

# Central Minnesota Aquatics, Inc.

26735 Middle Cullen Road, Nisswa, MN 56468 (218) 963-7345

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## 2021 FREE SWIMMERS' ITCH TREATMENT SIGN-UP FORM & CURLYLEAF PONDWEED AND NATIVE WEED TREATMENT AUTHORIZATION

- 1). **Swimmers' itch treatment size:** Approximately 50 feet by 50 feet around dock area
- 2). **Swimmers itch Treatment cost:** one treatment at no charge (paid for by the LID) to be provided June 28-July 1.
- 3) One additional swimmers' itch treatment may be performed for you for an additional \$60.00.  
Please check one of the following below and if you would like an additional swimmers itch treatment, include a check made payable to Central Minnesota Aquatics with the return of this sign-up form to Central Minnesota Aquatics:  
 No charge treatment only  
 One additional treatment during July 12-15 for \$60.00
- 4). **Note:** After the swimmers' itch treatment, there is a one day wait for swimming within the treatment area. Due to the free swimming nature of the swimmers' itch parasite, Central Minnesota Aquatics cannot guarantee the effectiveness of a swimmers' itch control treatment. An orange MN DNR Notice sign will be provided to the LID and placed at your dock by the LID for your free swimmers itch treatment.
- 5). **Native Weed Treatment:** Your free native weed/sago pondweed treatment, for dock access, will be performed July 5-8, please review the orange notice signs placed on your shoreline following the treatment. Your LID area representative will place your name identification tag on a wooden lathe at your dock for you. Thank you.

**PLEASE COMPLETE AND RETURN THIS ENTIRE PAGE TO CENTRAL MINNESOTA AQUATICS BY MAY 10, 2021**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Lake Home Color \_\_\_\_\_

Lake Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Lake Phone Number \_\_\_\_\_  
Total amount of shoreline footage owned \_\_\_\_\_

**Please describe your lake property so it may be easily identified from the lake:** \_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby agrees and authorizes to have their shoreline treated by Central Minnesota Aquatics during 2021 for the control of swimmers' itch and/or exotic lake plants and/or native lake plants.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*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 signing this form I give permission to the specialist to enter my property to make such inspection at reasonable times.*