MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Water quality submittals form

Wastewater Permit Program

Instructions: All water quality submittals should be submitted electronically. Please completely fill out the permittee information below and describe the document(s) you will be submitting. To submit this form electronically, save this form to your computer and send this form to the Minnesota Pollution Control Agency by attaching the form to an email message, using *WQ Submittal – [insert your Permit number]* as the subject line. Attach this completed form and the water quality submittal to your email message and send to: wq.submittals.mpca@state.mn.us. **Documents will not be deemed as received if this form is not electronically signed.** If you have any questions, please contact your assigned data manager.

Permittee information

Permit name: Frontier Trails HOA Facility Permit number: MN0064459

Permit address: 950 feet east of County Road 1, north of 314th Street and South of 316th Stree on out lot C

City: Baldwin Township State: MN Zip code: 55371

Person submitting water quality submittal: Robb Chung Phone number: 612-283-1796

Description of water quality submittal attached and/or additional information:

Permit Reissuance Application, the signature and $1240 check is included in the mailed copy.

Authorized certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. I certify that based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal penalties.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form and attachments.

Authorized Representative

Name: Robb Chung Title: Designer

(This document has been electronically signed.) Date: 8/3/2026

natural systems utilities

part of saur mission water

DATE:
Thursday, July 30, 2026

TO:
Attn: Fiscal Services- 6th Floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

RE:
Frontier Trails Homeowner's Association WWTF Permit Reissuance
SDS Permit Number MN0064459

To Whom It May Concern:

This permit reissuance application packet for the Frontier Trails Homeowner's Association Facility Wastewater Treatment Facility is being submitted on behalf of the Permittee by Natural Systems Utilities. If you have any questions please feel free to contact me directly at rchung@NSUwater.com or 612-283-1796.

Sincerely,

Natural Systems Utilities

Robb Chung
Designer

natural systems utilities

part of saur mission water

Permit Application Checklist for Municipal/ Domestic Wastewater

wq-wwprm7-04a

#missionwater | **Tel:** (908) 359-5501 | **FAX:** (908) 359-8286 | info@nsuwater.com | **nsuwater.com**

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Permit application checklist for domestic wastewater

NPDES/SDS Permit Program

National Pollutant Discharge Elimination System (NPDES)/
State Disposal System (SDS)

Doc Type: Permit Application

MPCA use only
Permit number
Date received (mm/dd/yyyy)

Domestic facilities are those that process wastewater primarily from domestic sanitary sewer sources and may include contributions from commercial and industrial facilities in the service area. These facilities typically include city wastewater treatment facilities and sanitary districts, but also include non-municipal facilities, such as mobile home parks, schools, campgrounds, resorts, and industries that treat their own sanitary waste.

This checklist is intended to help permit applicants determine the correct forms to submit as part of a complete permit application package. The Minnesota Pollution Control Agency (MPCA) will review the application materials for completeness and notify the applicant within 30 business days of receipt whether the application is incomplete or complete enough for processing.

Print or type application: Before submitting an application, make a photocopy of this form and all other application materials for your records. The MPCA will review the application for completeness and provide an official response to the permittees within 30 days of receipt of all necessary application materials.

Permit application assembly: To expedite the processing and review of your application, put this form and any other applicable permit application checklists for other waste types at the beginning of your submittal package. Please place all other application forms in order as listed on pages 2 and 3 of this form. Do not place forms and checklists in an appendix as this makes it difficult and time consuming for staff to locate them.

Completeness instructions: The MPCA will not process an application without properly completed forms. ***All sections of required forms must be completed.*** If portions do not apply to this facility, please indicate using "n/a" or explain why it doesn't apply. For permit reissuance, all forms information must also be completed in full even if the information requested is not changing from the existing permit. This allows the MPCA to quickly verify that the existing information is correct.

Facility name: Frontier Trails Homeowner's Association Facili Permit No.: MN0064459

Reason for application (check all that apply): ☐ New permit ☐ Permit modification ☒ Permit reissuance
☐ Resubmittal of an application determined to be incomplete.
(Include copies of all returned forms with a resubmittal.)

Does this action include construction activities: ☐ Construction is proposed as part of the permit action.
☒ No construction is proposed as part of this permit action.

Form submittal

Submit one (1) copy of the permit application package, including the permit application fee. At least one (1) copy must be a hard copy. The other may be an electronic copy. **The completed form is to be returned to:**

Attn: Fiscal Services – 6th floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Optional: If you know your assigned permit writer, please email the electronic permit application. For reference, permit writer assignments can be located at: https://www.pca.state.mn.us/water/wastewater-permit-writers. The hard copy package is still required to be submitted to the address above.

Assistance

If you have any questions regarding the selection of the proper forms or how to complete the required information, contact the MPCA permit writer assigned to your facility.

You may also contact the MPCA at:

- In Metro area 651-296-6300
- Outside Metro area: 800-657-3864

Submit a question via the *Ask MPCA* online form: https://www.pca.state.mn.us/about-mpca/ask-mpca-online-form.

Application forms selection (Check all boxes that apply and include the completed form with the submittal.)

Listed below are application forms and required submittals that may be required for a typical municipal/domestic wastewater treatment facility application. All required forms must be completed in-full and included with the submittal. The MPCA cannot process an application that does not include all of the required application forms. All forms, instructions, and additional information can be found on the MPCA website at https://www.pca.state.mn.us/business-with-us/water-permits-and-regulations.

Check all boxes that apply. Include a copy of all completed application forms with the submittal.

	For MPCA use only		
	Received	Incomplete	Complete
Required for all water quality permits	☐	☐	☐
☒ *Transmittal form* (wq-wwprm-7-03) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-03.doc			
☒ Application fee as specified on the *Transmittal form*	☐	☐	☐
☒ Certification signature as specified on *Transmittal form*	☐	☐	☐
Required for all new permits and modifications with a change in design flow			
☐ *MPCA Design Flow and Loading Determination Guidelines for Wastewater Treatment Facilities,* Table 2, Worksheet (wq-wwtp5-20) https://www.pca.state.mn.us/sites/default/files/wq-wwtp5-20.pdf	☐	☐	☐
Major facilities (Major facilities are defined as those with an average wet weather design flow of 1.0 mgd or more)			
☐ *U.S. Environmental Protection Agency (EPA) NPDES Form 2A Application* (22 pages) found on the EPA's website at https://www.epa.gov/sites/default/files/2019-10/documents/form_2a_epa_form_3510-2ar.pdf	☐	☐	☐
Stormwater management for Municipal Major wastewater treatment permit holders (sector coverage only)			
☐ *Industrial Stormwater Multi-Sector NPDES/SDS Permit application* (wq-wwprm7-60a) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-60a.docx	☐	☐	☐
Instructions for Industrial Stormwater Permit Application Attachment to NPDES/SDS Permit (wq-wwprm7-60b) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-60b.pdf			
NOTE: *The* MPCA has changed the way facilities certify as *No exposure*, permittees with an individual wastewater permit may no longer incorporate a no exposure certification/exclusion into a permit. Individual permittees that qualify for no exposure are required to obtain a no exposure certification through MPCA's e-Services system. Directions to acquire a ***No exposure exclusion*** can be found on the MPCA website at https://www.pca.state.mn.us/water/industrial-stormwater.			
Discharge to surface water (for major and minor facilities)			
☐ *Municipal surface water discharge application* (wq-wwprm7-09) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-09.doc	☐	☐	☐
Discharge to land (i.e. spray irrigation, rapid infiltration)			
☐ *Municipal land discharge application* (wq-wwprm7-10) found on the MPCA website at https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-10.doc	☐	☐	☐
☒ *Municipal large subsurface treatment system application* (wq-wwprm7-05) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-05.docx	☐	☐	☐
Treatment facilities using stabilization ponds			
☐ *Municipal and Industrial pond attachment* (wq-wwprm7-11) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-11.doc	☐	☐	☐
Treatment facilities producing biosolids			
☒ *Municipal biosolids attachment* (wq-wwprm7-16) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-16.doc	☐	☐	☐
Additional attachments/applications			
☒ *Additional station location attachment* (wq-wwprm7-49) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-49.doc	☐	☐	☐
☒ *Additional chemical additives attachment* (wq-wwprm7-48) https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-48.doc	☐	☐	☐
☐ *Regulatory certainty application* (wq-wwprm1-29a) https://www.pca.state.mn.us/sites/default/files/wq-wwprm1-29a.doc	☐	☐	☐
☐ *Variance request form* (wq-wwprm2-10b) https://www.pca.state.mn.us/sites/default/files/wq-wwprm2-10b.doc	☐	☐	☐
☐ *Chloride variance request form* (wq-wwprm2-10e) https://www.pca.state.mn.us/sites/default/files/wq-wwprm2-10e.doc	☐	☐	☐

Listed below are application forms and required submittals that may be required for a typical municipal/domestic wastewater treatment facility application. All required forms must be completed in-full and included with the submittal. The MPCA cannot process an application that does not include all of the required application forms. All forms, instructions, and additional information can be found on the MPCA website at http://www.pca.state.mn.us/enzq915. **Check all boxes that apply. Include a copy of all completed application forms with the submittal.**	For MPCA use only		
	Received	Incomplete	Complete
Supplemental information (This information may be information required on one, or more of the forms listed above, such as a map. A single map that provides all the information required from multiple forms may be acceptable. A separate copy of each form is not required.)			
☒ Topographic map.	☐	☐	☐
☒ A schematic drawing or treatment process flow diagram showing all treatment components, direction of flow, compliance monitoring station locations, and discharge locations.	☐	☐	☐
☒ List any additional documents, reports, plans, or attachments included as part of the application package. (Common types of supplemental information may include maps, process flow diagrams, facility plans, engineering reports, plans and specifications, technical checklists and other reports related to the facility or proposed project.)	☐	☐	☐
Other waste types: Some facilities may also include other waste types that are not covered by this checklist. Facilities with multiple types of wastes should review the other permit application checklists to determine if additional forms and attachments may be required.			
☐ *Permit application checklist for industrial process wastewater* (wq-wwprm7-04b)	☐	☐	☐
☐ *Permit application checklist for miscellaneous waste types* (wq-wwprm7-04c)	☐	☐	☐
☐ *Permit application checklist for water treatment* (wq-wwprm7-04d)	☐	☐	☐

LIST OF ADDITIONAL DOCUMENTS: Frontier Trails O&M Manual 2017

natural systems utilities

part of saur mission water

Transmittal Form

wq-wwprm7-03

#missionwater | **Tel:** (908) 359-5501 | **FAX:** (908) 359-8286 | info@nsuwater.com | **nsuwater.com**

MINNESOTA POLLUTION CONTROL AGENCY

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

Transmittal form

NPDES/SDS Permit Program

Doc Type: Permit Application

Instructions on page 6

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form is required for all applicants, except permit termination/transfer.

