

**LIMNOPRO AQUATIC SCIENCE, INC.**

**APPLICATION FOR A MN DNR AQUATIC PLANT MANAGEMENT (APM) PERMIT  
TO CONTROL AQUATIC PLANTS, ALGAE, AND/OR SWIMMER'S ITCH**

*(Please Print or Type)*

Name : \_\_\_\_\_

Email Address: \_\_\_\_\_

Lake Name: \_\_\_\_\_

Lake Home Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Owned shoreline width in feet: \_\_\_\_\_

Proposed shoreline width to treat in feet: \_\_\_\_\_

Proposed length lakeward to treat in feet: \_\_\_\_\_

**Select the species that you are proposing to control with this treatment method. (Select all that apply)**

- ☐ Submersed plants: grows entirely underwater (e.g., coontail, pondweed, milfoil)
- ☐ Floating-leaf plants: leaves float on surface of water (e.g., waterlilies, watershield)
- ☐ Emergent plants: Sticks out above the water (e.g., cattails, bulrush, wild rice)
- ☐ Snails (swimmer's itch)
- ☐ Chara: plant-like algae
- ☐ Plankton algae: microscopic floating algae
- ☐ Filamentous algae: stringy, slimy algae

**Select one of the following:**

- ☐ We are planning on hiring a commercial applicator
- ☐ We are planning on purchasing chemical and applying it ourselves

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 a MN DNR 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 accompany application fee does not constitute obtaining a permit.

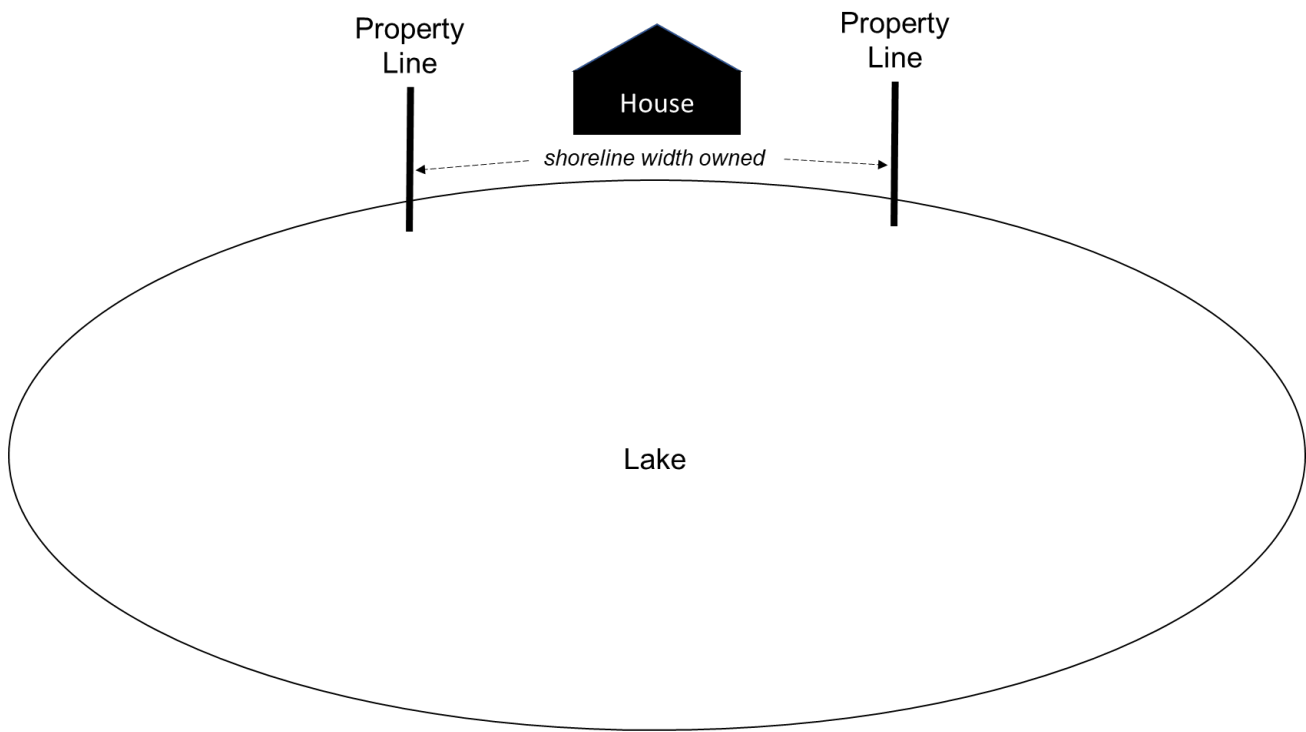
Applicant's Signature / Date \_\_\_\_\_

## TREATMENT AREA SKETCH

Select one of the following:

