AQUATIC WEED CONTROL POLICY

1. Association personnel will tour the lake once a week beginning when the water temperature reaches 60 degrees and spray selected areas as needed.

2. The Association will treat problem areas of the lake when the surface area of a selected body of water is 20% or more covered with aquatic vegetation.

3. It is the responsibility of lakefront property owners to control aquatic vegetation within 25 feet of the shoreline. If weed control is necessary, property owners may only use manual techniques such as cutting, raking and hand pulling.

4. No person shall apply a primary pesticide to kill weeds in the lake without written permission from the Board of Directors.

5. If chemical treatment is requested of Association personnel within 25 feet of the shoreline, a fee will be charged for the service. Requests should be made 10 days in advance of the treatment date. A form will be filled out, signed, and payment will be made within 30 days of said chemical treatment.

6. The Association shall reserve the right to deny any request for weed spraying when it is believed that chemical treatment is not justified.

A $100.00 fee will be charged for treating up to 100 feet of shoreline, and $1.00 for each additional foot, up to $150.00.
AQUATIC WEED CONTROL REQUEST FORM

NAME: ______________________________  DATE: __________________

MAILING ADDRESS: ________________________________________________

PHONE NUMBER: ________________  CELL: _______________________

SUBDIVISION: ________________  LOT: _______________________

SERVICE REQUESTED: _____________________________________________

_________________________________________________________________

FEE: $100 for up to 100 feet of shoreline, and $1.00 for each additional foot, up to $150.00.

I have read and agree to the terms of Oak Run’s aquatic weed control policy. I further understand that chemical treatment is in no way a guarantee that the area treated will be free of all aquatic plant life or the re-growth thereof.

PROPERTY OWNER SIGNATURE: ______________________________________

OFFICE USE:

ASSIGNED TO: ______________________  DATE: __________________

DATE AND TIME COMPLETED: ______________________________________

COMMENTS: _____________________________________________________

_________________________________________________________________

_________________________________________________________________

Treated shoreline distance ____________________

Fee to be charged _________________________