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

MPCA use only
Permit Number
Date received (mm/dd/yyyy)

Applications that are submitted without an authorized signature, the required application fee, and attachments will be returned. Please make a copy for your records. Send the completed permit application, attachments *(including plans and specifications, if applicable)*, and check to:

Attn: Fiscal Services – 6th floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Existing permit information

Existing Permittee name: City of Baldwin Existing Permit number: MN 0064459

Contact information

1. Facility owner

Organization name: City of Baldwin
Mailing address: 30239 128th St NW
City: Baldwin State: MN Zip: 55371
Telephone: (763) 389-8931 Fax: Email: Mayor@baldwinmn.gov
Authorized agent: Jay Swanson Title: Mayor

2. Facility operator

Organization name: Natural Systems Utilities
Mailing address: 17818 Hwy 65 NE, Suite 100
City: Ham Lake State: MN Zip: 55304
Telephone: 763-434-5660 Fax: Email: tgagner@NSUwater.com
Authorized agent: Tyler Gagner Title: Regional Manager - Midwest Operations
24-hour Emergency contact backup:
Name: Zachary Good Phone: 763-238-3394

3. Discharge Monitoring Report contact

Organization name: Natural Systems Utilities
Name: Shannon Hughes Title: Operations & Billing Supervisor
Mailing address: 17818 Hwy 65 NE, Suite 100
City: Ham Lake State: MN Zip: 55304
Telephone: 763-434-5660 Fax: Email: shughes@NSUwater.com

4. Billing contact

Organization name: City of Baldwin
Name: Accounts Payable Title: City Clerk/Treasurer
Mailing address: 30239 128th St NW
City: Baldwin State: MN Zip: 55371
Telephone: (763) 389-8931 Fax: Email: city.clerk@baldwinmn.gov
24-hour Emergency contact backup:
Name: Zachary Good Phone: (763) 389-8931

5. Engineer or Consultant

Organization name: Natural Systems Utilities
Name: Adrian Starks Title: Project Engineer
Mailing address: 17818 Hwy 65 NE, Suite 100
City: Ham Lake State: MN Zip: 55304
Telephone: 763-434-5660 Fax: Email: astarks@nsuwater.com

Certified operator information (if applicable)

Certified operators are required for all municipal facilities and for industrial land application facilities.

6. Main certified operator

Name: Greg Flood Title: Lead Operator
Certification (check all that apply): ☐ A ☐ B ☒ C ☐ D ☐ Type IV ☐ Type v
Certification number: C-78084593 Expiration date: 1/1/2028

7. Other certified operator(s) (attach additional sheets if necessary)

Name: Tyler Gagner Title: Regional Manager Midwest
Certification (check all that apply): ☐ A ☒ B ☐ C ☐ D ☐ Type IV ☐ Type v
Certification number: B-76856380 Expiration date: 06/01/28

Name: Adrian Starks Title: Project Engineer
Certification (check all that apply): ☐ A ☐ B ☒ C ☐ D ☐ Type IV ☐ Type v
Certification number: C-77571000 Expiration date: 12/01/25

Name: Robb Chung Title: Designer
Certification (check all that apply): ☐ A ☐ B ☒ C ☐ D ☐ Type IV ☐ Type v
Certification number: C-77755362 Expiration date: 1/1/2028

Facility information

8. Facility information (Sand and gravel facilities can skip to #9.)

Facility name: Frontier Trails Homeowner's Association Facility
Street address: 950 feet east of County Road 1, north of 314th Street and South of 316th Stree on out lot C
City/Township: Baldwin State: MN Zip: 55371
County: Sherburne

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**

9. Is the facility located on tribal land? ☐ Yes ☒ No If yes, also apply to U.S. Environmental Protection Agency (EPA), Region V, John Coletti (312-886-6106).

10. The 1993 Legislature revised the MPCA's responsibilities in Minn. Stat. § 115.03, subd. 1 (e)(10) "Requiring that applicants for wastewater discharge permits evaluate in their applications the potential reuses of the discharged wastewater;"

    As a result of this 1993 Law, the MPCA has been charged with requiring permit applicants to evaluate the reuse potential of their wastewater prior to discharge. Therefore, please provide an evaluation below of reuse potential of your wastewater prior to discharge. Some ideas include lawn watering, irrigation of parks or public property, use of cooling tower blowdown for thermal discharges, wetland reclamation, etc.

    Additional disinfection would be required prior to any use other than recharging of groundwater.

11. List all environmental permits the facility has received or applied for:
    NPDES/SDS MN0064459

Surface water discharge (Sand and gravel facilities can skip to the application information section.)

12. Does the facility discharge to a surface water of the state? ☐ Yes ☒ No
If no, the surface water discharge section does not need to be completed.

13. Identify all surface water discharge stations.

Station ID: SD

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected
Receiving water:					

Station ID: SD

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected
Receiving water:					

Groundwater monitoring wells

14. Are there groundwater monitoring wells at the facility? ☐ Yes ☒ No
If no, the groundwater monitoring wells section does not need to be completed.

15. Identify all groundwater monitoring well station locations:

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station Locations

16. Identify all other permitted station locations not identified above:

Station ID: WS001

Station type: ☒ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW)
☐ Land Application (LA) ☐ Other (specify): _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**
45°32'24.91"N	93°37'51.78"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water *(surface water monitoring stations only):*

Station ID: WS002

Station type: ☐ Influent Waste Stream (WS) ☒ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW)
☐ Land Application (LA) ☐ Other (specify): _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**
45°32'25.01"N	93°37'51.75"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water *(surface water monitoring stations only):*

Station ID: WS003

Station type: ☐ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW)
☐ Land Application (LA) ☒ Other (specify): Intermediate: WW to Land

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate collection method**	**Date coordinate collected**
45°32'24.88"N	93°37'51.56"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water *(surface water monitoring stations only):*

Submittals

☒ The applicable application and any applicable attachments required by the application.

☒ Map: attach a U.S. Geological Survey topographical map or similar that indicates the location of the existing or proposed facility, the location of the stations identified above, the receiving water (if applicable) and any additional information required by the applications applicable to your facility.

☒ Schematic: attach a schematic of the treatment facility that includes all facility components, indicating the direction of wastewater flow and the location of the stations identified above.

☐ (Industrial facilities only) Flow Diagram or Water Balance Diagram: attach a flow diagram on the process in its entirety from raw water to discharge.

☐ (Major Municipal facilities only) Facility Description: attach a facility description that describes the collection system and wastewater treatment facility.

Note: *Please ensure this form and all applicable applications and attachments are complete. Incomplete applications will be returned. Review your existing NPDES/SDS Permit to ensure all required submittals have been completed. Failure to complete the application for reissuance or failure to complete requirements of the existing permit is considered a violation and may be subject to enforcement.*

Application fees

An application fee is required under Minn. Stat. § 116.07, subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). The application fee is determined by the type of permit you are applying for. Please make your check payable to the MPCA.

Indicate which type of permit you are applying for:
(refer to flow chart on page 8 of the instructions to determine the appropriate fee category)

- ☒ Individual Permit Reissuance, no modifications: $1240
- ☐ Individual Permit Reissuance, modifications: $2480
- ☐ Individual Permit Reissuance, construction: $2480
- ☐ Individual Permit Reissuance, construction, increased design flow: $9300
- ☐ Individual Permit Minor Modification: $1240
- ☐ Individual Permit Major Modification: $2480
- ☐ Individual Permit Major Modification, construction: $2480
- ☐ Individual Permit Major Modification, construction, increased design flow: $9300
- ☐ Individual Permit Issuance: $9300
- ☐ Individual Pretreatment Permit Issuance: $2480
- ☐ Individual Dredge Materials Disposal Permit Issuance: $2480
- ☐ Individual Stormwater Permit Issuance: $400
- ☐ Biosolids Treatment or Storage Permit Issuance: $9300
- ☐ General Permit (MNG) Reissuance: $1240
- ☐ General Permit (MNG) Issuance: $1240
- ☐ General Permit (MNG) Modification: $1240

Certification

Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. R. 7001.0060) require all permit applications to be signed as follows:

A. For a corporation: by a responsible corporate officer. For the purpose of this permit, a responsible corporate officer means: 1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or 2) The manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having a gross annual sales or expenditures exceeding 425 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
C. For a municipality, county or other political subdivision: by a principal executive officer or ranking elected official.
D. For a state, federal or other public agency/agents: by a commissioner, assistant or deputy commissioner; director, assistant or deputy director.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed name: Jon Swanson Title: Mayor

Authorized signature: Date (mm/dd/yyyy): 8-4-26

State tax ID#: 2511794 Federal tax ID#: 41-1444693

natural systems utilities

part of saur mission water

Municipal Large Subsurface Treatment System Application

wq-wwprm7-05

#missionwater | **Tel:** (908) 359-5501 | **FAX:** (908) 359-8286 | info@nsuwater.com | **nsuwater.com**

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Municipal LSTS application

SDS Permit Program

Doc Type: Permit Application

Instructions on page 4

The State Disposal System (SDS) Permit Program regulates wastewater discharges to land. This application applies to municipal and privately owned facilities that treat domestic wastewater for disposal using Large Subsurface Treatment Systems (LSTS).

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at 651-296-6300 (in Metro area) or 800-657-3864 (outside Metro area).

Permittee name: City of Baldwin **Permit number:** MN 0064459

Wastewater treatment and disposal

1. Is this a new facility? ☐ Yes ☒ No

   If yes, please complete and submit the LSTS Design Guidance Attachments 1-9 and 11 in addition to this application.

2. Is this an existing facility that currently does not have a SDS Permit? ☐ Yes ☒ No

   If yes, please complete and submit the LSTS Design Guidance Attachments 1-9 and 11 in addition to this application.

3. Is the facility operator a certified Service Provider? ☒ Yes ☐ No

   If no, does the facility meet all of the three criteria below (in which case a service provider is not required)? ☐ Yes ☐ No

   - Facility consists of a cluster of systems each designed to treat less than 5,000 gallons per day;
   - Facility contains no advanced treatment components; and
   - Permit does not have end-of-pipe limits or effluent monitoring beyond flow, scum and sludge.

