



Lavish Lakefronts LLC  
Email: LavishLakefronts@gmail.com  
Website: www.lavishlakefronts.com  
Call/Text: 507-461-2343

## 2026 Aquatic Weed Control Sign Up Sheet

Please return this information by April 1 to allow for DNR permitting process.  
We cannot guarantee DNR permit in time for first treatment if received after this time.

Lake Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

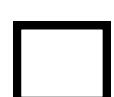
Treatment Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### 2026 Pricing and Options



Standard Treatment: \$450.00

Includes DNR permit application, two treatments (first in early June and the second in mid-summer) and completion of end of year DNR survey.

Optional add-ons:



Swimmers Itch treatment: +\$30.00



Muck reduction treatment: +\$60.00



Channel from dock to open water: Call or email for pricing

How many feet of shoreline do you own\_\_\_\_\_

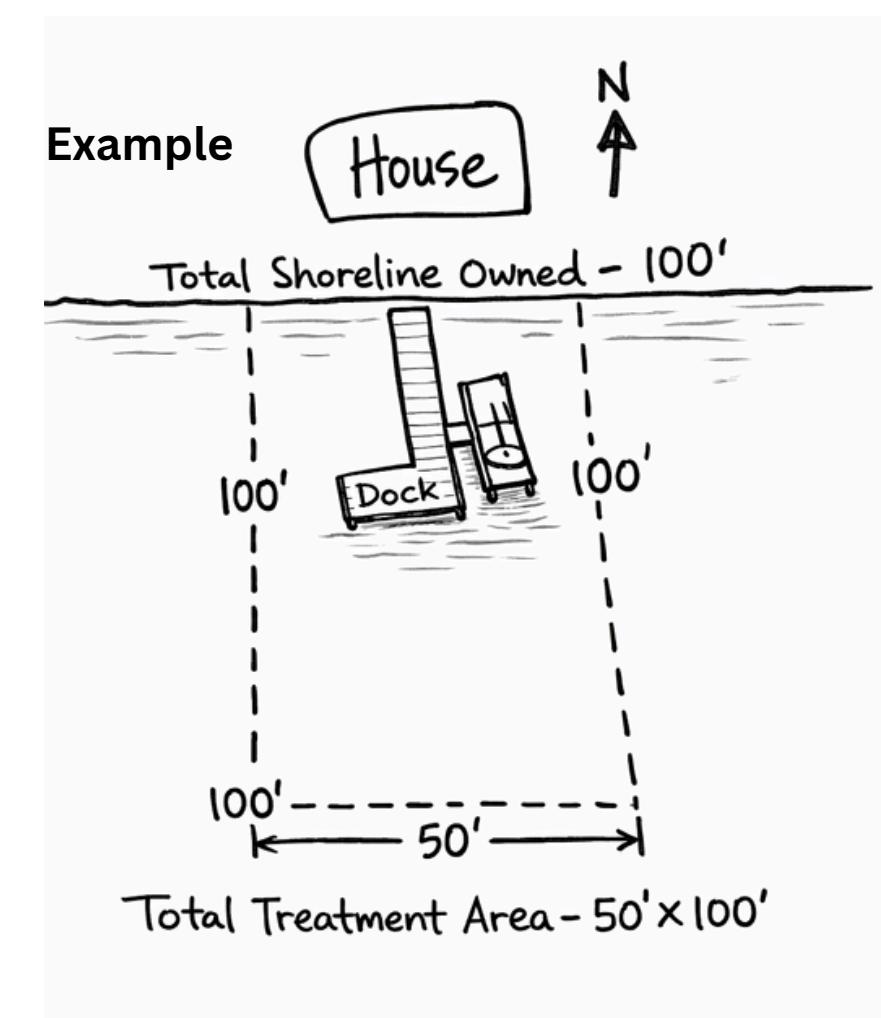
Per state regulation, you may treat up to 50% of your shoreline, with a maximum of 100ft. If you own 70ft or less you may treat 35ft. Subject to DNR approval and permit.

How many feet of shoreline would you like treated\_\_\_\_\_

Previous years DNR permit number (if known)\_\_\_\_\_

We also offer physical hand pulling of weeds by the root followed by removal from the property.  
Call for a free estimate.

On the area below, or a separate piece of paper, draw the area you would like treated and where your dock/lifts are typically located. Please indicate north on your drawing. Per state law, you may treat  $\frac{1}{2}$  your shoreline with a maximum of 100ft. You may treat 100ft out into the lake. IF YOU ARE A RETURNING CUSTOMER YOU DO NOT HAVE TO DO THIS UNLESS YOU WOULD LIKE TO MAKE A CHANGE TO YOUR TREATMENT AREA.



I hereby make application for a permit to destroy and 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. 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. As always, feel free to reach out with any questions or concerns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email your completed form and drawing (a picture of them is fine, too) to [lavishlakefronts@gmail.com](mailto:lavishlakefronts@gmail.com). Please contact us via phone or email if you have any questions.