PERMIT TO DESTROY AQUATIC VEGETATION

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: CLAIRE BLESER
RILEY-PURGATORY-BLUFF
14500 MARTIN DRIVE, SUITE 1500
EDEN PRAIRIE, MN 55344

Fire Number: 952-607-6512
Telephone Number: 

Lake Address (if different): 14500 MARTIN DRIVE, SUITE 1500
EDEN PRAIRIE, MN 55344

INCLUSIVE DATES OF PERMIT:

FROM: April 27, 2015
TO: June 15, 2015

TYPE OF PERMIT: 1 Season

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

Name of Lake: Mitchell

Acres: 270.07
County: Hennepin
Extending feet along shore and lakeward a maximum distance of feet and 13 acres.

Treatment by permittee or: LR - Lake Restoration
Location of Treatment Area:
Control area is as diagrammed on attached map. Signature waiver has been granted for this treatment and applicant is responsible for all associated notification requirements before treatment can occur.

Type of Control:
Selective herbicide control of curly-leaf pondweed.

Means and Methods Allowed:
One treatment with a dipotassium salt of endothall herbicide to be applied per label instructions for selective control of curly-leaf pondweed. It is recommended that treatments be done when water temperatures are between 50 and 60 degrees Fahrenheit, and are increasing. Post-treatment report must be submitted to AIS Specialist following chemical application.

THE PERMITTEE OR AGENT SHALL GIVE NOTICE OF COMMERCIAL MECHANICAL CONTROL OR CHEMICAL TREATMENT DATE TO THE FOLLOWING PERSON WHICH SHALL BE PERMITTED 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/pesticidepermits.”

The Minnesota Department of Natural Resources does not vouch for the effectiveness of any plant control method or operation nor does it stand as albeit 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 officers, agents, or employees by reason of the issuance of it or by reasons of acts or omissions of the permittee. This 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: 355
Other:

Authorized Signature for Commissioner: 
Date: 4/28/2015

Minnesota Department of Natural Resources 04/27/2015
Mitchell Lake, Hennepin County: 2015 Curly-Leaf Pondweed Treatment Areas

2015 Approved Treatment Areas = 13 acres
150 foot buffer

Inspected by: Ray Newman
Inspected on: 15 April 2015
APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT  
(PLEASE PRINT OR TYPE)  

I. APPLICANT INFORMATION  
Name (First, M., Last): Claire Bleser  
Organization: Riley-Purgatory-Bluff Creek Watershed District  
Permanent Mailing Address: 14500 Martin Drive Suite 1500  
Day Time Telephone or Cell Number: 9526076512  
Email Address: cbleser@rpbowd.org  

II. LAKE INFORMATION  
Lake Name (and bay if applicable): Mitchell Lake  
County: Hennepin  
Do you plan to apply for the control grant to support management in this application? Yes [ ] No [X]  

III. INFORMATION ON PROPOSED CONTROL  
1. Type of Invasive Aquatic Plant  
   Eurasian watermilfoil [ ] Flowering rush [ ] Other:   
   Curly-leaf pondweed [X] Purple loosestrife [ ] (Name of plant)  
2. Type of Control Proposed. (check all that apply)  
   Mechanical Tools/Harvester [ ] Herbicide [X]  
3. What herbicide(s) or mechanical device - do you propose to use? Endothall K  
4. Who will be doing the control? The Applicant [ ] A Commercial Applicator or Mechanical Control Company [X]  
5. If a commercial applicator or harvester will do the control, please provide the company's name: Lake Restoration  
   and address: 12425 Ironwood Circle, Rogers, Minnesota 55374  

IV. JUSTIFICATION[S] FOR THE PROPOSED TREATMENT  
   a. Enhance recreational use,  
   b. Control invasive aquatic plants,  
   c. Increase or protect native aquatic plants, DNR-Central Region HQ - Ecological & Water Resources  
   d. Prevent spread,  
   e. Further research or evaluation of invasive aquatic plant control,  
   f. Other:  

This application is two-sided. Please complete both sides.
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

<table>
<thead>
<tr>
<th>Geographic Digital Data</th>
<th>Sketch/Map</th>
<th>Form with multiple signature[s]</th>
<th>Request for a waiver of the requirement for signatures</th>
<th>Other</th>
</tr>
</thead>
</table>

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: [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.