   If no to both, specify which courses have been completed, if any? ☐ Introduction into Onsite Systems
   ☐ Service Provider

4. Please complete the following table by listing all **existing** facility components:

Existing component	Quantity	Date of construction/ installation	Additional information
STEP System	41	1998	Individual homes are serviced by a 600 gallon tank and septic tank effluent pump.
Forcemain	1	1998	2" SDR11 HDPE forcemain to treatment systems
Flow Equalization Tank	2	1998	4,200 gallons
Recirculating Tank	2	1998	7,500 gallons
AdvanTex Pod	2	1998	AX100
Sand Filter	2	1998	864 square feet each
Dosing Tank	3	1998	Two 7,500 gallon and one 4,200 gallon

5. What is the classification of the facility? ☐ A ☐ B ☒ C ☐ D

6. Are there any plans to make changes to the facility within the next five years? ☐ Yes ☒ No

   Please complete the following table by listing all of the **proposed** changes to the facility components:

Component	New or removed	Quantity	Estimated date of installation/ removal	Additional information

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Municipal LSTS application

SDS Permit Program

Doc Type: Permit Application

Instructions on page 4

The State Disposal System (SDS) Permit Program regulates wastewater discharges to land. This application applies to municipal and privately owned facilities that treat domestic wastewater for disposal using Large Subsurface Treatment Systems (LSTS).

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at 651-296-6300 (in Metro area) or 800-657-3864 (outside Metro area).

Permittee name: City of Baldwin **Permit number:** MN 0064459

Wastewater treatment and disposal

1. Is this a new facility? ☐ Yes ☐ No

   If yes, please complete and submit the LSTS Design Guidance Attachments 1-9 and 11 in addition to this application.

2. Is this an existing facility that currently does not have a SDS Permit? ☐ Yes ☐ No

   If yes, please complete and submit the LSTS Design Guidance Attachments 1-9 and 11 in addition to this application.

3. Is the facility operator a certified Service Provider? ☐ Yes ☐ No

   If no, does the facility meet all of the three criteria below (in which case a service provider is not required)? ☐ Yes ☐ No

   - Facility consists of a cluster of systems each designed to treat less than 5,000 gallons per day;
   - Facility contains no advanced treatment components; and
   - Permit does not have end-of-pipe limits or effluent monitoring beyond flow, scum and sludge.

   If no to both, specify which courses have been completed, if any? ☐ Introduction into Onsite Systems
   ☐ Service Provider

4. Please complete the following table by listing all **existing** facility components:

Existing component	Quantity	Date of construction/ installation	Additional information
Drainfield Trench	2	2016	Each drainfield has two cells, total disposal area is 11,323 square feet.
MBBR-Polishing Unit	1	2016	4,200 gallon two-compartment tank: one compartment contains denitrication media with a chemical feed, the other compartment completes polishing with a blower

5. What is the classification of the facility? ☐ A ☐ B ☐ C ☐ D

6. Are there any plans to make changes to the facility within the next five years? ☐ Yes ☐ No

   Please complete the following table by listing all of the **proposed** changes to the facility components:

Component	New or removed	Quantity	Estimated date of installation/ removal	Additional information

7. Design flows of the existing and/or proposed facility:

	Existing	Proposed (If applicable)
Average wet weather design flow (AWW)	13640 mgd	N/A mgd
If available, please provide:		
Average annual design flow (AAD)	N/A mgd	N/A mgd
Average dry weather design flow (ADW)	N/A mgd	N/A mgd

8. Design influent concentration in milligrams per liter (mg/L) and/or the design loading in pounds per day for the following parameters:

Parameter	Existing		Proposed (if applicable)	
5-day Biochemical Oxygen Demand (BOD_5)	265 mg/L	N/A lbs/day	N/A mg/L	N/A lbs/day
Total Suspended Solids (TSS)	300 mg/L	N/A lbs/day	N/A mg/L	N/A lbs/day
Ammonia Nitrogen	N/A mg/L	N/A lbs/day	N/A mg/L	N/A lbs/day

9. Does this facility have nitrogen pretreatment? ☒ Yes ☐ No

   If yes, does the system use chemical addition? ☒ Yes ☐ No

   If yes, indicate what chemical is used: MicroC 2000

10. Does this facility operate year-round? ☒ Yes ☐ No

    If no, specify the approximate dates the facility is in use: _____

11. Please complete the following table by indicating the number of service connections the facility was designed for and the number of those service connections that are currently connected the facility:

Type	Designed	Connected
Residential house	41	41
Mobile home		
Restaurant		
Business		
Campground site		

12. Provide the total average annual gallons currently discharged to the drainfield: 1,149,020 Gallons

13. How was the total average annual gallons determined? *(Examples: flow meter, pump run time, estimation)*

    calibrated pump runtimes

14. Do you expect an increase in total average annual gallons discharged to the drainfield in the next five years?

    ☐ Yes ☒ No If yes, please describe:

Groundwater monitoring wells

15. Are there any groundwater monitoring wells or piezometers at your facility? ☒ Yes ☐ No

    If yes, please include the following information for each piezometer or groundwater monitoring well.

    a. Unique well number

    b. Legal land description (PLS coordinates)

    c. Indicate if well or piezometer is upgradient or downgradient

    d. Copy of well log for each well or piezometer

    e. Surveyed elevation of inside riser pipe (where groundwater elevations are measured from) in well casing. Also indicate date of last survey and name of the certified land surveyor who conducted the survey

Pretreatment

16. Is this facility a municipally or publicly owned facility? ☐ Yes ☒ No

    If yes, complete Questions 16-22.

    If no, Questions 16-22 **do not** need to be completed.

17. Does the facility influent waste stream include wastewater/residual waste from a municipal or industrial water treatment plant?

    ☐ Yes ☐ No If yes, provide the following:

    a. Name of water treatment facility: _____

    b. Type of water treatment facility (reverse osmosis, filter, etc.): _____

    c. Any potential wastes (arsenic, radium, etc.) that may impact the facility: _____

    d. The flow in gallons per week or gallons per month: _____

18. Does the facility have, or is it subject to, a formally delegated pretreatment program? ☐ Yes ☐ No

19. Provide a list of all Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs) that discharge to the facility:

Name	Total average flow (mgd)	Flow from process wastewater (mgd)	Flow from non-process wastewater (mgd)	Principal products or raw materials used	Considered a SIU?	Is there currently a control mechanism and/or local limits?	Subject to Categorical Standards?
					☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
					☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
					☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
					☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
					☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

20. Has a completed *Pretreatment Notification of a Significant Industrial User's Form* been submitted to the MPCA for all of the above listed SIUs? ☐ Yes ☐ No

21. Do you anticipate significant changes in volume or quality of discharge from existing industrial users to the facility?

    ☐ Yes ☐ No If yes, please explain:

22. Do you anticipate any new industrial users to the facility in the next five years?

    ☐ Yes ☐ No If yes, please explain:

23. Have any of the industrial users caused or contributed to any problems (e.g., upsets, interference) at the facility in the past three years? ☐ Yes ☒ No

If yes, describe each episode, including the name of the industrial users and the events which caused the problems.

24. Is the facility subject to the Hazardous Waste Management Program under the Resource Conservation and Recovery Act (RCRA), or does it accept any known hazardous waste material? ☐ Yes ☒ No

If yes, please attach a copy of your existing RCRA permit per 40 CFR 122.21 regulations, including facility maps showing the location at which hazardous waste enters the treatment facility; copies of any sampling results of hazardous waste taken at your facility, etc.

Attachments

☒ **Biosolids Attachment:** Biosolids can be a byproduct of LSTS wastewater treatment. Biosolids land application, incineration, or transfers are regulated by Minn. R. 7041 and 40 CFR 503 via wastewater permits. Septage can be defined as biosolids per the Minn. R. 7041. If your LSTS produces biosolids, you must complete the Biosolids Attachment form. If you an unsure whether your LSTS produces biosolids, you should complete the Biosolids Attachment form and include a note stating that you are unsure of whether the form is needed.

Review the application and ensure all requested items are submitted with this application.

Please make a copy for your records.

Refer to the *Transmittal Form* for mailing instructions.

Instructions

Question 1 & 2. The LSTS Design Guidance Attachments can be found on the MPCA Web site at http://www.pca.state.mn.us/publications/wq-wwprm8-01.pdf or by contacting Beckie Olson at 651-757-2123. The attachments are located at the end of the LSTS Design Guidance document.

Question 3. Complete the table with all of the existing facility components. Existing components to include are lift stations, grinder pumps, collection system, septic tanks, drainfield, nitrogen pretreatment, any additional treatment (peat filters, chemical addition). Provide the quantity, date the components were constructed and additional information providing further clarification of the facility components. The additional information must include, if applicable, but is not limited to the type of collection system (gravity or pressure), type of nitrogen pretreatment, type of drainfield (traditional, chambers, drip line, etc.), square footage of drainfield area, drainfield material, etc.

If your facility is comprised of more than one system, duplicate this table for each additional system.

Example:

Existing component	Quantity	Date of construction/ installation	Additional information
Septic Tank	*40*	*2004*	*1,000 gallon septic tank at each house*
Forcemain	*1*	*2004*	*2" forcemain to treatment system*
Septic Tank	*1*	*2004*	*6,000 gallon influent tank*
Recirculating Sand Filter	*2*	*2004*	*50' by 100' each*
Recirculation Tank	*1*	*2004*	*6,000 gallons*
Denitrification Tank	*1*	*2004*	*6,000 gallons with acetic acid addition and BIOPAC media*
Dosing Tank	*1*	*2004*	*6,000 gallons*
Drainfield	*4*	*2004*	*20,000 sq. ft. of trenches*

Question 4. Refer to Minn. R. ch. 9400.0500 for information on determining facility class.

Question 5. Complete the table with all the proposed facility components. Refer to the instructions for Question 3.

Question 6. Refer to the MPCA Design Flow and Loading Determination Guidelines for a definition of each flow type. The MPCA *Design Flow and Loading Determination Guidelines for Wastewater Treatment Plants* can be found at: http://www.pca.state.mn.us/publications/wq-wwtp5-20.pdf.

