut off and unplugged, all irrigation systems are shut off and unplugged and the treatment area cleared of any inflatable or recreational items.

Permit Application instructions

Give a brief description of how to locate your property FROM THE LAKE(something unique or boat/canopy color...etc) along with a sketch of the area you want treated.

Fill out the application and check: TYPE OF CONTROL as Herbicide and PLANT OR NUSIANCE as Submersed Plants.

Sign and date the application.

Lake: _____ Big Swan _____ County: _____ Todd _____

House, shoreline &/or dock description so we can easily locate your property FROM THE LAKE:

Sketch of the treatment area to be treated
(Please draw dock, area to be treated, and compass)

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)		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 _____ feet lakeward, and/or in a channel _____ feet long and _____ feet in width extending to open water.		
TYPE OF CONTROL Mechanical <input type="checkbox"/> or Herbicide <input type="checkbox"/> : PLANT OR NUISANCE - check all that apply-		
Submersed Plants (ex: Coontail) <input type="checkbox"/>	Duckweed <input type="checkbox"/>	Filamentous Algae <input type="checkbox"/>
Floating-leaf Plants (ex: Water Lily) <input type="checkbox"/>	Plankton Algae <input type="checkbox"/>	Chara <input type="checkbox"/>
Emergent Plants (ex: Bulrush) <input type="checkbox"/>	Floating Bog (no fee) <input type="checkbox"/>	Snails (swimmer's itch) <input type="checkbox"/>
		Leeches <input type="checkbox"/>
By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisances 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.		
<u>Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.</u>		
Applicants Signature		Date

Return to: 13580 161st Ave Little Falls, MN 56345 or Jim@aquaticsolutionsmn.com