



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

CLMP+ Application

Advanced Citizen Lake Monitoring Program (CLMP+)

Instructions: This form is used to apply for participation in the Advanced Citizen Lake Monitoring Program (CLMP+). Complete both sides of this application and return to the Minnesota Pollution Control Agency's (MPCA) by any of the following methods:

- Fax: 651-297-8324 Attn: Citizen Lake Monitoring Program Coordinator
- E-mail: clmp@pca.state.mn.us
- Mail: Citizen Lake Monitoring Program at above address

For more information, please contact the MPCA Citizen Lake Monitoring Program Coordinator at the MPCA at 651-296-6300 or 1-800-657-3864 (Greater Minnesota).

Lake Information

Lake name: _____ County located in: _____
Lake is located _____ miles _____ (direction, i.e. N, NW, S, SE, etc.) of _____ (nearest town).

Applicant Information (two contacts are required)

Tennessen warning: Pursuant to Minn. Stat. § 13.43, some of the information that you are being asked to provide on this form is classified as private data on individuals as described in Minn. R. 1205.0200, subp. 9, Minn. R. 1205.0400, and Minn. Stat. § 13.02, subd. 12. You are being asked to provide this information to assist the MPCA in working with you while you serve as a volunteer for the CLMP+. The MPCA will use the information provided in administering the CLMP+. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to assist the MPCA in working with you as a volunteer for the CLMP+. If you do not supply the requested information, it may be difficult for the MPCA to work with you as a volunteer. The not public data that you provide will be available only to those personnel within the MPCA whose work assignments reasonable require access and to those entities/persons authorized by court order or law.

Contact 1:

Name (print): _____
Street address: _____
City: _____ State: _____ Zip code: _____
Home phone number: _____ Lake phone number: _____
E-mail address: _____

Contact 2:

Name (print): _____
Street address: _____
City: _____ State: _____ Zip code: _____
Home phone number: _____ Lake phone number: _____
E-mail address: _____

Application Questions

1. Does your lake have a lake association or other organized group? ☐ Yes ☐ No
If yes, what is the name of the group? _____
2. Are you requesting enrollment in the CLMP+ on behalf of this group? ☐ Yes ☐ No
3. Does your lake have a public access? ☐ Yes ☐ No
If no, is there a public right of way? ☐ Yes ☐ No
Does your lake have a public beach? ☐ Yes ☐ No

4. Why are you interested in participating in the CLMP+?

5. Does your lake currently have water quality problems? ☐ Yes ☐ No

If yes, please describe the problems and suspected causes:

6. Have any water quality studies been completed on your lake in the past? ☐ Yes ☐ No

If yes, please describe:

7. How do you (or your lake group) plan to use the results of this study? (i.e., Do you have plans to use the study to help protect or improve water quality?)

8. Do you have a boat that can be used for a May training event and for weekly sample collections from June – September?

☐ Yes ☐ No

9. Are you willing/able to meet with MPCA staff for a training event in May? (This training will be on the lake and will require a boat.)

☐ Yes ☐ No

10. Are you willing/able to meet with MPCA staff for a sampling trip in September?

☐ Yes ☐ No

11. Are you willing/able to collect DO/temperature profiles and Secchi Depth readings weekly from June through September (DO/temperature meter and Secchi disk will be provided by the MPCA)?

☐ Yes ☐ No

12. Are you willing/able to collect chemistry samples once a month from June through September (sampling equipment will be provided by the MPCA)?

☐ Yes ☐ No

13. Please read the *CLMP+ Work Plan* (<http://www.pca.state.mn.us/publications/gp5-22.pdf>) and check the box below if you agree with the following statement:

"I have read the CLMP+ Work Plan and understand the responsibilities of volunteers selected to participate in the CLMP+. I understand that my commitment to the CLMP+ may require one or two summers as deemed necessary by the MPCA."

Contact 1: ☐ I agree

Contact 2: ☐ I agree