Question 10. A service connection is a connection for each individual house, mobile home, campsite, etc. If the facility services a type of connection not listed, for example, a dump station, community laundry or community bathroom/bathhouse, please indicate it in blank spaces provided in the chart.

Question 15. Only municipally owned or publicly owned treatment works need to complete the Pretreatment Section. If the facility is privately owned, serves a housing development or serves a campground the Pretreatment Section does not apply.

Question 18. A *Significant Industrial User* (SIU) is defined as any industrial user that discharges an average of 25,000 gallons per day or more of processed wastewater to the wastewater treatment facility, excluding sanitary, noncontact cooling, and boiler blowdown wastewater; process wastewater which makes up at least five percent of the facility's design BOD loading; or has the potential, in the opinion of the Permittee or MPCA, to adversely impact the Permittee's treatment works or the quality of the effluent.

A *Categorical Industrial User* (CIU) is defined as a user discharging pollutants which are regulated by pretreatment standards established by the EPA which address various processes and activities being performed within the establishment; may or may not have been assigned a standard industrial classification (SIC) number.

natural systems utilities

part of saur mission water

Municipal Biosolids Attachment

wq-wwprm7-16

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Municipal Biosolids Attachment

NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form applies to municipal and sanitary sewer district facilities that generate biosolids, privately owned facilities with a mechanical wastewater treatment component that generates biosolids (i.e., "fast" systems), and industrial permittees that have a separate domestic wastewater treatment facility.

Complete the attachment by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

Facility Information

Permittee name: City of Baldwin **Permit number:** MN 0064459

Biosolids Production

Total U.S. dry ton estimate based on gallons or wet tons per latest 365-day time period and percent total solids.

1. How many gallons or wet tons produced? 12000 ☒ gallons or ☐ wet tons (choose one)
2. What is the percent of total solids? 2
3. How many dry tons are produced by permittee? 0
4. How many dry tons are produced by others? 0
5. Estimated dry tons received from off site, include septage: 0
6. Total dry tons: 1

To calculate dry tons: Gallons x percent of Total Solids (decimal) divided by 240 for liquid biosolids
Wet tons (wet weight) x percent of Total Solids (decimal) for dewatered biosolids

Biosolids Use or Disposal

Indicate the amount in U.S. dry tons for each chosen alternative listed below:

☐ Land applied as Class A or B: _____ ☐ Distributed or marketed for land application as EQ Biosolids:* _____

If land applied, who is the Type IV Certified Operator? _____

Certification number: _____ Expiration date: _____

Telephone: _____ E-mail: _____

If land applied, when will biosolids be applied to sites? (i.e., monthly) _____

☐ Land filled: _____

Contact person at Receiving Facility: _____

Telephone: _____ E-mail: _____

☒ Transferred to another facility: Princeton Municipal Receiving Facility: Princeton Municipal

Contact person at Receiving Facility: **Chris Klinghaben**

Telephone: 651-602-4712 E-mail: _____

☐ Incinerated: _____

Treatment Processes – How is pathogen reduction (PR) Met? (choose all that apply)

Class A Options***	**Class B Options**
☐ Option 1A Time and temperature ≥ 7% TS	☐ Option 1 Fecal Indicator Organism testing
☐ Option 1B time and temperature ≥ 7% TS, small particles and heat dryers	☐ Option 2, PSRP Anaerobic Digestion
☐ Option 1C Time and temperature < 7% TS treated for less than 30 minutes	☐ Option 2, PSRP, Aerobic Digestion (to meet PR, these digesters must be heated)
☐ Option 1D Time and temperature < 7% TS treated for at least 30 minutes	☐ Option 2, PSRP Air Drying, conventional drying beds
☐ Option 2 High pH- High temperature alkaline process (basically the N-Viro process)	☐ Option 2 PSRP Composting

List of options continues on page 2.

Class A Options***	Class B Options
☐ Option 5 PFRP Composting	☐ Option 2 PSRP Lime Treatment
☐ Option 5 PFRP Heat Drying – dryers	
☐ Option 5 PFRP Heat Treatment	**Septage classified as biosolids:**
☐ Option 5 PFRP ATAD	☐ Inject or incorporate within 6 hours
☐ Option 5 PFRP Pasteurization	☐ Lime Treatment

PSRP = Process to Significantly Reduce Pathogens *PFRP = Process to Further Reduce Pathogens* *TS = Total Solids*

* If Exceptional Quality (EQ) biosolids are prepared for distribution or marketing, are you applying for "deregulation of the product with this permit?" ☐ Yes ☐ No. If yes, complete additional information required for EQ biosolids on page 3

Note: *Deregulation is not permitted for liquid Exceptional Quality (EQ) biosolids.*

** For each chosen option, select the appropriate Engineering Checklist, fill out and attach it to the permit application form if not already submitted to the MPCA previously for other reasons.

*** Options 1A, 1B, 1C, and 1D apply to batch or plug flow processes and temperature of the particles not air, however, 1B does assume small particles and effective heat transfer throughout particles as in the PFRP option for heat dryers. [Option 1A has is based on high solids fluid – i.e. eggnog.]

Treatment Processes - How is vector attraction reduction (VAR) Met? (choose all that apply)

- ☐ Option 1 Volatile solids Reduction, minimum 38% over biosolids treatment process
- ☐ Option 2 Extended Anaerobic Bench Scale test
- ☐ Option 3 Extended Aerobic Bench Scale test
- ☐ Option 4 Specific Oxygen Uptake Rate test (SOUR test)
- ☐ Option 5 Aerobic, high temperature - Composting
- ☐ Option 6 Lime or Alkaline stabilization
- ☐ Option 7 Dried to 75% TS -- for stabilized solids
- ☐ Option 8 Dried to 90% TS -- for primary solids
- ☐ Option 9 Injected
- ☐ Option 10 Incorporated within 6 hours of application

Describe and provide a diagram of the biosolids treatment processes and storage facilities.

All biosolids are transferred to the Princeton Municipal facility.

A topographic map of the treatment or storage facility *extending one mile beyond the property boundary*, showing the location of any biosolids management facilities, or sites and bodies of water. Show the location of any wells known by the applicant or in public record used for drinking water within one-quarter mile of the treatment facility boundary.

Off site storage is permitted by individual permit or incorporated into your NPDES/SDS Permit. See below for additional permit application information.

For a central or regional treatment or storage facility for biosolids or septage that intends to land apply the product, describe the sources of all waste contributions expected to be treated.

Representative sampling: For biosolids that are land applied and for biosolids that are stored for more than two years and then land applied, describe from where and how representative samples will be taken for land application events and/or to track quality of biosolids each year they are stored. **Attach** most recent analysis of biosolids.

For biosolids generated in septic tanks - analysis: Describe the size and location of the septic tanks and a description of any commercial (such as a restaurant) or industrial discharges to the treatment works. The commissioner will determine and notify the permit applicant if an analysis is required (Minn. R.7041.0700, subp. B.).

Review the attachment and ensure all requested items are submitted with this attachment.
Please make a copy for your records.
Refer to the *Transmittal Form* for mailing instructions.

Additional Information for Exceptional Quality [EQ] Biosolids Proposed for Distribution or Marketing - "Deregulated Biosolids."

Minnesota Rule does not provide for an automatic "deregulation" for EQ biosolids. Whether or not a biosolids product is "deregulated" is based on the type of product and its proposed distribution. In general, this applies to dewatered biosolids products. "Deregulation" and any applicable conditions are contained in the permit specific to the product and distribution by the permittee. If the **permittee** also intends to mix the EQ product with any other material, the preparation of a material derived from biosolids must also be described in the permit application. It will be reviewed for technical soundness [of specific concern is pathogen control]. The preparation of the material derived from biosolids and quality control will be covered in the permit if necessary.

EQ biosolids permit additional application requirements: Minn. R. 7041.0700

Submit a management plan that describes how the person who prepares the biosolids will ensure that the proposed distribution or land application of the biosolids meets the requirements of Minn. R. 7041. Include and discuss the following on an additional sheet of paper:

- A copy of any permits issued to the applicant which contain conditions for the treatment of biosolids which are not issued by the MPCA.
- The proposed method of use and distribution of the biosolids.
- A copy of any labels or information sheets to be supplied to users or distributors of the biosolids, if applicable.
- The quantity of biosolids to be transported and the transportation schedule.
- What information will be submitted on the annual report and when the annual report will be submitted.

Additional Information for off site storage of biosolids and/or centralized treatment or storage of septage that will be land applied.

Storage permit application requirements: Minn R. 7041.0700, Item J

- The location on a topographic map depicting the area one mile beyond the proposed location.
- The size of the storage facility or area.
- The type of biosolids or septage to be stored or treated.
- Operating conditions for receiving and removing biosolids or septage and handling spills if liquids are stored.

natural systems utilities

part of saur mission water

Industrial Chemical Additives Attachment

wq-wwprm7-48

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Industrial Chemical Additives Attachment

NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This is an attachment to the Industrial Applications for facilities with multiple chemical additives.

Complete the attachment by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

Permittee name: City of Baldwin **Permit number:** MN 0064459

Chemical	**Purpose**	**Location of chemical addition in process** (e.g., to raw water supply, at greensand filter, before RO unit #2, etc.)	**Amount/duration/frequency of addition** (i.e., continuous or slug dosing. If slug dosing give amount/duration and frequency of addition; e.g., slug dosing 13.5 gal/3hours, once every two weeks)	**Average rate of use** (weight or volume per day)	**Maximum rate of use** (weight or volume per day)
MicroC 2000	carbon addition	MBBR	Continuous	.75 gpd	1 gpd

***Remember to attach the *Material Safety Data Sheets*, complete product labels and any other information on chemical composition, aquatic toxicity, human health, and environmental fate for each chemical additive.**

Please make a copy for your records.

