



PERMIT TO DESTROY AQUATIC VEGETATION

Permit No.: 15W-3A111
Device No.:

The Commissioner of the Natural Resources, pursuant to authority by law, hereby grants this permit to the person whose name appears below, for the purpose specified, dates inclusive as shown, in the conditions hereinafter set forth:

Permittee's Name: WADE BEMMELS, Fire Number, Telephone Number: 612-790-8896, Lake Address (if different): 4515 SHADY BEACH CIRCLE INDEPENDENCE MN 55359

INCLUSIVE DATES OF PERMIT:

FROM: June 16, 2015 TO: September 01, 2015 TYPE OF PERMIT: 1 Season

THIS PERMIT APPLIES ONLY TO THE WATER AREA AS DESCRIBED AS FOLLOWS:

Name of Lake: Sarah, Acres: 586, County: Hennepin, Extending 47.54 acres. Treatment by permittee or: LR - Lake Restoration. Location of Treatment Area: Control area is as diagrammed on attached map. Adjacent to properties that have provided consent only. Signature waiver has been granted for this treatment and applicant is responsible for all associated notification requirements before treatment can occur. No treatment within 50' of emergent or floating-leaf vegetation.

Type of Control: Selective herbicide control of Eurasian watermilfoil. Means and Methods Allowed: Up to one (1) treatment with an Auxin-mimic herbicide to be applied per label instructions for selective EWM control.

THE PERMITTEE OR AGENT SHALL GIVE NOTICE OF COMMERCIAL MECHANICAL CONTROL OR CHEMICAL TREATMENT DATE TO THE FOLLOWING PERSON WHICH SHALL BE RECEIVED BEFORE BEGINNING ANY WORK HEREUNDER. FAILURE TO NOTIFY PRIOR TO BEGINNING WORK OR VIOLATION OF OTHER TERMS AND CONDITIONS OF THIS PERMIT SHALL BE GROUNDS FOR REVOCATION OF THIS PERMIT OR REFUSAL TO RENEW.

Keegan Lund, Invasive Species Spec, 1200 Warner Rd St. Paul, MN; or 651-259-5828

By obtaining this permit (DNR's Aquatic Plant Management Permit), dischargers of pesticides are granted coverage under the National Pollutant Discharge Elimination System (NPDES) / State Disposal System (SDS) Pesticide General Permit for the control of Nuisance Aquatic Animals (MNG87C0000) and Vegetative Pests and Algae (MNG87D0000) administered by the Minnesota Pollution Control Agency (MPCA). Compliance with this permit will satisfy the requirements of the NPDES/SDS permit. More information and copies of MPCA's permit can be found at www.pca.state.mn.us/pesticidepermit.

The Minnesota Department of Natural Resources does not vouch for the effectiveness of any control method or operation nor does it stand as arbiter whether or not any such method or operation has been satisfactory. This permit is permissive only and no liability shall be incurred by the State or by any of its offices, agents, or employees by reason of the issuance of it or by reasons of acts or operations of the permittee. The permittee shall be solely responsible for any damage or injury to persons, domestic or wild animals, waters, or property, real or personal of any kind, resulting from the permittee's acts or operations, and at all times the State of Minnesota, its officers, agents, and employees, shall be held harmless from any liability for such damage or injury.

AFS: 620 WEST METRO
CO:
Other:

Authorized Signature for Commissioner Date: 6/16/2015

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



I. APPLICANT INFORMATION	
Name (First, M., Last):	Day Time Telephone or Cell Number:
Organization:	
Permanent Mailing Address:	Email Address:
II. LAKE INFORMATION	
Lake Name (and bay if applicable):	County:
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 Invasive Aquatic Plant Eurasian watermilfoil Flowering rush Other: _____ Curly-leaf pondweed Purple loosestrife (Name of plant)	
2.. Type of Control Proposed. (check all that apply) Mechanical Tools/Harvester Herbicide	
3. What herbicide(s) or mechanical device - do you propose to use?	
4. Who will be doing the control? The Applicant A Commercial Applicator or Mechanical Control Company	
5. If a commercial applicator or harvester will do the control, please provide the company's name: _____ and address: _____	
IV. JUSTIFICATION[S] FOR THE PROPOSED TREATMENT	
a. Enhance recreational use, b. Control invasive aquatic plants, c. Increase or protect native aquatic plants, d. Prevent spread, e. Further research or evaluation of invasive aquatic plant control, f. Other: _____	

APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT (continued)



Lake Name: _____

County: _____

V. LOCATION AND DIMENSIONS OF THE PROPOSED TREATMENT AREA(S)

I propose to conduct control of invasive aquatic plants in _____ 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.

VI. 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, and you propose to treat the areas allowed under a previous permit(s), then please provide that (those) permit number(s): _____

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

VII. THIS TREATMENT AREA, AT LEAST IN PART, HAS NOT BEEN PREVIOUSLY TREATED

1. If you propose to treat any areas that were NOT permitted for such treatment in a previous year, then please provide the location[s] and dimensions of the proposed treatment area[s]. (see Section V above for details)

VIII. 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 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. *By signing this application, I attest that I own, lease or control 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.*

X. SIGNATURES

1. Applicant's signature: _____ Date: _____
2. Form with multiple dated signatures of approval by landowners whose shorelines may be treated
3. Request for a signature waiver

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.