

N91192.AR.001470
NIROP FRIDLEY, MN
5090.3a

1999 FORMS FOR WATER APPROPRIATION FROM GROUNDWATER EXTRACTION
WELLS WITH TRANSMITTAL NIROP FRIDLEY MN
2/15/2000
UNITED DEFENSE



15 February 2000
E0018/3.3

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

Subject: Annual Water Use Report - 1999
Armament Systems Division of United Defense, L. P.
Naval Industrial Reserve Ordnance Plant (NIROP)
Fridley, Minnesota
DNR Permit No. 926127

Enclosures: United Defense Water Use Reports for NIROP Wells AT-1a, AT-2, AT-3,
and AT-4, AT-5a and AT-5b

Enclosed are the completed forms concerning 1999 water appropriation from ground water extraction wells used to remove contaminated ground water from the alluvial aquifer on Naval Industrial Reserve Ordnance Plant property. In accordance with Permit 926127, Federal Agencies are exempt from annual processing fees.

If you have any questions on this subject, please contact me at 572-6906.

UNITED DEFENSE, L.P.
Armament Systems Division

Timothy Ruda
Senior Environmental Control Technician

TRR:trr

cc: J. Sanders, USN NAVFACENGCOM
K. Morrow, NAVSEATECREP, NIROP

1999 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**

Please correct address if needed:

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

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- A. If no water was withdrawn this year indicate the reason.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B. List the number of gallons withdrawn in each month.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): 52

January	<u>2,613,000</u>	July	<u>984,000</u>
February	<u>2,356,000</u>	August	<u>1,538,000</u>
March	<u>2,604,000</u>	September	<u>2,204,000</u>
April	<u>2,528,000</u>	October	<u>2,096,000</u>
May	<u>2,615,000</u>	November	<u>2,026,000</u>
June	<u>2,502,000</u>	December	<u>485,000</u>
		TOTAL	24,371,000

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

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 Trinity R. Ruda DATE 2/4/00 PHONE (612) 572-6906

1999 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**

Please correct address if needed:

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

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): 34

January	<u>1,435,000</u>	July	<u>1,322,000</u>
February	<u>1,557,000</u>	August	<u>1,116,000</u>
March	<u>1,646,000</u>	September	<u>1,095,000</u>
April	<u>1,676,000</u>	October	<u>1,288,000</u>
May	<u>1,709,000</u>	November	<u>1,030,000</u>
June	<u>1,103,000</u>	December	<u>750,000</u>
		TOTAL	15,727,000

- C. Affidavit of compliance - Measurement method (check one)
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 Timothy R. Rude DATE 2/14/00 PHONE (612) 572-6906

1999 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**

Please correct address if needed:

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

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): 235

January	<u>11,406,000</u>	July	<u>10,479,000</u>
February	<u>9,923,000</u>	August	<u>9,610,000</u>
March	<u>10,448,000</u>	September	<u>10,110,000</u>
April	<u>10,110,000</u>	October	<u>10,476,000</u>
May	<u>10,460,000</u>	November	<u>7,787,000</u>
June	<u>10,013,000</u>	December	<u>2,426,000</u>
		TOTAL	113,248,000

C. Affidavit of compliance - Measurement method (check one)
 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 Timothy R. Rucker DATE 2/14/00 PHONE (612) 572-6906

1999 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**

Please correct address if needed:

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

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	<u>2,349,000</u>	July	<u>1,509,000</u>
February	<u>1,987,000</u>	August	<u>1,444,000</u>
March	<u>2,082,000</u>	September	<u>1,518,000</u>
April	<u>1,981,000</u>	October	<u>1,332,000</u>
May	<u>1,676,000</u>	November	<u>1,013,000</u>
June	<u>1,502,000</u>	December	<u>243,000</u>
		TOTAL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18,636,000</div>

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

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 Timothy R. Ruda DATE 2/4/00 PHONE (612) 572-6906

1999 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**

Please correct address if needed:

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

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): 156

January	<u>7,289,000</u>	July	<u>6,271,000</u>
February	<u>6,605,000</u>	August	<u>5,275,000</u>
March	<u>7,315,000</u>	September	<u>5,531,000</u>
April	<u>7,077,000</u>	October	<u>6,710,000</u>
May	<u>7,322,000</u>	November	<u>4,194,000</u>
June	<u>6,667,000</u>	December	<u>4,430,000</u>
		TOTAL	74,686,000

- C. Affidavit of compliance - Measurement method (check one)
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 Timothy B. Rude DATE 2/14/00 PHONE (572) 6906

1999 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**

Please correct address if needed:

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

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): 84

January	<u>3,688,000</u>	July	<u>4,173,000</u>
February	<u>3,309,000</u>	August	<u>3,848,000</u>
March	<u>3,658,000</u>	September	<u>1,027,000</u>
April	<u>3,540,000</u>	October	<u>3,431,000</u>
May	<u>3,668,000</u>	November	<u>3,219,000</u>
June	<u>3,621,000</u>	December	<u>2,258,000</u>
		TOTAL	<div style="border: 1px solid black; padding: 5px; display: inline-block;">39,440,000</div>

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

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 Timothy R. Ruda DATE 2/14/00 PHONE (612) 572-6900

1999 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. 286,108,000 gallons
2. Divide line 1 by one million (1,000,000), round to the nearest thousandth, and enter here: 286.108 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 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	Classification	Maximum Fee
entity with 1 to 3 permits	\$35,000	entity with more than 5 permits	\$175,000
entity with 4 to 5 permits	\$50,000	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 1999 water appropriation fee due. Return this fee with the water use reports and any additional information required.

Make checks payable to "DNR Waters", and
 mail to: **DNR Waters**
500 Lafayette Road, Box 48
St Paul, MN 55155-4048

If you have any questions about calculating your fee please call (651) 296-0435 24 hours