



PERMIT TO DESTROY AQUATIC VEGETATION

Permit No.: 14W-3A046
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: JOE BAKER, Fire Number, Telephone Number: 612-868-8702, Lake Address (if different): 5580 LAKE SARAH HEIGHTS DR, LORETTO MN 55357

INCLUSIVE DATES OF PERMIT:

FROM: April 15, 2014 TO: June 10, 2014 TYPE OF PERMIT: 1 Season

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

Name of Lake: Sarah, Acres: 27019100, County: Hennepin, Extending 260 acres. Treatment by permittee or: self treatment. Location of Treatment Area: Control area to be delineated and map must be approved prior to treatment. Adjacent to properties that have provided consent only. Must stay 150 feet away from properties that did not consent.

Type of Control: Selective chemical control of curly-leaf pondweed. Means and Methods Allowed: One (1) treatment with Endothall formulated as Aquathol at dose rate of .75 to 1.0 ppm, when water temperatures are between 50 and 60 degrees Fahrenheit and increasing. This permit is issued under a variance to the 15% limit and is reflected in the LVMP. Emily Bartusek of MN DNR must be present for treatment or give her personal approval to treat in her absence. Contact Emily at 651-407-5343 at least 2 business days prior to treatment date to make the appropriate arrangements.

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: 4/2/2014

14W-3A046

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



<b>I. APPLICANT INFORMATION</b>	
Name (First, M., Last): Joseph, M. Baker	MAR 14 2014 DNR-Central Region HQ Ecological & Water Resources
Day Time Telephone or Cell Number: (612) 868-8702	
Organization: Lake Sarah Improvement Association	
Permanent Mailing Address: 5580 Lake Sarah Heights Drive	Email Address: joe_baker@cargill.com
<b>II. LAKE INFORMATION</b>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>III. INFORMATION ON PROPOSED CONTROL</b>	
1. Type of Control Proposed. (check all that apply) Mechanical Tools/Harvester <input type="checkbox"/> Herbicide <input checked="" type="checkbox"/>	
2. What herbicide(s) or mechanical device - do you propose to use? Aquathol K	
3. Who will be doing the control? The Applicant <input checked="" type="checkbox"/> Commercial Applicator or Mechanical Control Company <input type="checkbox"/>	
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 ..... <input type="checkbox"/> Flowering rush ..... <input type="checkbox"/> Other: _____ Curly-leaf pondweed ..... <input checked="" type="checkbox"/> Purple loosestrife ..... <input type="checkbox"/> (Name of plant)	
<b>IV. THIS TREATMENT AREA HAS BEEN PREVIOUSLY PERMITTED</b>	
If you propose to treat areas that were permitted for such treatment in <i>any</i> previous year and do not propose to exceed the 15% limit, then a permit may be issued in the current year <i>without field inspection</i> .	
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): 13W-3A037	
If you propose to treat areas that were permitted for treatment in <i>any</i> previous year and not exceed the 15% limit, no additional information is required at this time. <b>Please skip to item VIII and provide the required signature(s).</b>	
<b>V. THIS IS A NEW OR REVISED PERMIT OR PERMIT AREA</b>	
1. Location[s] and dimensions of Proposed Treatment Area[s]. I propose to conduct control of invasive aquatic plants in <u>260</u> 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.	
<i>260 - based on last year's vegetation surveys.</i>	
<i>This application is two-sided. Please complete both sides.</i>	

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,
- 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: \_\_\_\_\_

**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.

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: Joe Baker Digitally signed by Joe Baker  
DN: cn=Joe Baker, o=Lake Sarah Improvement Association,  
ou=Lake Association, email=joe\_baker@lsgill.com, c=US  
Date: 2014.02.19 21:27:37 -0500 Date: Feb 9, 2014

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.

201 LAKE SARAH CLP TREATMENT AREA (260 ACRES)

56

11

County Rd 11

Lake Sarah Park

ES&S

The National M