Refer to the *Transmittal Form* for mailing instructions.

natural systems utilities

part of saur mission water

Appendix A

Wastewater Treatment Schematic

Site Layout

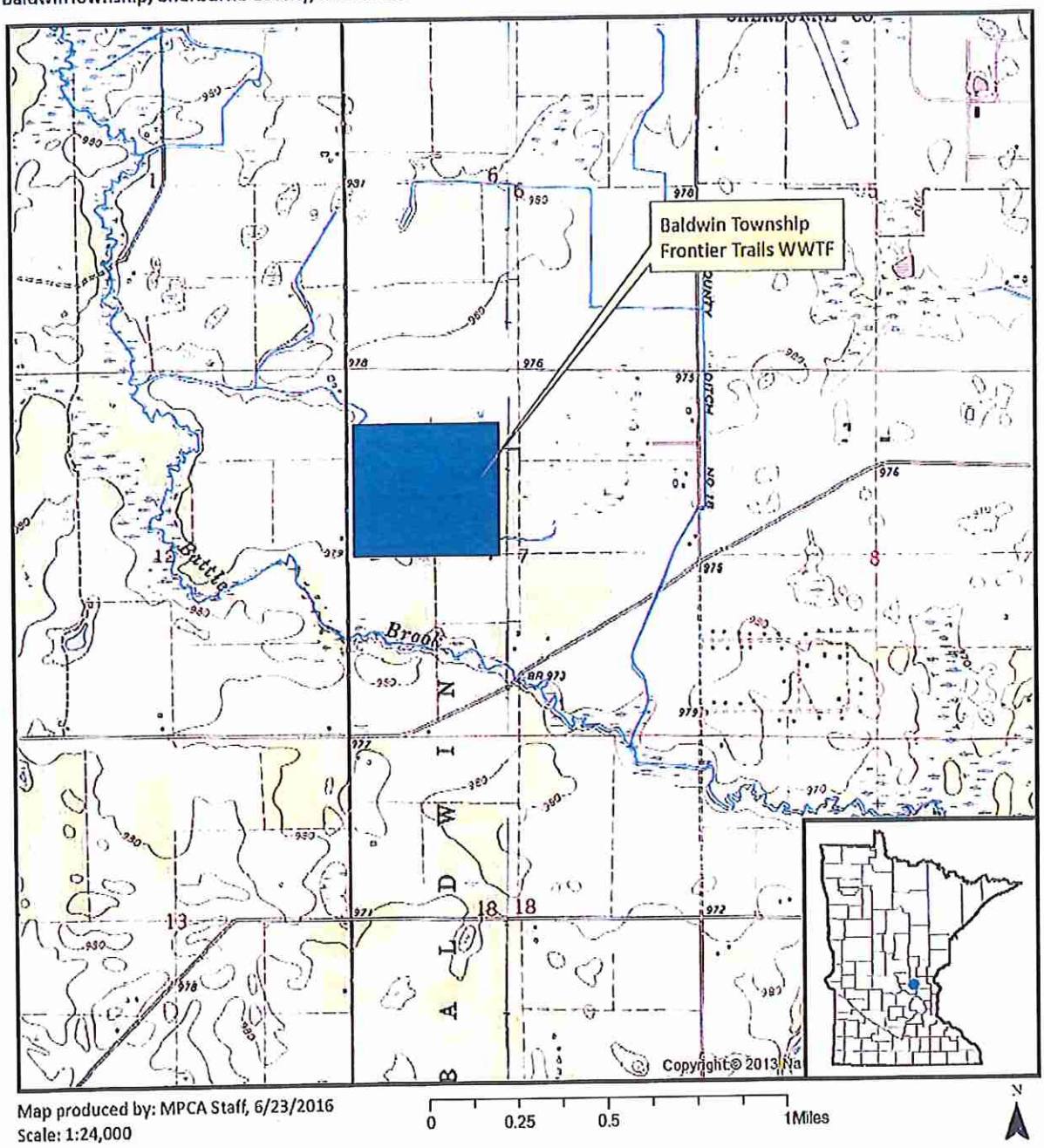
Map and Flow Diagram

Additional Stations

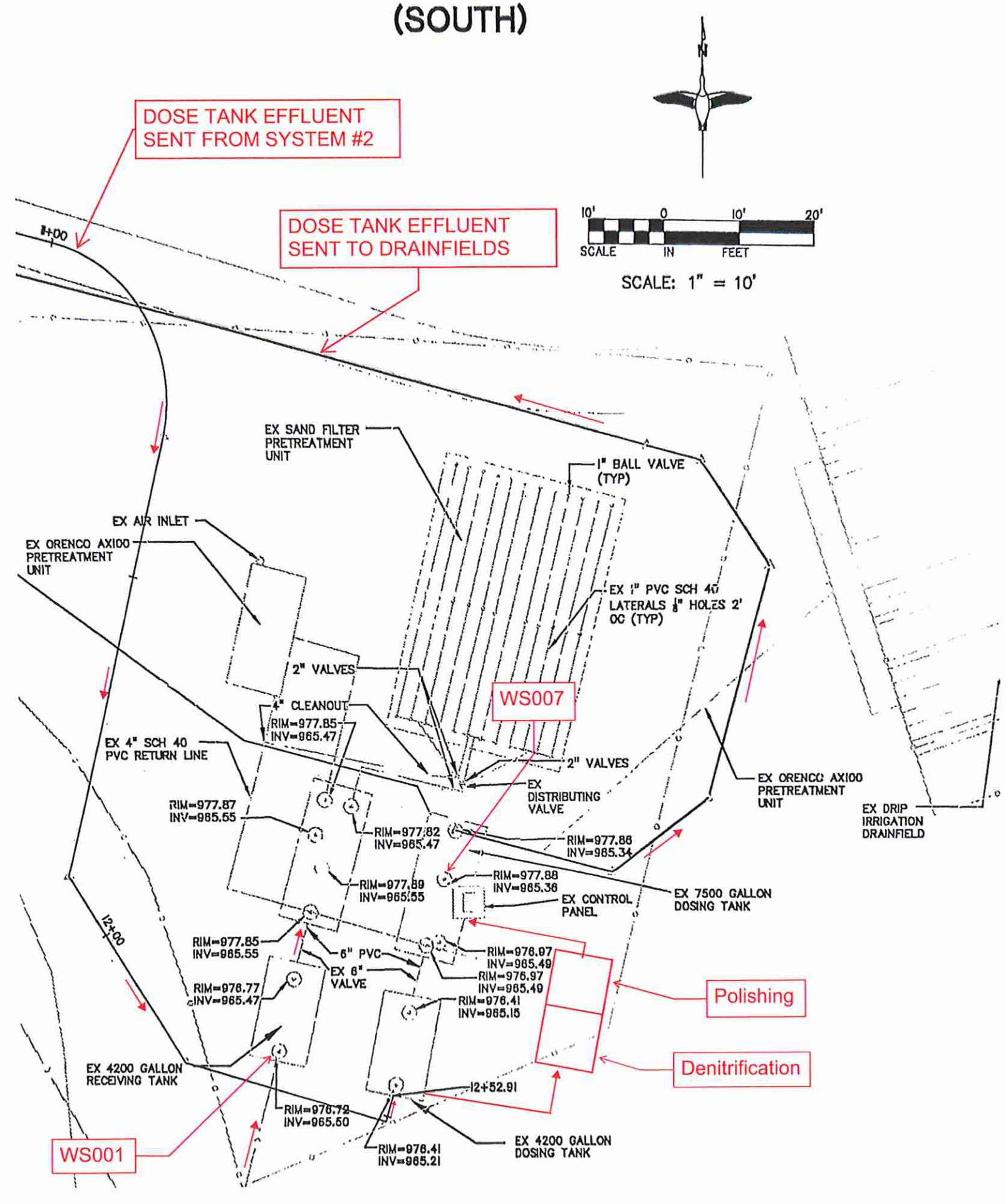
2. Location map of permitted facility

Topographic Map of Permitted Facility

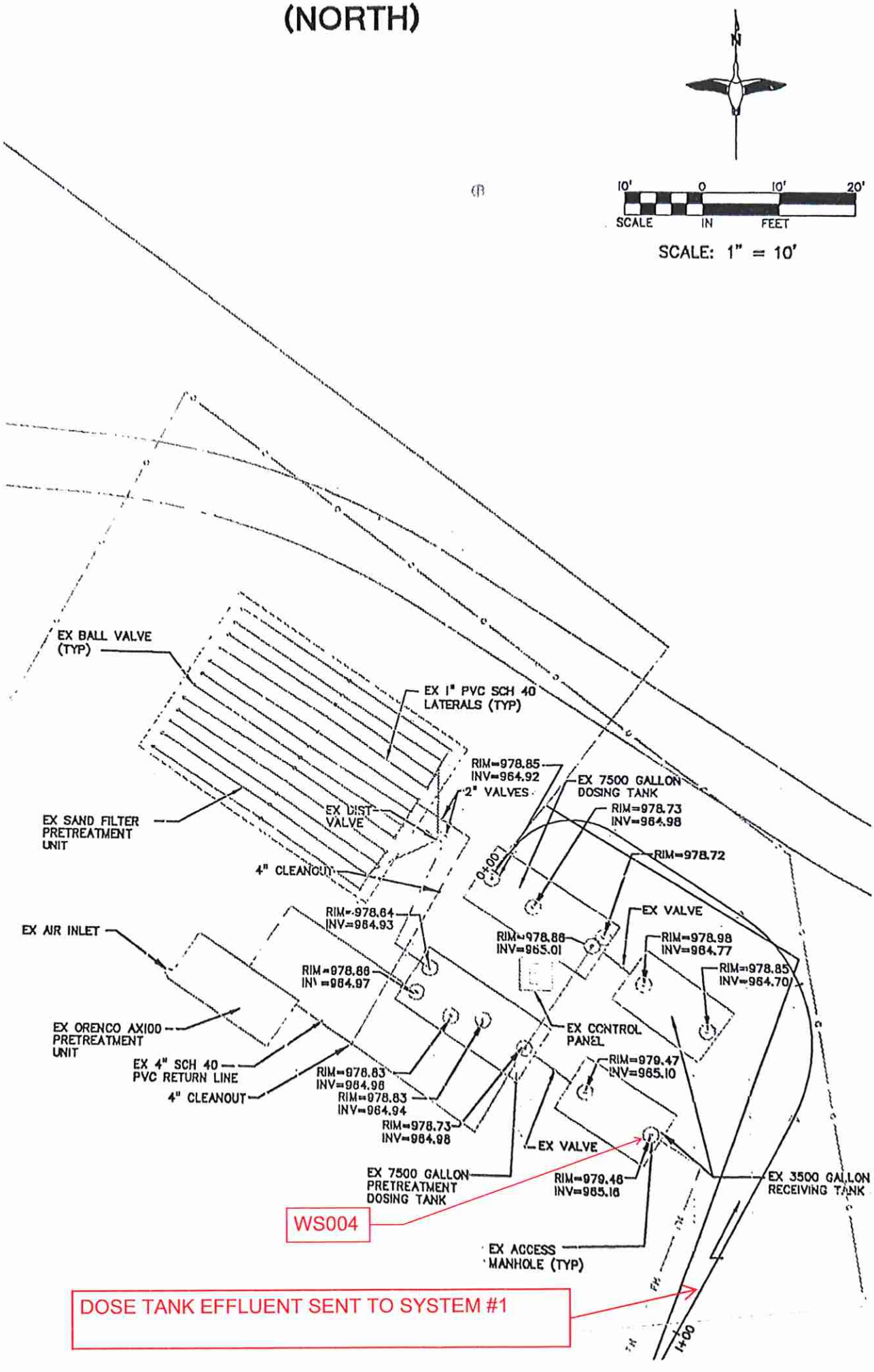
MN0064459: Baldwin Township Frontier Trails WWTF
T35N, R26W, Section 7
BaldwinTownship, Sherburne County, Minnesota



