



**DEPARTMENT OF THE NAVY**

SOUTHERN DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
P.O. BOX 190010  
2155 EAGLE DRIVE  
NORTH CHARLESTON, S.C. 29419-9010

N91192.AR.000556  
NIROP FRIDLEY  
5090.3a

Code 1868  
11 May 2001

Minnesota Department of Health  
Attn: Mr. Edward C. Schneider  
Well Management Section, Metro Square Building  
Post Office Box 64975  
Saint Paul, MN 55164-0975

Subj: VARIANCE REQUEST APPLICATION, PILOT-SCALE STUDY TO  
ENHANCE IN-SITU BIOREMEDIATION OF CHLORINATED SOLVENTS  
AT THE ANOKA COUNTY PARK, FRIDLEY, MN

Dear Mr. Schneider:

Attached is a completed Variance Request Application for the planned pilot-scale study to enhance in-situ bioremediation of chlorinated solvents at the Anoka County Park in Fridley, MN.

We look forward to your approval of the request. If you have any questions regarding this, please contact me at (843) 820-5562.

Sincerely,

  
JOEL SANDERS, P.E.  
Remedial Project Manager

Copy to:  
CH2MHill Constructors, Inc. (Mr. Venky Venkatesh)



Refer to Figure 1-1 for map.

I. A scaled map showing the location of the well or boring in relation to property lines, structures, utilities, and contamination sources (use additional sheets as necessary and note distances from contamination sources and wells on adjacent properties).

Please include the following information for a variance request from isolation distances.

A. Description of the age, design, size, and type of construction of any existing or potential contaminant sources (such as septic systems; petroleum storage; unused, unsealed wells; etc.). Include contamination sources on adjacent properties.

Refer to Work Plan Section 2.0 for details.

B. Information on the soil type from a soil survey, percolation test, or soil boring report.

Refer to Work Plan Section 2.0, Table 2.1 for details.

Other relevant information, such as any testing, inspection, or certification data (please attach reports or data).

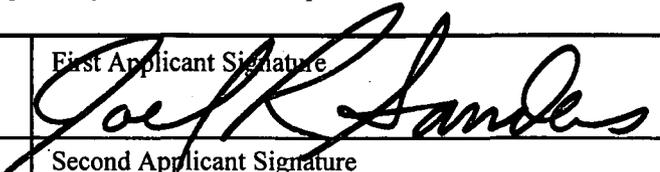
Refer to Section 4.0 of Work Plan.

Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application including application fees, scaled map, and signatures of well owner and contractor (if applicable). Please include with this request any relevant information necessary to properly evaluate the request and a copy of any review of any contamination sources by a local or state unit of government under other applicable regulations.

The nonrefundable variance fee of \$120 along with the variance application, signed by the applicant and the contractor, with supportive information, must be returned to the Well Management Section, Minnesota Department of Health, Metro Square Building, P.O. Box 64975, St. Paul, Minnesota 55164-0975.

This variance is conditioned upon the applicants acceptance of, and compliance with the conditions of this variance. Failure by the applicant to comply with the conditions prescribed in this variance will result in the immediate expiration of this variance.

If the variance is granted, I agree to comply with any conditions required by the Minnesota Department of Health.

Date	First Applicant Name (print) JOEL SANDERS	First Applicant Signature 
Date	Second Applicant Name (print) _____	Second Applicant Signature _____
Date	Contractor Name (print) TBD	Contractor Signature _____