DEPARTMENT OF NATURAL RESOURCES

Application for Permit to Install and Operate An Aeration System in Public Waters

Please complete the sections one through eight below to apply for an aeration permit. Email completed application to wateruse.dnr@state.mn.us with 'AERATION' in the subject line. You will receive a confirmation email after your application is received. If you would like to renew a previously issued aeration permit, please email wateruse.dnr@state.mn.us with 'AERATION' in the subject line.

After you submit this application, you will be contacted by the DNR with further instructions, including a list of additional materials you may be required to submit before a permit can be issued.

Questions or concerns? Call 651-259-5087 or email wateruse.dnr@state.mn.us with 'AERATION' in the subject line.

1. Primary Purpose of Aeration

What are you trying to accomplish with your aeration system?

Choose one

2. Secondary Purpose of Aeration

Are there any secondary reasons you would like to operate an aeration system?

Choose one

3. Lake Information

Complete the following information about the lake where the aeration system will be located. Visit the DNR Lake Finder webpage for lake information.

Lake Name: _____DNR Lake ID: _____County: _____
Township: _____Range: ____Section: ___

Please check all statements that are true about the lake you wish to aerate.

☐ The lake has a public access site.
☐ The public can access the lake via a public road.
☐ I own all the land around the lake.
☐ I lease all of the land around the lake.

4. Permittee Information

Please complete contact information for the person who will hold the permit.

Association/Organization Name: _____
First Name: _____Last Name: _____
Day Time Phone: ____
Evening Phone: ____
Email: _____
Mailing Address: _____
City: _____State:__ Zip:_____

5. Operator Information

Please complete contact information for the person who will be operating or maintaining the system.

☐ *Operator information is the same as permittee information (if so, you do not need to complete the rest of this section).*

Association/Organization Name: _____
First Name: _____ Last Name: _____
Day Time Phone: ____
Evening Phone: ____
Email: _____
Mailing Address: _____
City: _____ State:__ Zip:_____

Will multiple properties be covered under this permit (example: you and your neighbors would like to apply together)?

☐Yes ☐No

6. Location Information

a. System Address

Nearest street address that provides access from shore.
Mailing Address: _____
City: _____ State: MN Zip:_____

b. System Access Instructions

Please provide a written description of system location and directions on how to access system from roads (example: Follow Highway 371 north from Walker 3 miles to the public access site between Kabekona Bay and Walker Bay. System is located 400 feet NE of public access in Walker Bay).

7. System Description

Please complete the following information about the aeration system you plan to use. If you plan to use multiple types of systems (example, two different brands of systems), complete a different "system type" section for each one. If you have more than four different types of systems, please contact wateruse.dnr@state.mn.us.

a. First System

System type (click dropdown to choose one):
Choose one
☐ Other, please describe: _____

System Brand:_____
Number of systems:_____
Horsepower of unit(s):_____
Number of open water areas:_
Open water area length (ft):_____
Open water area width (ft):_____

b. Second System

System type (choose one, if applicable):
Choose one
☐ Other, please describe: _____

System Brand:_____
Number of systems:_____
Horsepower of unit(s):_____

c. Third System

System type (choose one, if applicable):
Choose one
☐ Other, please describe:
System Brand:
Number of systems:
Horsepower of unit(s):

d. Fourth System

System type (choose one, if applicable):
Choose one
☐ Other, please describe:
System Brand:
Number of systems:
Horsepower of unit(s):

Will equipment such as air lines and diffusers be left in the lake as a permanent installation?
☐ Yes
☐ No

Proposed start date:_____Proposed end date: _____
Application Comments:

8. Signature

By checking the boxes below, you agree with the following statements.

- All of the data that I have entered are correct to the best of my knowledge.
- By submitting this online form, I am indicating that I am applying for a new aeration permit.
- I may be required to submit a $250 application fee before this application can be processed.
- I may be required to submit other materials before the permit can be issued, including:
    - Proof of liability insurance
    - Proof of publication of notice
    - Map with system location
- I understand that the DNR will contact me after I submit this application with a list of additional required materials.

☐ Click here if you have read and agree with the statements above.
☐ Click here if you have read and understand the DNR disclaimer page.