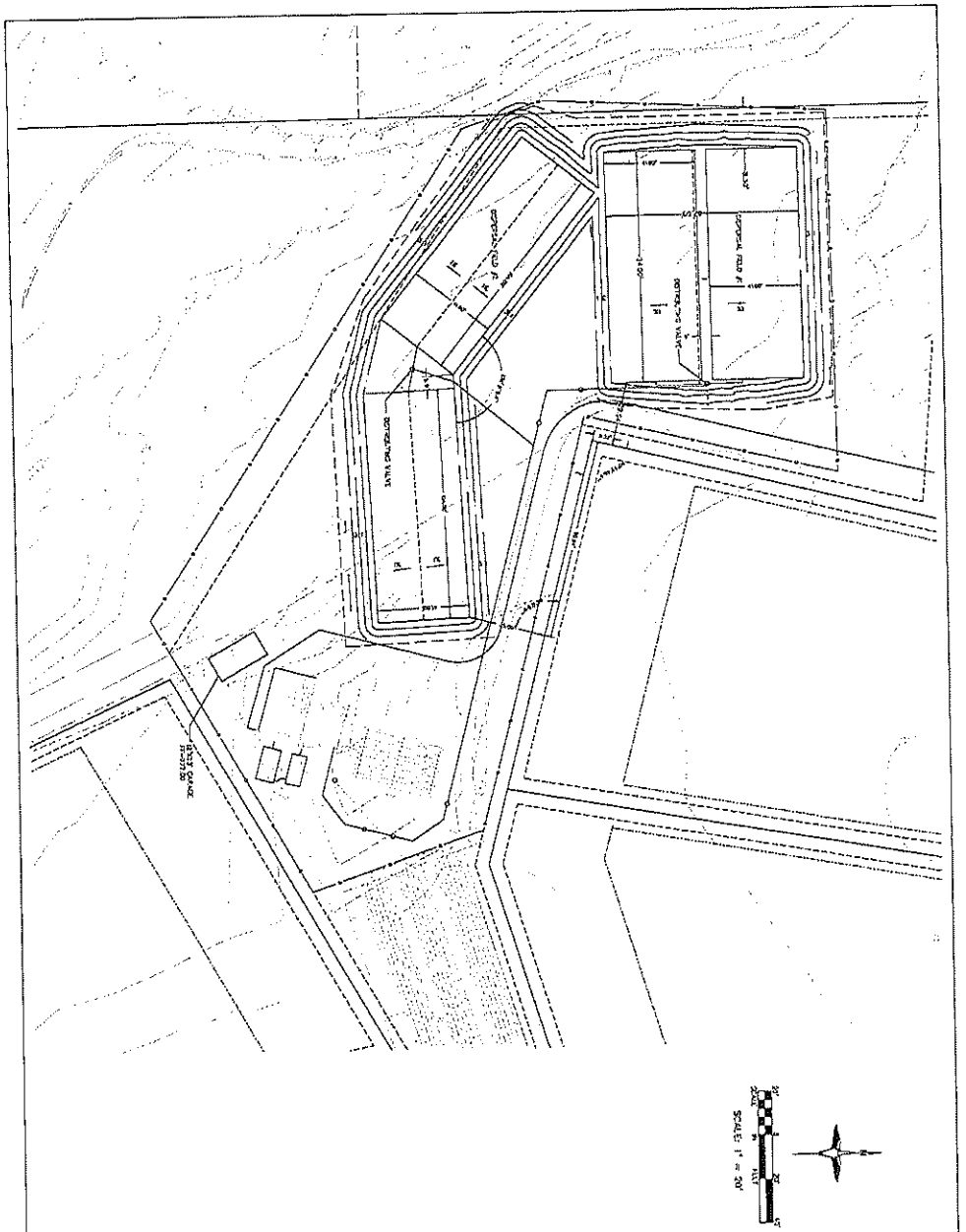
EXISTING SEPTIC SYSTEM #1
(SOUTH)



EXISTING SEPTIC SYSTEM #2
(NORTH)



DOSE TANK EFFLUENT SENT TO SYSTEM #1



SHEET 8 OF 15	FRONTIER TRAILS BALDWIN TOWNSHIP SEPTIC SYSTEM MOD GRADING PLAN	BOGART, PEDERSON & ASSOCIATES, INC.	I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Professional Engineer under the laws of the State of Minnesota. Signed: Jay Bogart Date: Reg. No. 19900	DATE 09/09/09 DESIGN BY KKR DRAWN BY CHECKED BY DWG FILE FILE NO. 14-9189.09	REV NO. / DATE / DESCRIPTION

Monitoring Well Permit Application

Minnesota Department of Health, Well Management Section
P. O. Box 64975
St. Paul, Minnesota 55164-0975
(651) 215-0811 or 1-800-383-9808

Acct 2306

MDH USE ONLY	
Amount Received	240 VC
Date Received	3-27-01
Source Codes: Well (4901) Site (4903)	
Deposit Number	176
Not Approved	
Date Approved	3-27-01 MH
Site Permit Number	

Make check or money order payable to the Minnesota Department of Health or supply required credit card information (separate sheet). Mail completed application and fee to the Minnesota Department of Health, Well Management Section, P. O. Box 64975, St. Paul, Minnesota 55164-0975.
ATTN: Cashier.

MAR 29

MAR 2001 RECEIVED WELL MGT.

CHECK ALL BOXES THAT APPLY — **FEE**

- ☐ Motor fuel retail outlet or petroleum bulk storage site or agricultural chemical site. — $120/Site
- ☐ Site permit exists. Permit Number _____ — None
- ☐ Well owned by state or local government. — None
- ☒ All other monitoring wells. — $120/Well
- ☐ Reconstruction requiring a permit. — $120/Well (None for site permit or government)

1. A. LEGAL DESCRIPTION OF WELL LOCATION — COUNTY Stearns

Township Name	Township Number	Range Number	Section Number	Smallest Quarter Largest	MN Unique Well Number	Depth	At-grade
Baldwin	35 N	26 W	7	NW ¼ NW ¼ SE ¼ NW ¼	650813	15'	
Baldwin	35 N	26 W	7	NW ¼ NW ¼ SE ¼ NW ¼	650814	15'	
	N	W		¼ ¼ ¼ ¼			
	N	W		¼ ¼ ¼ ¼			
	N	W		¼ ¼ ¼ ¼			

B. Well Site Address County Road 1 (Numerical Street Address) Baldwin Township (City) (Zip Code)

C. Sketch (attach map identifying well location and Minnesota Unique Well Number and include distance from nearest road intersection).

2. ☐ Check this box for wells constructed through a **CONFINING LAYER** or **INTO BEDROCK**, submit the following information: Well diameter, grout material, drilling method, grouting method, casing materials, cross-sectional diagram of well, and cross-section of anticipated geologic formations.

3. ☐ Check this box for **AT-GRADE WELLS**, submit the following information: an explanation of why the well casing cannot terminate 12 inches above ground, a map showing the location of the proposed well referenced to a permanent landmark or property boundaries, and cross-sectional diagram of the well cap and vault.

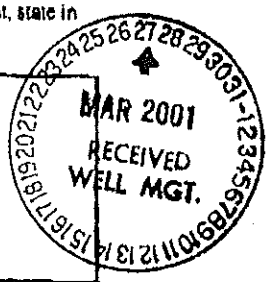
4. Well Contractor Name Agassiz Environmental	Registration or License Number MN-0154
Contact Person Bill Stark	Telephone Number (including Area Code) (651) 257-5545
5. Consultant Name John Oliver & Ass	Telephone Number (including Area Code) (785) 441-2072
6. Well Owner Name Frontier Partners	Contact Person
Well Owner Mailing Address (including City and Zip Code) 555 3rd Street NW Elk River, MN 55330	Telephone Number (including Area Code) (763) 441-8591
7. Property Owner Name Frontier Partners	Contact Person
Property Owner Mailing Address (including City and Zip Code) 555 3rd Street NW Elk River, MN 55330	Telephone Number (including Area Code) (763) 441-8591

REQUIRED SIGNATURES ON PAGE 2

8. Monitoring Well Permit Application for Minnesota Unique Well Number(s) as listed on page 1 of this application.

650813	650814			

9. If the well owner is not the property owner, Minnesota Statutes, section 1031.205 requires that "A person may not construct a monitoring well on the property of another until the owner of the property on which the well is be located and the well owner sign a written agreement that identifies which party will be responsible for obtaining maintenance permits and for sealing the monitoring well. If the property owner refuses to sign the agreement, the well owner may, in lieu of a written agreement, state in writing that the well owner will be responsible for obtaining maintenance permits and sealing the well."



As owner of the well(s) listed in 1. A. on page 1 of this application, I agree I will be responsible for obtaining maintenance permits and for sealing the well(s) in accordance with Minnesota Statutes, section 1031.205 and Minnesota Rules, Chapter 4725.

Billing Address for Maintenance Permits

Well Owner Name Fairview Lakeland

Well Owner Mailing Address 555 3rd Street NW
Number and Street Address or Post Office Box

Elk River MN 55330
City Zip Code

X Name of Property Owner or Agent (Please Print) Jim Brown

X Signature of Property Owner or Agent

X Name of Well Owner or Agent (Please Print) Jim Brown

X Signature of Well Owner or Agent

I certify that all the information provided in this application is true and complete. I understand that misstatement of facts may result in forfeiture of all rights to licensure/registration as a well contractor/ monitoring well contractor in accordance with Minnesota Statutes, Chapter 1031.

