



**APPLICATION FOR PERMIT  
TO INSTALL AND OPERATE AN  
AERATION SYSTEM IN PUBLIC WATERS**

Permit Number
<b>FOR DEPARTMENT USE ONLY</b>

Mail completed application to: Department of Natural Resources, Regional Fisheries Manager, located at this address:

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| <input type="checkbox"/> <b>2115 Birchmont Beach Road, N.E., Bemidji, MN 56601</b> | <input type="checkbox"/> <b>1200 Warner Road, St. Paul, MN 55106</b>   |
| <input type="checkbox"/> <b>1201 East Highway 2, Grand Rapids, MN 55744</b>        | <input type="checkbox"/> <b>21371 Highway 15 S., New Ulm, MN 56073</b> |

Aeration Permit Fee Waived:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FOR DEPARTMENT USE ONLY</b>
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*Please print or type*

Lake Name:		County(ies)	
Lake I.D. #	Township	Range	Section(s)

Name of Person and Organization (if applicable) requesting permit	First Name	Last Name	*Day Time Phone Number
*E-mail Address:\			*Evening Phone Number
Mailing Address (Number, Street and/or Box Number)	City	State	Zip Code

Name of Operator or Contact Person (if other than permittee)	First Name	Last Name	*Day Time Phone Number
*E-mail Address:			*Evening Phone Number
Address (Number, Street and/or Box Number)	City	State	Zip Code

Purpose of Installation:
Location of System (Include shoreline address if applicable):
Description of Authorized System (Brand name, number and type of diffusers, air capacity of blowers or compressors, size and capacity of water pumps, length of air or water lines, depth of diffusers, anticipated number of open water areas, etc.)
Will equipment such as air lines and diffusers be left in the lake as a permanent installation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Special Provisions ( <b>Department Use Only</b> ):
Proposed Operating Schedule

**\*All Fields on this page are required to be completed.**

**FINANCIAL RESPONSIBILITY:**

All permittees, except those operating an aeration system in protected waters without public access, where the permittee owns all land riparian to the protected water, or all of the possessory rights to the land riparian to the protected water, or has leased all access rights to the protected water, and state agencies subject to the State Tort Claims Act or municipalities subject to the Municipal Tort Claims Act, must provide proof that the permittee is financially able to meet any liability that should arise from the presence or operation of the system. This shall be done by:

- a. posting a bond for \$500,000; or
- b. providing a certificate of insurance for the current period of operation. An insurance policy of \$500,000 combined single limit (minimum) coverage must be in effect while the system is in operation during all times any portion of the lake is ice-covered. An insurance binder is adequate until a certificate is issued, at which time the certificate must be delivered to the appropriate Regional Fisheries Manager. Should the policy be cancelled before a scheduled expiration date, the Commissioner shall be notified at least ten days before such a cancellation.

**QUALIFICATIONS FOR PROOF OF FINANCIAL RESPONSIBILITY EXCLUSION**

*You need not provide proof of financial responsibility if:*

- 1) You own all land riparian to the protected water; or
- 2) You own possessory rights to the land riparian to the protected water, or
- 3) You have leased all access rights to the land riparian to the protected water; and
- 4) The public has no access to the protected water.

*I affirm that I have met the requirements of 1-3 listed above and there is no public access to the protected water described on this application for aeration permit.*

Applicant Signature	Date
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IF THIS APPLICATION IS FOR A NEW PERMIT, DO NOT BUY ANY INSURANCE OR AERATION EQUIPMENT UNTIL YOU HAVE DISCUSSED THE PROJECT WITH THE REGIONAL FISHERIES MANAGER. UPON RECEIPT OF A NEW APPLICATION FOR INSTALLATION AND OPERATION OF AN AERATION SYSTEM ON PROTECTED WATERS WITH PUBLIC ACCESS, THE DNR IS REQUIRED TO ISSUE PUBLIC NOTICE AND MAY CONDUCT A PUBLIC MEETING TO ASSIST IN DECIDING WHETHER TO ISSUE, DENY, OR MODIFY A PERMIT.

Applicant Signature	Title	Date
Regional Fisheries Manager Signature		Date
Regional Wildlife Manager Signature		Date
Regional Trails & Waterways Manager Signature		Date