- ☐ Center my treatment at my dock.
- ☐ Center my treatment offset to the right of my dock as you look toward the lake.
- ☐ Center my treatment offset to the left of my dock as you look toward the lake.
- ☐ Other (Please specify)

**Provide a sketch of area to be treated.** Your permit cannot be processed by the MN DNR without a sketch that includes a north arrow, the treatment dimensions, and the location of the dock. Include any other identifying landmarks



Once the entire two pages are completed, please mail to Limnopro Aquatic Science along with a check made out to *Limnopro* in the amount of \$35 if you would like us to apply for and process your permit. The permit fee is nonrefundable. Mail the form and/or check to the following address:

**Limnopro Aquatic Science  
PO Box 721  
St. Cloud, MN 56302**

You will receive an email from the MN DNR once the permit has been received and processed.

Please contact Dan at [dan@limnopro.com](mailto:dan@limnopro.com) or 320-324-2210 with any questions.

Limnopro Aquatic Science will offer a chemical treatment program to reduce nuisance plants and algae along your lakefront shoreline this year. We will require a minimum of five property owners per lake to be signed up prior to 5/1/2022 for our applicators to make a trip to your lake. Invoices for treatments will be distributed on 5/2/2022. Prepayment and an approved MN DNR APM permit for treatments will be required by 5/15/2022 for a June treatment. Shoreline treatments will be completed between June 1 - 30, 2022. If you desire treatment before the end of June, please see the DIY information.

Enter the width and length of your shoreline treatment in feet. This is not how much shoreline you own but how much of what you own will be treated. If you have a previous permit, this will be listed on it. If you do not have a permit or do not know, enter half of the shoreline you own out to a length of 100 feet lakeward.

1	Enter your prior approved or proposed treatable shoreline <b>width</b> in feet	1	
2	Enter your prior approved or proposed treatable <b>length</b> lakeward in feet	2	
3	Multiply lines 1 and 2 together. <b>This is your treatable area in square feet.</b>	3	
4	Multiply line 3 by \$0.0107	4	
5	Add \$291.96 to line 4. <b>This is the pretax base cost for one shoreline treatment from Limnopro without optional extras.</b>	5	
6	Multiply line 3 by \$0.0124 if your permit allows for, and you desire to have, floating leaf (e.g., waterlily) and/or emergent (e.g., cattails/bullrush) treatment added to your service. If this does not apply, enter \$0.	6	
7	Multiply line 3 by \$0.0035 if your permit allows for, and you desire to have, treatment for swimmer's itch. If this does not apply, enter \$0.	7	
8	Add \$35 if you would like Limnopro to apply for and pay for your MN DNR APM permit. If this does not apply, enter \$0. If you get your own permit, you must provide a copy of it before Limnopro will treat your property.	8	
9	Add all lines (1-8) together. <b>This is your estimated pretax treatment cost per treatment.</b>	9	
10	Enter the number of treatments you would like during the year. Enter the number "1" if you will only have a single treatment done or "2" if you would like two treatments done spaced between 30-45 days apart.	10	
11	Multiply lines 9 and 10 together. <b>This is your estimated total annual pretax treatment cost.</b>	11	

**THIS IS NOT AN INVOICE OR CONTRACT AGREEMENT BUT RATHER AN ESTIMATE OF YOUR CHARGES FOR PLANNING. DO NOT SEND MONEY FOR TREATMENT.** ONLY INCLUDE, WITH YOUR FORM, \$35 IF YOU WANT LIMNOPRO TO APPLY FOR AND PROCESS YOUR DNR PERMIT. YOU WILL BE INVOICED SEPARATELY FOR THE ACTUAL TREATMENTS ON 5/2/2022.