N91192.AR.001471
NIROP FRIDLEY, MN
5090.3a

2000 ANNUAL WATER USE REPORT WITH TRANSMITTAL NIROP FRIDLEY MN
1/25/2001
BAY WEST

209

Bay West

Delivering Environmental, Industrial, Marine, and Emergency Solutions

Bay West, Inc. • 24 Hours: 1-800-279-0456 • www.baywest.com
5 Empire Drive, St. Paul, MN 55103 • 651/291-0456 • FAX 651/291-0099
10620 Widmer Rd., Lenexa, KS 66215 • 913/663-2915 • FAX 913/663-3067

January 25, 2001

Department of Natural Resources
Box 48, Division of Waters
500 Lafayette Road
St. Paul, MN 55155-4048

RE: Annual Water Use Report – 2000
Naval Industrial Reserve Ordnance Plant (NIROP)
Fridley, Minnesota
DNR Permit No. 926127

Bay West, Inc. (Bay West) is submitting the completed 2000 Water Use Report forms on behalf of the Navy. The Water Use Report covers ground water extraction wells AT-1A, AT-2, AT-3, AT-4, AT-5A, and AT-5B. These wells are used to remove contaminated groundwater located on the NIROP property. In accordance with Permit 926127, Federal Agencies are exempt from annual processing fees.

If you have any questions you can call Brandon Juran at 651-291-3437.

Sincerely,

Brandon Juran
Environmental Engineer

Paul T. Walz, P.E.
Senior Engineer

Enclosures

cc: Joel Sanders, SouthDivNavFacEngCom
Lamar Sims, EFA Midwest
Mark Sladic, Tetra Tech Nus, Inc.

BWJ990726

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **1A**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**
Source Name: **QBAA**

Twp: **30** Rng: **24** Sec: **27** Qtr: **DBA**

US NAVY
JOEL SANDERS
SOUTH NAVFACENGCOM
PO BOX 190010
N CHARLESTON SC 29419-9010

Please correct address if needed:

Phone: **843-820-5562**

A. If no water was withdrawn this year indicate the reason.

____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 45

January	402,000	July	2,072,000
February	1,947,000	August	2,093,000
March	2,222,000	September	1,844,000
April	1,889,000	October	2,101,000
May	2,093,000	November	2,026,000
June	2,042,000	December	2,062,000
		TOTAL	22,793,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **2**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**
Source Name: **QWTA**

Twp: **30** Rng: **24** Sec: **27** Qtr: **CAA**

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____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 25

January	404,000	July	0
February	979,000	August	0
March	825,000	September	0
April	688,000	October	0
May	1,285,000	November	0
June	290,000	December	0
		TOTAL	4,471,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **3A**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**
Source Name: **QBAA**

Twp: **30** Rng: **24** Sec: **27** Qtr: **CAD**

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A. If no water was withdrawn this year indicate the reason.

____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 279

January	4,837,000	July	12,421,000
February	2,824,000	August	12,554,000
March	13,331,000	September	11,114,000
April	11,333,000	October	12,611,000
May	12,557,000	November	12,159,000
June	12,167,000	December	12,603,000
		TOTAL	130,511,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **4**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**
Source Name: **QWTA**

Twp: **30** Rng: **24** Sec: **27** Qtr: **ACB**

US NAVY
JOEL SANDERS
SOUTH NAVFACENGCOM
PO BOX 190010
N CHARLESTON SC 29419-9010

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Phone: **843-820-5562**

A. If no water was withdrawn this year indicate the reason.

____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 38

January	798,000	July	2,072,000
February	1,951,000	August	591,000
March	2,180,000	September	1,407,000
April	1,728,000	October	1,261,000
May	1,484,000	November	1,713,000
June	931,000	December	989,000
		TOTAL	17,105,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **5A**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**

