

This form is to assist SLIA members in the process of applying for shoreline treatment of submersed plants and Lily Pads. Please read instructions fully prior to completing. Questions may be directed to Joyce Germscheid, 651-792-6249.

The DEADLINE for these forms is **Monday April 17th at noon**. Submit forms electronically or drop off/mail to: Joyce Germscheid, 2571 Poplar Ave. E., North St. Paul, MN 55109  
joyce.germscheid@hotmail.com.

### TREATMENT TYPES:

1. Treatment of **submersed plants** will target plants such as Eurasian watermilfoil (EWM) and curly-leaf pondweed (CLP). The example noted on the application is 'Coontail'.

Treatment of **submersed** plant area will vary based on the amount of **shoreline property** you own as well as the amount approved/allowed by the DNR. Applicants having up to 70' of shoreline may request up to 35'. As an example, if you have 25' of shoreline you may request 25' or if you have 36'-69', you may request 35'. Applicants with shoreline greater than 70' may request up to half of their total, meaning if you have 120' of shoreline you may request 60'.

The **lakeward distance** may also vary based upon your location on the lake or within a bay. The SLIA recommends requesting 50, 100 or 150 feet for this measurement. If the requested treatment area varies each year, the application is treated by the DNR as a new treatment. The SLIA recommends requesting the maximum area per the guidelines above. If you are unsure of exact measurement of your shoreline, please make a good guess based on the spreadsheet!

2. Treatment of **floating-leaf plants** will target plants such as Lily Pads.

Treatment of **floating leaf** (lily pads) area is either 50'X50' or 35'X50'. This price *will* include, if necessary, treatment of an additional 15' channel extending 50' beyond the approved treatment area. (If a longer channel is required, please contact LIC for pricing.)

### TREATMENT COSTS:

Costs are estimates and may be adjusted based on the final approved area from the DNR and the number of shoreline group participants. There is a \$125 per property minimum charge from Lake Improvement Consulting (LIC) for all applicants, meaning if your treatment area is calculated at \$90, you will be charged the minimum fee of \$125.

- The shoreline treatment costs will increase by \$0.40/shoreline foot.
- There is a \$35 MN DNR permit fee for each application. This fee will be prepaid by LIC and added to your individual invoice.
- **Submersed plant treatment** is **\$4.37/shoreline foot** which includes 50' outward. Adding an additional 50' (total 100') outward increases the cost to **\$6.31/shoreline foot**. Adding an additional 100' (total 150') outward increases the cost to **\$8.36/shoreline foot**. For example, treating 50' of lakeshore 100' outward would be  $50 \times \$5.91 = \$295.50$ . This assumes the DNR approves the requested treatment area. SLIA recommends requesting the maximum area from the DNR and then working with LIC if a smaller treatment area is desired.
- **Floating-leaf/Lily pad treatment** pricing, to treat **50' x 50' is \$125, 35' by 50' is \$100**. DNR will approve the amount allowed to treat. This price *will* include, if necessary, treatment of an additional 15' channel extending 50' beyond the approved treatment area. (If a longer channel is required, please contact LIC for pricing.)

**NOTE: pricing is *per treatment*, meaning there is a charge for two treatment types and for two treatment periods.**

**Page 2: INSTRUCTIONS:**

**Step 1:** Only **current-paid SLIA members** will be included in the group permit process. You must complete your 2021 SLIA membership form and pay the minimum \$50 membership fee *prior* to submitting this application (form is attached and also available on our website [www.silverlakensp.org](http://www.silverlakensp.org)). If you are not a current member, please work with the DNR directly regarding any lake treatment.

**Step 2:** Whether a first time or repeat treatment homeowner, please indicate with an “x” your desired treatment(s). **Submersed Plants and Floating-leaf plant treatment are two separate treatments, involving a cost for each process as noted above.** If you opt for a second treatment, typically 4-5 weeks after the first, there will be another charge. Each “x” will indicate a treatment and a charge as noted above.

TREATMENT TYPE	Submersed Plants (EWM, Curly Leaf)	Floating-leaf (lily pads)		
		50' x 50', incl. 15' channel if appl.	OR	35' x 50", incl. 15' channel if appl.
<b>1<sup>st</sup> treatment</b> <b>Early Season/June</b>	Example: X if you want June treatment	Example: X for 50X50 channel Treatment June	OR	Example: X for 35X50 channel Treatment June
<b>2<sup>nd</sup> treatment</b> <b>Mid-Season/July</b>	Example: X if you want July treatment	Example: X for 50X50 channel Treatment July	OR	Example: X for 35X50 channel Treatment July

**Step 3:** If you **have** treated in the past and are requesting the **SAME** treatment as last year, proceed to the application section below and complete your name, address and contact information – **the top section ONLY** - sign and return this entire form. ***Please do not fill in anything between the address and the signature.*** YOU ARE DONE, send in page 2 only.

