

APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT
(PLEASE PRINT OR TYPE)

**I. APPLICANT INFORMATION**

Name (First, M., Last):

Joseph M. Baker

Day Time Telephone or Cell Number:

612 868-8702

Organization:

Lake Sarah Improvement Association

Permanent Mailing Address:

5580 Lake Sarah Heights Drive
Loretto, MN 55357

Email Address:

joe_baker@cargill.com

II. LAKE INFORMATION

Lake Name (and bay if applicable):

Lake Sarah

County:

Hennepin

Do you plan to apply for the control grant to support management in this application? Yes No **III. INFORMATION ON PROPOSED CONTROL**

1. Type of Control Proposed. (check all that apply)

Mechanical Tools/Harvester Herbicide 2. What herbicide(s) or mechanical device - do you propose to use? DMA-43. Who will be doing the control? The Applicant Commercial Applicator or Mechanical Control Company Scott Walsh + Craig Mueller

4. If a commercial applicator or harvester will do the control, please provide the company's name: _____

and address: _____

5. Type of Invasive Aquatic Plant

Eurasian watermilfoil Flowering rush

Other: _____

Curly-leaf pondweed Purple loosestrife

(Name of plant)

IV. THIS TREATMENT AREA HAS BEEN PREVIOUSLY PERMITTED

If you propose to treat areas that were permitted for such treatment in *any* previous year and do not propose to exceed the 15% limit, then a permit may be issued in the current year *without field inspection*.

1. If you previously received an Invasive Aquatic Plant Management Permit(s) or an Aquatic Plant Management Permit(s) to allow control of an invasive aquatic plant, please provide the permit number(s): 14W-3A046

We have treated this area for EWM in a previous year.

If you propose to treat areas that were permitted for treatment in *any* previous year and not exceed the 15% limit, no additional information is required at this time. **Please skip to item VIII and provide the required signature(s).**

V. THIS IS A NEW OR REVISED PERMIT OR PERMIT AREA

1. Location[s] and dimensions of Proposed Treatment Area[s].

up to Both offshore + onshore

I propose to conduct control of invasive aquatic plants in 10 acre(s). Included with this application are the Geographic Digital Data, including all necessary electronic files that can be used by the DNR to re-create all polygons, waypoints, track logs, etc.

This application is two-sided. Please complete both sides.

APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT (continued)



Lake Name: Lake Sarah

County: Hennepin

VI. JUSTIFICATION[S] FOR THE PROPOSED TREATMENT:

a. Enhance recreational use,	<input checked="" type="checkbox"/>
b. Control invasive aquatic plants,	<input checked="" type="checkbox"/>
c. Increase or protect native aquatic plants,	<input type="checkbox"/>
d. Prevent spread,	<input type="checkbox"/>
e. Further research or evaluation of invasive aquatic plant control,	<input type="checkbox"/>
f. Other: _____	

VII. FEE INFORMATION: There is no fee required for Invasive Aquatic Plant Management permits.

IX. ENCLOSURES Geographic Digital Data Sketch/Map Form with multiple signature[s]
 Request for a waiver of the requirement for signatures Other : _____

I hereby apply for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the management of invasive aquatic plants is subject to rules of the Commissioner of Natural Resources. I understand that an annual report will be required on results achieved.
Eric Fieldseth will complete a post-treatment survey/report.

By signing this application I attest that I own, lease or control the land at the address listed above. The information submitted and the statements made concerning this application are true and correct to the best of my knowledge.

VIII. SIGNATURES

1. Applicant's signature: Joseph M. Baker Date: 7/15/14

2. Form with multiple dated signatures of approval by landowners whose shorelines may be treated

3. Request for a signature waiver *We have signatures for all shoreline owners from our earlier CLP treatment.*

If necessary, attach an additional sheet[s] to sketch a map of treatment areas. Please include a 'North' arrow and location(s) of areas where control is proposed. You may also attach additional information as needed.