



Cory Culbert (owner)
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2021 Sign Up

Lake _____
Customer Name _____
Treatment Address _____
Billing Address _____
Email Address/Phone _____

Programs for submerged weeds and algae control require **2 Treatments**. Standard Treatment Package is **\$385.00** I do offer a **\$35** prepayment **discount**. With prepayment discount the total price is **\$350.00**. The DNR Permit is included, and I take care off all the hassle and permitting! That does **Not** include swimmer's itch treatment, if one is requested please call or email to arrange.

MN DNR regulation states that treatment area is limited to 1/2 total shoreline or 50 ft whichever is less. **Previous DNR permit#** _____

Total Ft of shoreline owned _____
 (If not known I can look up)

Please call for a discount if you have less than **70Ft** lakefront
 (Smaller lots are priced by footage of shoreline owned.)

Please Sign and Return Application with Form

I will provide gps info and mapping for DNR permit

Standard Treatment Package is \$385 (if you plan to have me bill you) **\$375.00**

Prepay discount \$35 (Discount only available pre pay) **(\$35.00)**

Add \$60 per each swimmers itch **\$60 X** _____

Typical swimmers itch treatments are done once in a season. Twice if you are having swimmers itch problems. (Call to arrange timing)

(No prepayment discounts once treatment season has started.)

Season Total **TOTAL** _____

Please remember to sign application on the next page.
 Also include any special requests on the next map page with your signature.
 If you have had treatments previous years I have your property info on gps.

Hello ,
 I am trying to get a jump on next seasons permits. If you have any questions please let me know.

Please make checks payable to **Lakescapes LLC**
 721 River St, Waterville MN 56096

Please remember to sign and return application with rough sketch of your lake home on the next page. If you have any questions please call 507-271-3727 *Thank you very much!* **Cory Culbert**

Sketch of treatment area. Include: North arrow, treatment area location (including width and length dimensions), dock – distance from nearest property boundary or nearest identifiable land mark.

Please provide clear driving directions and show the location of your property on the lake with any significant intersections or landmarks:

gps coordinates

VII ENCLOSURES	Sketch/Map	Signature	Check or Money Order for Fee	Other
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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 will be required on results achieved. Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

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.

Applicants Signature	Date
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