Twp: **30** Rng: **24** Sec: **27** Qtr: **DBC**

US NAVY
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SOUTH NAVFACENGCOM
PO BOX 190010
N CHARLESTON SC 29419-9010

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Phone: **843-820-5562**

A. If no water was withdrawn this year indicate the reason.

____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 166

January	3,614,000	July	7,253,000
February	6,897,000	August	7,324,000
March	7,751,000	September	6,452,000
April	6,611,000	October	7,266,000
May	7,323,000	November	6,369,000
June	7,147,000	December	6,328,000
		TOTAL	80,335,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - ANNUAL REPORT OF WATER USE
Installation Worksheet

Permit: **926127** Installation: **5B**

Use: **POLLUTION CONFINEMENT**
Source Type: **GROUND WATER**

Twp: **30** Rng: **24** Sec: **27** Qtr: **DBC**

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A. If no water was withdrawn this year indicate the reason.

____ 1. CRP/set aside ____ 2. System removed ____ 3. Water not required
____ 4. Permit suspended ____ 5. Other (specify) ____
____ 6. Water received from an alternate source ____

B. List the number of **gallons** withdrawn in each month. Pumping Rate (gpm): 85

January	1,524,000	July	4,145,000
February	3,892,000	August	4,185,000
March	4,418,000	September	3,707,000
April	3,778,000	October	4,204,000
May	4,178,000	November	4,046,000
June	4,084,000	December	4,201,000
		TOTAL	46,362,000

C. Affidavit of compliance - Measurement method (check one)

X 1. Flow Meter
____ 2. Flow Rate Meter with: ____ Totalizer or ____ Hour meter
____ 3. Timing Device: ____ Hour meter or ____ Electric meter x gpm
____ 4. Alternate method: If not already approved, enclose request for approval.
____ 5. Estimated: An approved measuring device or method is required. (describe below)

SIGNATURE [signature] DATE 1/25/01 PHONE (651) 291-3491

STD

926127
2000

2000 DNR - FEE CALCULATION WORKSHEET

US NAVY, N CHARLESTON, SC 29419-9010
Permit: **926127** Use: **271** Permit Volume (MG/Y): **370.0** Installations: **6** County: **2**

1. Enter the total volume of water pumped from all installations of this permit. If this amount is 0, skip to line 5 and enter $50.00. 301,577,000 gallons

2. Divide line 1 by one million (1,000,000), round to the nearest thousandth, and enter here: 301.577 million gallons
(Example: 128,243,400 rounds to 128.243 million gallons)

3. Find your fee rate on the table below and enter it here: $ _____ per million gallons

VOLUME PUMPED (from line 2)	FEE RATE (per million gallons)
Up to 50 million gallons	minimum permit fee of $50.00
50 to 100 million gallons	$1.00
100 to 150 million gallons	$1.50
150 to 200 million gallons	$2.00
200 to 250 million gallons	$2.50
250 to 300 million gallons	$3.00
300 to 350 million gallons	$3.50
350 to 400 million gallons	$4.00
Over 400 million gallons	$4.50

4. Multiply Line 2 by Line 3. $ EXEMPT
For Example:
128.243 million gallons
x 1.50 dollars per million gallons
$192.36 fee

5. FEE DETERMINATION:
   a) If the amount on line 1 is less than or equal to 50 million gallons, then enter the minimum fee of $50.00 on this line.
   b) If the amount on line 4 is greater than the maximum fee from the table below, then enter the maximum fee from the table on this line.
   c) If the amount on line 4 is less than the maximum fee and greater than the minimum fee, then enter the amount from line 4. $ EXEMPT

Classification	Maximum Fee
entity with 1 to 3 permits	$35,000
entity with 4 to 5 permits	$50,000

Classification	Maximum Fee
entity with more than 5 permits	$175,000
city of the first class	$175,000

6. Complete the Data Verification Form. If a fee is required for a permit amendment or transfer, enter the amount on this line: $ EXEMPT

7. **Add lines 5 and 6.** Enter the total on this line. This is the **2000** water appropriation fee due. Return this fee with the water use reports and any additional information required. $ EXEMPT
Make checks payable to "DNR Waters", and mail to: **DNR Waters**
500 Lafayette Road, Box 48
St Paul, MN 55155-4048

If you have questions please call (651) 296-0435 24 hours

Do not write below this line.