



Making Lake Weeds

Disappear Since 1977

**2020 SIGN UP FORM**

Lake: Coon

County: Anoka

Treatment Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Please **check** which programs you desire for the 2020 season, sign and **return ASAP**.

**2020 LAKE TREATMENT PROGRAM:** (Please Check One.)

You can rely on the expertise of Lake Restoration to eliminate weeds, while maintaining the integrity of your lake property. Lake Restoration will be offering the following Lake Treatment Program for the 2020 season.

*\*Please see the back of form for Treatments, Terms, Service Guarantee, DNR Processing Fee, and Minnesota DNR Shoreline Treatment Rules.*

**LAKE VEGETATION MANAGEMENT PLAN:** (LVMP) Program for Submerged Weed & Algae Control:  
**\$173.00 PER TREATMENT**

*With our Two Treatment Submerged Weed & Algae Control Program we apply more herbicide to give you the highest control of common and harder to control lake weeds and algae present at the time of treatment.*

**ADDITIONAL SERVICES:** (Optional)

Swimmers Itch Control: \$19 per property **PER TREATMENT**

*To control the hosts of swimmer's itch organisms present at the 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.*

Emergent Weed Control

*Please check if you would like more information on controlling Emergent Vegetation (Cattails, Water Lilies...etc.)*

**DNR PERMIT AND PROCESSING:** (Not Optional)

DNR Permit and Processing Fee \$40 (**not optional**) or \$65 (**if received after April 1, 2020**)

**Please make any changes, additions necessary (Signature is also required on the back.)**

**ALL Notifications will be made by email.**

Home:

Work:

Cell:

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). Or Pay Online at

[www.LakeRestoration.com](http://www.LakeRestoration.com)

Card # \_\_\_\_\_ Expire Date \_\_\_\_\_ CID \_\_\_\_\_

**PLEASE READ CAREFULLY:**

**TREATMENTS**

With both of our programs, there is no residual control. Re-growth or replacement by other weeds will occur. Some species can be resilient to herbicides such as Vallisneria, Chara, Claspingleaf Pondweed, but these are not usually the predominate species.

**TERMS**

Your first invoice will arrive in June. You will receive a second invoice upon completion of the second treatment. If a credit card number is provided your credit card will be charged prior to first treatment.

**SERVICE GUARANTEE PROGRAM**

Our Service Guarantee will ensure that the weeds that we can get adequate control of will be controlled with our treatments. If your property does not have 50% of more control after 14 days after the treatment has occurred, please call in to discuss with one of our LAKE experts. The service Guarantee is limited to a ONE time use and cannot be used every year. To receive the Service Guarantee, you will be required to provide photographs of the entire area that was treated, as well as the weeds present. With all the programs Lake Restoration offers, there is no residual control. Regrowth and replacement by other weeds can occur. The following weeds are excluded from the Service Guarantee program because they can be resilient to herbicides: Vallisneria, Chara and Claspingleaf Pondweed.

**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 approval process can take 6-8 weeks if not longer for new permit applications. If a permit is not received before first treatments on the lake occur, there is a possibility you will receive only one treatment.

**SHORELINE TREATMENT RULES PER MN DNR**

As in the past, the Minnesota DNR has shoreline treatment rules which limit the size of the allowed treatment area. These rules limit the area to half of the property owner's shoreline footage (up to a maximum of 100 feet), or 35 feet, whichever is greater. Here are a few examples of how the MN DNR's shoreline treatment rules work. For example if you own 300 feet of shoreline then you will be allowed to treat 100 feet of shoreline. If you own 100 feet of shoreline then you will be able to treat 50 feet of shoreline. A third example is if you own 60 feet of shoreline you will be allowed to treat 35 feet.

**SIGNATURE BELOW**

In signing this you are agreeing to a **two treatment program**. Your first treatment will take place in the month of June, weed growth & weather permitting. Second treatments will then follow about four to five weeks later. Herbicide/algaecide treatments are applied to submerged weeds and algae only. There is no control of floating vegetation that drifts in afterward. The herbicides used at the time of the treatment do need 14-18 days to take full effect if you have questions in regards to your results please contact Lake Restoration after this time period to discuss the treatment so adjustments can be made to your 2nd application.

**\*Emergent vegetation control, such as cattails or waterlilies, is not included in these programs.**

**PLEASE NOTE**

Lake Restoration may share information in regards to your service status. This information will not be sold to outside sources. **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.



**APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES**  
(Please Print or Type)

<b>Applicant's Name</b> (First, MI, Last)		<b>Day Time Phone Number</b>	<b>Cell Phone Number</b>
<b>Lake Home Address</b> (# and street, RFD, Box #, City, State, Zip Code)		<b>Fire # / 911 #</b>	<b>Lake Residence Phone Number</b>
<b>Permanent Mailing Address</b> (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 _____ 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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