

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



I. APPLICANT INFORMATION		
Name (First, M., Last): Claire Bleser	Day Time Telephone or Cell Number: 9526076512	
Organization: Riley-Purgatory-Bluff Creek Watershed District		
Permanent Mailing Address: 14500 Martin Drive Suite 1500	Email Address: cbleser@rpbcwd.org	
II. LAKE INFORMATION		
Lake Name (and bay if applicable): Red Rock Lake	County: Hennepin	
Do you plan to apply for the control grant to support management in this application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
III. INFORMATION ON PROPOSED CONTROL		
1.. Type of Invasive Aquatic Plant		
Eurasian watermilfoil <input type="checkbox"/>	Flowering rush <input type="checkbox"/>	Other: _____
Curly-leaf pondweed <input checked="" type="checkbox"/>	Purple loosestrife <input type="checkbox"/>	(Name of plant)
2.. Type of Control Proposed. (check all that apply)		
Mechanical Tools/Harvester <input type="checkbox"/>	Herbicide <input checked="" type="checkbox"/>	
3. What herbicide(s) or mechanical device - do you propose to use? Endothall K		
4. Who will be doing the control? The Applicant <input type="checkbox"/> A Commercial Applicator or Mechanical Control Company <input checked="" type="checkbox"/>		
5. If a commercial applicator or harvester will do the control, please provide the company's name: Lake Restora and address: 12425 Ironwood Circle, Rogers, Minnesota 55374		
IV. JUSTIFICATION[S] FOR THE PROPOSED TREATMENT		
a. Enhance recreational use,	<input type="checkbox"/>	
b. Control invasive aquatic plants,	<input checked="" type="checkbox"/>	
c. Increase or protect native aquatic plants,	<input checked="" type="checkbox"/>	
d. Prevent spread,	<input checked="" type="checkbox"/>	
e. Further research or evaluation of invasive aquatic plant control,	<input type="checkbox"/>	
f. Other: _____		

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Lake Name: Red Rock Lake

County: Hennepin

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

I propose to conduct control of invasive aquatic plants in 13 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

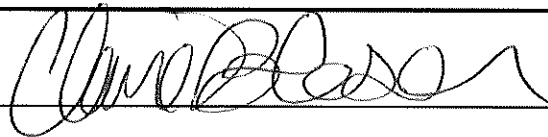
1. If you propose to treat any areas that were NOT permitted for such treatment in a previous year, then please provide the location[s] and dimensions of the proposed treatment area[s]. (see Section V above for details)

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: April 10, 2015
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.