Name of Licensed or Registered Contractor (Please Print) Agassiz Environmental

Signature of Licensed or Registered Contractor

Date 3-27-01

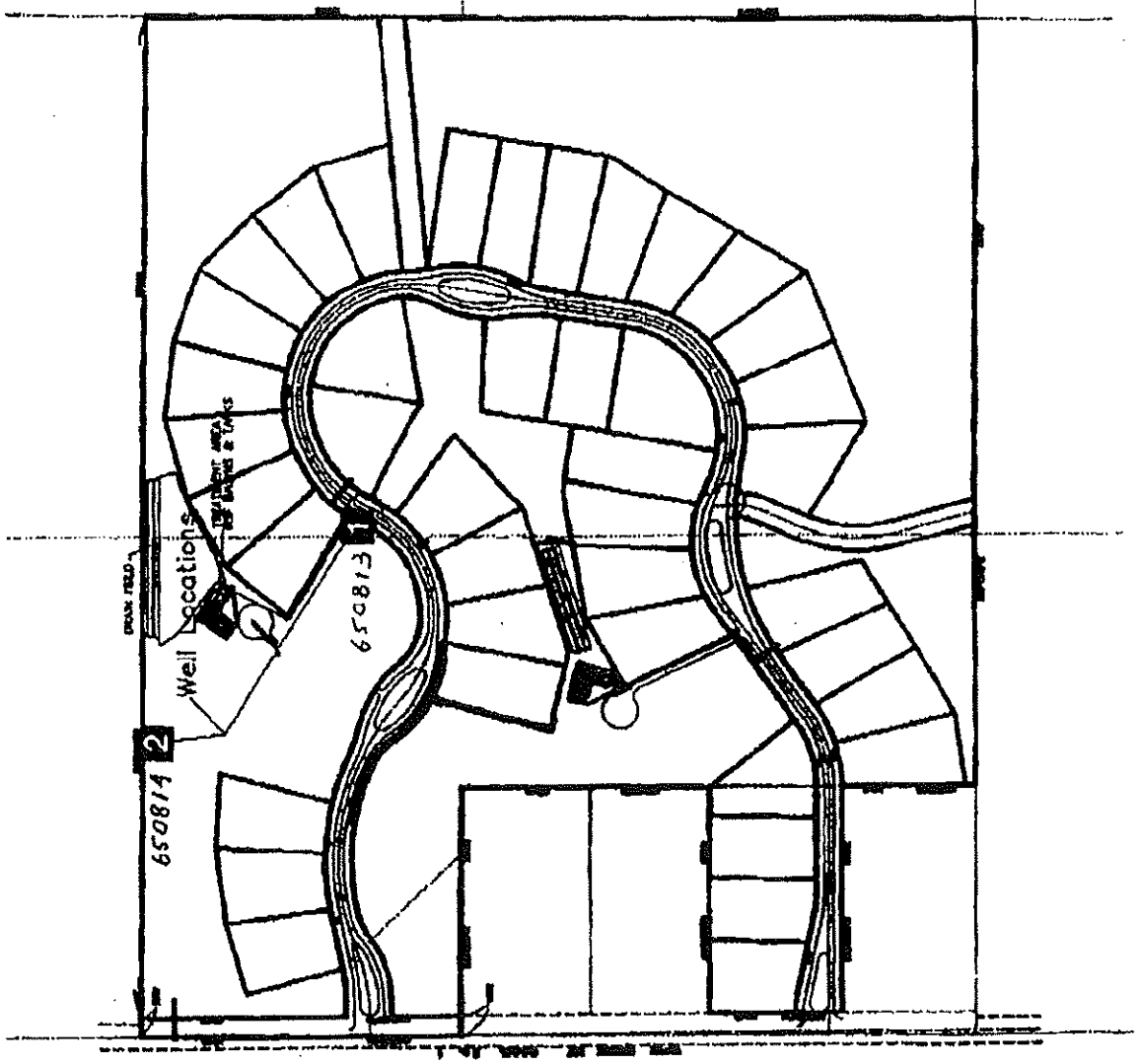
Failure to submit permit application and fee and receive permit approval prior to the beginning of monitoring well construction is a violation of Minnesota Statutes, Chapter 1031 and may result in the assessment of an administrative penalty.

A permit application must accompany variance request for monitoring wells.

HE-01480-04
IC# 140-0410

O:\WELLMGMT\ORIGSMW PERMIT APPLICATION.FRM 5/2000R

650813
650814



MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING RECORD
Minnesota Statutes Chapter 103I

MINNESOTA UNIQUE WELL NO. 650814

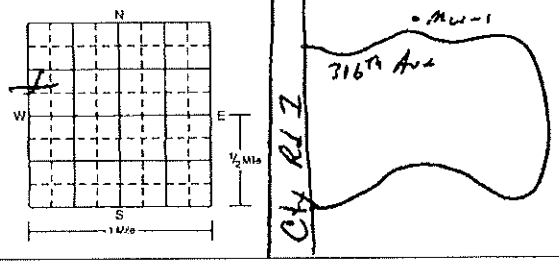
WELL LOCATION

County Name: Sherburne

Township Name	Township No.	Range No.	Section No.	Fraction
Baldwin	35	26	7	NW, SE, NW,

House Number, Street Name, City, and Zip Code of Well Location: County 1, Baldwin township, MN — or Fire Number:

Show exact location of well in section grid with "X". Sketch map of well location. Showing property lines, roads and buildings.



PROPERTY OWNER'S NAME: Trantin Partners

Property owner's mailing address if different than well location address indicated above.

555 3rd Street NW
Elk River, MN 55330
763-441-8591

WELL OWNER'S NAME: SAME

Well owner's mailing address if different than property owner's address indicated above.

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
Quat: Sand/Silt/Clay	Brn	—	0	15

Use a second sheet, if needed

APR 2001 RECEIVED WELL MNGT.

REMARKS, ELEVATION, SOURCE OF DATA, etc.

MW-2
John Oliver & Ass.
Project #01035

MINN. DEPT. OF HEALTH COPY 650814

WELL DEPTH (completed): 15' ft — Date Work Completed: 4/6/01

DRILLING METHOD: ☐ Cable Tool ☐ Driven ☐ Dug ☒ Auger HSA ☐ Rotary ☐ Jetted ☐ ____

DRILLING FLUID: None

WELL HYDROFRACTURED? ☐ YES ☒ NO — FROM ____ ft. to ____ ft.

USE: ☐ Domestic ☐ Irrigation ☐ Environ. Bore Hole ☒ Monitoring ☐ Community PWS ☐ Noncommunity PWS ☐ Dewatering ☐ Heating/Cooling ☐ Industry/Commercial ☐ Remedial ☐ ____

CASING: ☐ Steel ☒ Plastic — Drive Shoe? ☐ Yes ☒ No ☒ Threaded ☐ Welded ☐ ____

CASING DIAMETER	WEIGHT	HOLE DIAM.
2" in. to 5 ft.	____ lbs./ft.	8.25" in. to 15 ft.
____ in. to ____ ft.	____ lbs./ft.	____ in. to ____ ft.
____ in. to ____ ft.	____ lbs./ft.	____ in. to ____ ft.

SCREEN: Yes — Make: ____ Type: PVC — Slot/Gauze: 0.010" — Set between 5 ft. and 15 ft.

OPEN HOLE: from ____ ft. to ____ ft.

Diam.: 2" — Length: 10' — FITTINGS: Threaded

STATIC WATER LEVEL: 7 ft. ☒ below ☐ above land surface — Date measured 4/6/01

PUMPING LEVEL (below land surface): ____ ft. after ____ hrs. pumping ____ g.p.m.

WELL HEAD COMPLETION
☐ Pitless adapter manufacturer: ____ Model: ____
☒ Casing Protection: 6" Steel Protector ☒ 12 in. above grade
☐ At-grade (Environmental Wells and Borings ONLY)

GROUTING INFORMATION
Well grouted? ☒ Yes ☐ No
Grout Material: ☐ Neat cement ☐ Bentonite ☒ Concrete ☐ High Solids Bentonite

from 14	to 1 ft.	1.5	☐ yds. ☒ bags
from 1	to 0 ft.	1.5	☐ yds. ☒ bags
from ____	to ____ ft.	____	☐ yds. ☐ bags

Hi Bentonite Concrete

NEAREST KNOWN SOURCE OF CONTAMINATION: 70' feet SE direction Septic type
Well disinfected upon completion? ☐ Yes ☒ No

PUMP: ☒ Not installed — Date installed: ____
Manufacturer's name: ____
Model number: ____ HP: ____ Volts: ____
Length of drop pipe: ____ ft. Capacity: ____ g.p.m.
Type: ☐ Submersible ☐ L.S. Turbine ☐ Reciprocating ☐ Jet ☐ ____

ABANDONED WELLS
Does property have any not in use and not sealed well(s)? ☐ Yes ☒ No

VARIANCE
Was a variance granted from the MDH for this well? ☐ Yes ☒ No TN# ____

WELL CONTRACTOR CERTIFICATION

This well was drilled under my supervision and in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.

Agumi Construction Svs. — M-0059
Licensee Business Name — Lic. or Reg. No.

Authorized Representative Signature — 4-09-01 Date

Bill Glomm — 4/7/01 Date
Name of Driller

HE-01205-07 (Rev. 2/99)

4-13-01 MW

Minnesota Unique Well Number

650813

County Sherburne
Quad Princeton
Quad ID 154C

MINNESOTA DEPARTMENT OF HEALTH

WELL AND BORING REPORT

Minnesota Statutes Chapter 1031

Entry Date 07/09/2001
Update Date 04/07/2014
Received Date

Well Name	Township	Range	Dir	Section	Subsection
MW-1	35	26	W	7	BBDDAA

Elevation 978 ft. Elev. Method 7.5 minute topographic map (+/- 5 feet)

Address

Well 1 CR BALDWIN TOWNSHIP MN

Stratigraphy Information

Geological Material	From	To (ft.)	Color	Hardness
QUAT. SANDS, SILTS,	0	15	BROWN	

Remarks

MW-1; JOHN OLIVER & ASS.; PROJECT #01038

Well Depth 15 ft. | Depth Completed 15 ft. | Date Well Completed 03/30/2001

Drill Method Auger (non-specified) | Drill Fluid

Use monitor well | Status Active

Well Hydrofractured? Yes [ ] No [X] From To

Casing Type Single casing | Joint Threaded

Drive Shoe? Yes [ ] No [X] | Above/Below

Casing Diameter	Weight	Hole Diameter
2 in. To 5 ft.	lbs./ft.	8 in. To 15 ft.

