

MEMBER OF



PINECREST INDUSTRIES

RICHARD J. SOPER, Owner
CRAIG M. GOODENOUGH,
Licensed Applicator

4355 SPRING CREEK ROAD
GALIEN, MICHIGAN 49113
(269) 545-8125
(269) 545-3307

INTENTION TO TREAT – 2020

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

We plan to work closely with Mr. Goodenough, so that the D.E.Q. rules and regulations
are properly carried out.

Dated 2/11/20

Douglas C. Pearson
Signature

President, Dewey Lake
Title Property Owners Association

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GROUP DEWEY LAKE DATE 1/26/20 SEASON 2020

Surface acreage X Front Feet X

COST - Initial Treatment _____ Permit Fee \$450.00 Total _____

First application date approx. SAP Follow-Up Algae _____ per treatment

Target weeds and/or algae Curlyleaf, E. Milfoil,
Pondweed

Weeds NOT covered by this agreement All others, _____, _____

1. Applicator will prepare and procure necessary treatment permits. D.N.R. permit fee - \$ \$450.00. This fee has been included in the above figures. This permit fee is NOT refundable and must be paid by property owners if treatment is cancelled.
2. Eighty-five percent water weed control will be achieved. Ineffective initial treatments will be re-treated at no charge. Treatments not showing good results in 3 weeks should be reported.
3. Property owners are expected to monitor control effectiveness unless noted below.
4. One-half payment is due on completion of initial application. Remainder of payment is due when weed control is evident, approximately 2-3 weeks.
5. Water restriction signs will be posted by applicator.
6. Post cards will be furnished for distribution to property owners, if required.
7. This contract can be cancelled by a 24 hour notice prior to treatment date, or if permit is denied or revoked by state officials.
8. Late season growth will be treated at a cost of _____ per front foot.
Possible late season species _____, _____, _____.
9. Additional contract requirements _____

Property Owner/
Project Leader _____

X

Douglas C. Pearson

Address

31682 Sunrise Ave.

Dowagiac, Michigan 49047

Phone No. _____

770-547-8765

e-mail: dcp31682@yahoo.com

As a commercial applicator, I comply to State Licensing and insurance requirements.

APPLICATOR

First Payment

Date _____