If you **have not** treated in the past (e.g. new permit owners), complete the same information on the application as above and below, however in addition, you must also complete a **Sketch of Treatment Area on page 3**. Like the example, draw your shoreline and identify the requested treatment area and return with the application. Send in page 2 and page 3.

**Reminder – deadline is Monday, April 17th by noon.**  
**(Leave this attached to Page 2 and return only page 2 and 3 if necessary)**

Applicant's Name (First, MI, Last)		Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)			Lake Residence Phone Number
Permanent Mailing Address (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 _____ feet lakeward, and/or in a channel _____ feet long and _____ feet in width extending to open water.			

TYPE OF CONTROL Mechanical  or Herbicide : PLANT OR NUISANCE - check all that apply-

Submersed Plants (ex: Coontail) <input checked="" type="checkbox"/>	Duckweed <input type="checkbox"/>	Filamentous Algae <input checked="" type="checkbox"/>
Floating-leaf Plants (ex: Water Lily) <input type="checkbox"/>	Plankton Algae <input type="checkbox"/>	Chara <input checked="" type="checkbox"/>
Emergent Plants (ex: Bulrush) <input type="checkbox"/>	Floating Bog (no fee) <input type="checkbox"/>	Snails (swimmer's itch) <input checked="" type="checkbox"/>
		Leeches <input type="checkbox"/>

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisances 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.**

Applicants Signature	Date
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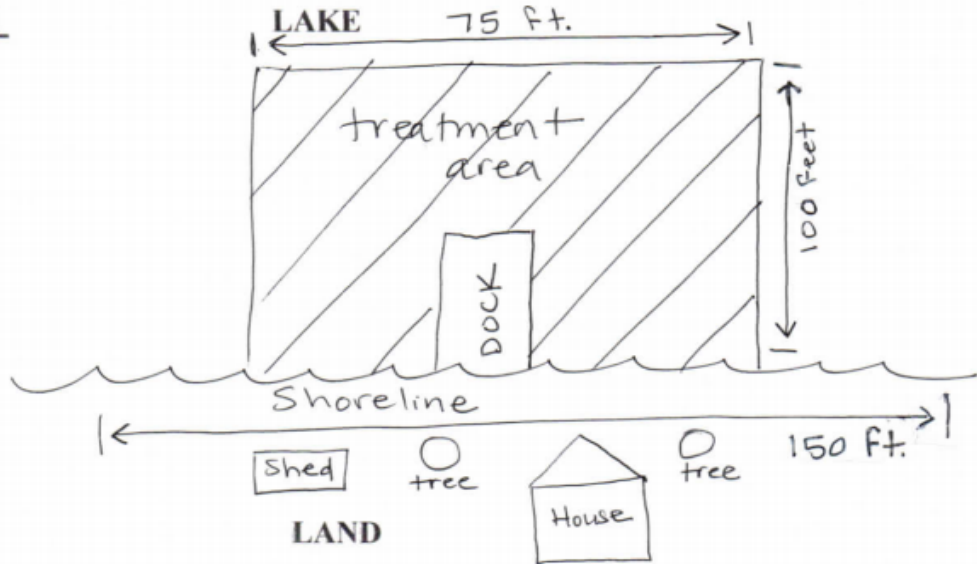
**Page 3: Sketch of Treatment Area – REQUIRED FOR FIRST-TIME APPLICANTS ONLY**

The DNR requires a basic sketch of your treatment area. Prior to issuing the permit, the DNR will inspect your property to determine if treatment is appropriate. The DNR will conduct this independently and will not contact you. *This will only be required the first time you apply for a permit or your existing permit has lapsed for 2 or more years — neither the sketch nor the inspection will be required in subsequent years.*

As required by the DNR, we will place **bright orange posting signs** on your property prior to treatment. The homeowner is required to remove the signs - please keep these signs in place until the Remove b/' date that will be indicated on the signs.

**SAMPLE SKETCH**

Note: The DNR allows you to treat half of the shoreline that you own, or up to 35 feet, whichever is greater (maximum of 100 feet shoreline.) Please contact us if you have questions about your allowed treatment size.



Lake Name and Property Address: \_\_\_\_\_

Number of total shoreline feet that you own: \_\_\_\_\_

ADD SKETCH OF YOUR Shoreline Here:

LAKE

LAND