

# PINECREST INDUSTRIES

4355 SPRING CREEK ROAD GALIEN, MICHIGAN 49113 | (269) 545-8125 | pinecrestind@aol.com

## INTENTION TO TREAT – 2021

It is the intention of riparian property owners on Dewey Lake Lake,  
Cass County, to hire **PINECREST INDUSTRIES** for chemical  
aquatic vegetation control.

We plan to work closely with Pinecrest, so that the E.G.L.E. rules and regulations are  
properly carried out.

Dated 2/12/21

Douglas C. Pearson  
Signature

President, Dewey Lake  
Title Property Owners  
Association

# PINECREST INDUSTRIES

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## AQUATIC VEGETATION CONTROL CONTRACT FOR 2021

Lake: Dewey Lake Lake Organization: Dewey Lake Property Association

Property Owner/ Project Leader: Douglas C. Pearson

Address: 31682 Sunrise Ave., Dowagiac, MI 49047

Phone: Cell: 770-547-8765

Email: dcp31682@yahoo.com

Billings to: Christine A. Lauber cal@laubercpa.com

Surface Acreage: X \$Mixed Weeds @\$450./A, Procellacore @\$96./PDU per treated acre  
=\$

OR

Front Feet: ft. X \$ per treated foot= \$

Permit Acquisition Fee: \$

INITIAL TREATMENT COST: \$

Follow-up Weed Treatment Price: Same as above

Follow-up Algae Treatment Price: TBT

Target Weeds and/or Algae:

Weeds NOT covered by this agreement:

1. One-half payment is due on completion of initial application. Remainder of payment is due within 30 days of initial treatment.
2. Notifications will be sent to properties impacted by treatment. Project leaders are responsible for attaining necessary contact information. This includes properties being treated and any properties within 100 ft. of treatment areas.
3. Water use restriction signs will be posted by applicator at time of treatment.
4. Project leader is expected to monitor control effectiveness unless noted below.
5. Treatments not showing desired results should be reported, typically 2-3 weeks after treatment.
6. This contract can be cancelled by a 24-hour written notice prior to treatment date, or if permit is denied or revoked by state officials. Permit Acquisition Fee is Non-Refundable.
7. Additional contract requirements Treatments based on RLS recommendations.

Property Owner/ Project Leader Signature: \_\_\_\_\_

*Douglas C. Pearson* 2/12/21

Printed Name \_\_\_\_\_

*Douglas C. Pearson*

Applicator: \_\_\_\_\_

*Craig Goodenough*  
Craig Goodenough