Open Hole From ft. To ft.

Screen? [X] Type plastic Make

Diameter	Slot/Gauze	Length	Set
2 in.	10	10 ft.	5 ft. 15 ft.

Static Water Level

9 ft. land surface Measure 03/30/2001

Pumping Level (below land surface)

Wellhead Completion

Pitless adapter manufacturer Model

[X] Casing Protection [X] 12 in. above grade
[ ] At-grade (Environmental Wells and Borings ONLY)

Grouting Information Well Grouted? [X] Yes [ ] No [ ] Not Specified

Material	Amount	From	To
concrete	1.5 Sacks	0 ft.	1 ft.
high solids bentonite	1.25 Sacks	1 ft.	4 ft.

Nearest Known Source of Contamination

70 feet North Direction Septic tank/drain field Type

Well disinfected upon completion? [ ] Yes [X] No

Pump [X] Not Installed Date Installed

Manufacturer's name

Model Number HP Volt

Length of drop pipe ft Capacity g.p. Typ

Abandoned

Does property have any not in use and not sealed well(s)? [ ] Yes [X] No

Variance

Was a variance granted from the MDH for this well? [ ] Yes [X] No

Miscellaneous

First Bedrock Aquifer Quat. Water

Last Strat cly/snd/slt-no peb.-brn Depth to Bedrock ft

Located by Minnesota Department of Health

Locate Method GPS SA Off (averaged) (15 meters)

System UTM - NAD83, Zone 15, Meters X 450849 Y 5043357

Unique Number Verification Info/GPS from data Input Date 04/19/2001

Angled Drill Hole

Well Contractor

Agassiz Environmental | M0159 | STORM, B.

Licensee Business | Lic. or Reg. No. | Name of Driller

Minnesota Unique Well Number

609573

County Sherburne
Quad
Quad ID

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING REPORT
Minnesota Statutes Chapter 1031

Entry Date 06/25/1999
Update Date 07/24/2008
Received Date

Well Name	Township	Range	Dir	Section	Subsection
MW-1	35	26	W	7	BCA

Elevation Elev. Method

Address

Contact 544 3 ST NW ELK RIVER MN 55330
Well HWY 1 & CR 42 LM PRINCETON MN 55371

Stratigraphy Information

Geological Material	From	To (ft.)	Color	Hardness
SAND, W/SILT LOOSE	0	2	DK. BRN	
SAND LOOSE	2	13	BROWN	
SAND LOOSE	13	15	GRAY	

Remarks
LOCATION: 0.6 MILE NE OF HWY 1 & CR 42 INTERSECTION
PRINCETON MN 55371

Well Depth: 15 ft. | Depth Completed: 14 ft. | Date Well Completed: 04/02/1999
Drill Method: Auger (non-specified) | Drill Fluid:
Use: monitor well | Status: Active
Well Hydrofractured? Yes ☐ No ☒ From To
Casing Type: Single casing | Joint: Threaded
Drive Shoe? Yes ☐ No ☒ | Above/Below:

Casing Diameter	Weight	Hole Diameter
2 in. To 4.5 ft.	lbs./ft.	8 in. To 15 ft.

Open Hole From ft. To ft.

Screen? ☒ Type plastic Make JOHNSON

Diameter	Slot/Gauze	Length	Set
2 in.	10	10 ft.	4.5 ft. 14.5 ft.

Static Water Level

Pumping Level (below land surface)

Wellhead Completion
Pitless adapter manufacturer Model
☒ Casing Protection ☐ 12 in. above grade
☐ At-grade (Environmental Wells and Borings ONLY)

Grouting Information Well Grouted? ☒ Yes ☐ No ☐ Not Specified

Material	Amount	From	To
neat cement		0 ft.	3 ft.
bentonite		3 ft.	4 ft.

Nearest Known Source of Contamination
feet Direction Type
Well disinfected upon completion? ☐ Yes ☒ No

Pump ☒ Not Installed Date Installed
Manufacturer's name
Model Number HP Volt
Length of drop pipe ft Capacity g.p. Typ

Abandoned
Does property have any not in use and not sealed well(s)? ☐ Yes ☐ No

Variance
Was a variance granted from the MDH for this well? ☐ Yes ☒ No

Miscellaneous
First Bedrock Aquifer
Last Strat Depth to Bedrock ft
Located by
Locate Method
System UTM - NAD83, Zone 15, Meters X Y
Unique Number Verification Input Date

Angled Drill Hole

Well Contractor
Gme Consultants | M0101 | KECK, K.
Licensee Business | Lic. or Reg. No. | Name of Driller

Minnesota Unique Well Number

650814

County Sherburne
Quad
Quad ID

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING REPORT
Minnesota Statutes Chapter 1031

Entry Date 07/09/2001
Update Date 01/08/2014
Received Date

Well Name	Township	Range	Dir Section	Subsection
MW-2	35	26	W 7	BDB

Elevation Elev. Method

Address
Well 1 CR BALDWIN TOWNSHIP MN

Stratigraphy Information

Geological Material	From	To (ft.)	Color	Hardness
QUAT:	0	15	BROWN	

Well Depth: 15 ft. Depth Completed: 15 ft. Date Well Completed: 04/06/2001
Drill Method: Auger (non-specified) Drill Fluid:

Use: monitor well Status: Active

Well Hydrofractured? Yes ☐ No ☒ From To

Casing Type: Single casing Joint: Threaded
Drive Shoe? Yes ☐ No ☒ Above/Below: 0 ft.

Casing Diameter	Weight	Hole Diameter
2 in. To 5 ft.	lbs./ft.	8.2 in. To 15 ft.

Open Hole From ft. To ft.

Screen? ☒ Type: plastic Make:

Diameter	Slot/Gauze	Length	Set
2 in.	10	10 ft.	5 ft. 15 ft.

Static Water Level
7 ft. land surface Measure 04/06/2001

Pumping Level (below land surface)

Wellhead Completion
Pitless adapter manufacturer Model
☒ Casing Protection ☒ 12 in. above grade
☐ At-grade (Environmental Wells and Borings ONLY)

Grouting Information Well Grouted? ☒ Yes ☐ No ☐ Not Specified

Material	Amount	From	To
concrete	1.5 Sacks	0 ft.	1 ft.
high solids bentonite	1.5 Sacks	1 ft.	14 ft.

Nearest Known Source of Contamination
70 feet Southeas Direction Septic tank/drain field Type
Well disinfected upon completion? ☐ Yes ☒ No

Pump ☒ Not Installed Date Installed
Manufacturer's name
Model Number HP Volt
Length of drop pipe ft Capacity g.p. Typ

Abandoned
Does property have any not in use and not sealed well(s)? ☐ Yes ☒ No

Variance
Was a variance granted from the MDH for this well? ☐ Yes ☒ No

Miscellaneous
First Bedrock Aquifer
Last Strat Depth to Bedrock ft
Located by
Locate Method
System UTM - NAD83, Zone 15, Meters X Y
Unique Number Verification Input Date

Angled Drill Hole

Well Contractor
Agassiz Environmental M0159 STORM, B.
Licensee Business Lic. or Reg. No. Name of Driller

Remarks
MW-2; JOHN OLIVER & ASSOC.; PROJECT #01038

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Additional Station Location Attachment

NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This is an attachment to the Transmittal Form for facilities with multiple permitted stations.

Complete the attachment by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

Surface Water Stations

Station ID: SD

Township (26-71 or 101-168)	**Range** (1-51)	**Section** (1-36)	**¼ Section** (NW, NE, SW, SE)	**¼ of ¼ Section** (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**

UTM Northing	**UTM Easting**	**UTM Zone**	**UTM Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
Receiving Water:					

Station ID: SD

Township (26-71 or 101-168)	**Range** (1-51)	**Section** (1-36)	**¼ Section** (NW, NE, SW, SE)	**¼ of ¼ Section** (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**

UTM Northing	**UTM Easting**	**UTM Zone**	**UTM Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
Receiving Water:					

Station ID: SD

Township (26-71 or 101-168)	**Range** (1-51)	**Section** (1-36)	**¼ Section** (NW, NE, SW, SE)	**¼ of ¼ Section** (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**

UTM Northing	**UTM Easting**	**UTM Zone**	**UTM Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
Receiving Water:					

Station ID: SD

Township (26-71 or 101-168)	**Range** (1-51)	**Section** (1-36)	**¼ Section** (NW, NE, SW, SE)	**¼ of ¼ Section** (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**

UTM Northing	**UTM Easting**	**UTM Zone**	**UTM Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
Receiving Water:					

Groundwater Monitoring Wells

Station ID: GW | 004

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	SE

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected
N/A	N/A	N/A	N/A	N/A	N/A

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate Collection Method	Date Coordinate Collected

Other Stations

Station ID: WS004

Station Type: ☒ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW) ☐ Land Application (LA) ☐ Other (specify):

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
45°32'34.49"N	93°37'48.75"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water (surface water monitoring stations only):

Station ID: WS005

Station Type: ☐ Influent Waste Stream (WS) ☒ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW) ☐ Land Application (LA) ☐ Other (specify):

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
45°32'34.55"N	93°37'48.86"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water (surface water monitoring stations only):

Station ID: WS006

Station Type: ☐ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW) ☐ Land Application (LA) ☒ Other (specify): Intermediate: WW to Land

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
45°32'34.69"N	93°37'48.76"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water (surface water monitoring stations only):

Station ID: WS007

Station Type: ☐ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW) ☐ Land Application (LA) ☒ Other (specify): Intermediate: WW to Land

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 35 N	R 26 ☐ E ☒ W	7	NW	NE
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**
45°32'24.88"N	93°37'51.56"W	WGS84	Digitized – Web Map Google Earth	07/29/2026

Surface water (surface water monitoring stations only):

Station ID:

Station Type: ☐ Influent Waste Stream (WS) ☐ Internal Waste Stream (WS) ☐ Surface Water Monitoring (SW) ☐ Land Application (LA) ☐ Other (specify):

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R ☐ E ☐ W			
Latitude	**Longitude**	**Datum**	**Coordinate Collection Method**	**Date Coordinate Collected**

Surface water (surface water monitoring stations only):

Review the application and ensure all requested items are submitted with this attachment.

Please make a copy for your records.
Refer to the *Transmittal Form* for mailing instructions.