

LAKE RESTORATION, INC.
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2018 SIGN UP FORM

Lake: _____

County: Isanti

Mailing Address

Treatment Address
(If Different than Mailing)

Please **check** which programs you desire, sign and return **ASAP**.

TWO TREATMENT PROGRAM: (Please Check, more details on reverse of form)

The DNR regulations provide that the maximum treatment area is limited to 1/2 of your shoreline (100 ft max), or 35' of shoreline, whichever is greater.

Traditional (TRAD) Submerged Weed & Algae Control: \$184 **PER TREATMENT**, Plus \$1.34 per shoreline foot treated over 50 feet

Premium* (PREM) Submerged Weed & Algae Control: \$227 **PER TREATMENT**, Plus \$2.06 per shoreline foot treated over 50 feet

* HIGHER LEVEL OF CONTROL ON THE MOST COMMON NUISANCE PLANTS AND TREATS THE HARD TO CONTROL PLANTS.

Ultra* (ULTRA) Submerged Weed & Algae Control: \$268 **PER TREATMENT**, Plus \$2.36 per shoreline foot treated over 50 feet

*OBTAINS HIGHEST OFFERED LEVEL OF CONTROL ON BOTH COMMON NUISANCE PLANTS AND HARD TO CONTROL PLANTS.

Swimmers Itch Control \$19 per property **PER TREATMENT**
IF SUBMERGED WEED & ALGAE CONTROL IS NOT SELECTED THR MINIMUM SWIMMERS ITCH TREATMENT COST WILL BE \$134 PER TREATMENT.

✓ DNR Permit and Processing Fee \$40 (not optional)

Please make any changes, additions necessary:

Home Phone: (

Lake Phone:

Work Phone:

E-mail Address

Total Shoreline Footage Owned:

Footage to be Treated:

House Color/Description from Lake View:

Concerns or Problem Areas:

You can now pay by major credit card: (Visa/MasterCard/Discover/American Express)

Card # _____ Expire Date _____ CID _____

(Signature required on back of form)

Please Read Carefully:

TRADITIONAL, PREMIUM AND ULTRA SUBMERGED WEED & ALGAE CONTROL

Lake Restoration currently offers three different treatment levels. The **Traditional Level** can control most lake weeds present at the time of treatment. The **Premium Level** offers a higher level of control for most nuisance lake weeds; along with controlling common lake weeds. The **Ultra Level** provides the highest level of control for the common nuisance plants and hard to control species. With all of these programs there is no residual control. Re-growth or replacement by other weeds will occur. Some species can be resilient to herbicide such as vallisneria, chara and clasping-leaf pondweed, but these are not usually the predominate species.

DNR PERMIT PROCESSING FEE

An annual fee, and is non-refundable. Sign-ups received after the date indicated will result in an additional fee. Please note that the permit and processing fee can take 6-8 weeks if not longer for new permit applications.

SWIMMERS ITCH

To control the hosts of swimmer's itch organisms present at time of treatment. Will not prevent organisms from drifting in afterwards. There is no stated or implied guarantee of results. There is no residual control.

TERMS

BEFORE YOUR TREATMENT CAN TAKE PLACE, THE PROPERTY MUST BE PERMITTED BY THE DNR. ONCE WE RECEIVE THE PERMIT, YOUR TREATMENT WILL TAKE PLACE THE NEXT TIME WE ARE ON YOUR LAKE. HERBICIDE/ALGAEICIDE TREATMENTS ARE APPLIED TO SUBMERGED WEEDS AND ALGAE ONLY. *EMERGENT VEGETATION, SUCH AS CATTAILS OR WATERLILIES, IS NOT INCLUDED WITH THIS TREATMENT

SIGNATURE BELOW

By signing below, the customer is giving Lake Restoration permission to treat per the program chosen on the front of this form. It also signifies the customer understands that there is no stated or implied guarantee of results and that payment is due upon completion of treatments regardless of treatment results.

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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)	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 along shore. Proposed treatment area extends ___ ft along shore by 100 ft lakeward, out to a depth of 8 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 may 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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