

2010 Weed Treatment Application

Aquatic Nuisance Plant Control, Inc., team together/w LFPOA

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DEADLINE FOR WEED CONTROL IN 2010 IS APRIL 1ST

For treatment/spraying of **LAKE FENTON** located in **GENESEE CO.** by Aquatic Nuisance Plant Control, Inc.

YES, I am interested in the program for Aquatic Weed Control. **For 2010, L.F.P.O.A. will help subsidize your costs by paying all the D.E.Q. required permit fees if you are an active L.F.P.O.A. member.**

NO, I am not interested in the program, but I do not object if my neighbors participate in the Aquatic Weed Control program.

The well information below is required by the State of Michigan when using granular herbicides. (In the future we may use a granular product on the Milfoil in the lake).

My drinking water well is 30 feet or deeper and is _____ feet from the nearest shoreline.

My drinking water well is 29 feet deep or less and is _____ feet from the nearest shoreline.

PLEASE FILL OUT THE INFORMATION ABOVE IF YOU DID NOT FILL IT OUT IN THE PAST.

ADDRESS OF LAKE PROPERTY

Street Address _____

City/State/Zip _____ Phone Number _____

Property Owner _____

print name

signature

Estimate of cost of weed control program for 2010 for LFPOA members only.(non-mbrs. See below)

Frontage width in (ft) _____ x distance from shoreline out to 5 foot depth _____ = _____ sq ft x

\$0.0135 cost/sq ft = Application cost _____ (A)

Number of Treatments (1 or 2) x (A) = Application amount _____ (B)

Total check amount (B) for both treatments \$ _____ (PLEASE MAKE PAYABLE TO ANPC)

COMMENTS ABOUT THE 2009 TREATMENT

MEMBERSHIP TO JOIN LAKE FENTON PROPERTY OWNERS ASSOCIATION:

SUPPORT YOUR ASSOCIATION! (_) \$15 for one (1) year, or (_) \$35 for three (3) years.

Check made To: **Lake Fenton Property Owners Association**

Mail To : **PO Box 368, Fenton, MI 48430**

Last Name _____ First _____ and Spouse _____

Lake Address _____ Zip _____

Email address _____

Mail Address (if different) _____ Zip _____

Phone (Home) _____ (Work) _____

Your Important Lake Issue