

Hello, I would like to introduce myself to everyone. My name is Jim Strohmeier, the new owner of Aquatic Solutions of Minnesota. Craig is still going to be a HUGE part of the business moving forward. His knowledge and experience will continue to help guide the business with the same core values of unmatched customer service at the best possible price. My family and I are excited for this new business venture and can't wait to get to know you and continue or start to provide you with all your lake shore weed control needs. We will do everything possible to make this transition seamless for you as we will continue to offer everything in the same professional and timely manner as you have grown accustomed to over the years working with Craig.

Attached is this year's permit application. Please follow the steps shown and return the completed application to us at the email or postal address provided in this letter. If you wish you can send the \$35 permit fee along with your completed paperwork or you can wait until invoiced at a later date. Please note the sign up application is printed on both sides of the paper, please fill out both sides of the application and return via email to [jim@aquaticsolutionsmn.com](mailto:jim@aquaticsolutionsmn.com) or regular mail to: Aquatic Solutions of Mn 13580 161st Ave Little Falls, Mn 56345. We prefer email, if possible. Please make sure your email address is printed clearly on the sign up sheet.

We will need a minimum of 15-20 homeowners to sign up for treatments to make it cost effective for us. We have been working with Lee Daly and Steve Baker to hopefully get treatments for 2024 and beyond.

Sincerely,

Jim Strohmeier

Aquatic Solutions of MN  
2024 Big Swan Lake Treatment Sign-up

- Two Treatment Program for Submerged Vegetation Out 100’\*
- \$185 **per treatment** up to 50’ shoreline (\$2.00 per shoreline feet beyond 50’)
- DNR Permit Fee  
\$35 (non-refundable once the permit has been applied)

Instructions

1. Please fill out the form on the back and return by **March 15th 2024**.
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 1<sup>st</sup> treatment.
4. The DNR will limit you to treat up to ½ of your shoreline.

Timing (normally)

We will treat when the plants are up and growing. Please feel free to let us know what you are seeing. The estimated treatment date is the week of June 9th. The association will be notified at least 1 day prior to treatment.

Results

There is no guarantee. 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.

Products used

Tribune (diquat herbicide) and a copper based algaecide will be used at maximum label rates.

Restrictions

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

\*2<sup>nd</sup> treatment (normally)

If you do not want the 2<sup>nd</sup> 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.

Application

The treatment may be applied by boat, by backpack, or a combination of both. Surface spraying or underwater injection will be used on a home-by-home basis. We will go out 100’ from shore, or whatever the DNR allows.

Lake: Big Swan County: Todd

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

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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              |                   |
| <b>SIZE OF AREA PROPOSED TO BE TREATED:</b> 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  or Herbicide : 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. **Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.**

|                      |      |
|----------------------|------|
| Applicants Signature | Date |
|----------------------|------|