

Belgrade Office
PO Box 189
Belgrade, MN 56312-0189
Phone: 320.254.8271
Toll-Free: 888.254.8271
Fax: 320.254.8274
Website: www.nasbank.com

North American
state bank

~~September 10, 2008~~ *Sept 21, 2009*

Amy Ness, Project Manager
MPCA Brainerd Office
7678 College Road #105
Baxter, MN 56425

Ms. Ness - I'm reusing my letter from last year in a form of recycling. As the enclosure states, we are still being billed for the annual well fee on one of the wells.

Ms. Ness,

✓ In a telephone call on July 29, 2008, you stated to me that North American State Bank would no longer be obligated to play a role in the continuing work and expenses associated with the cleanup site at K-C's Kwik Stop in Brooten, Minnesota.

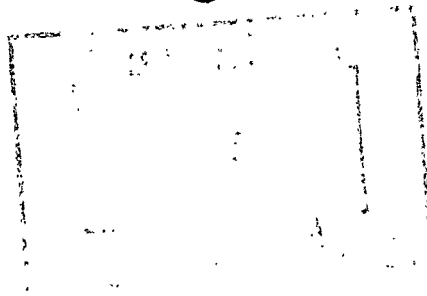
Today, we received the enclosed billing for well permits on the monitoring wells associated with this project.

✓ I am forwarding these documents to you with the understanding that MPCA is responsible for all correspondence, work, and expenses associated with this site. If my understanding is incorrect with regard to the enclosed documents, please let me know.

Yours truly,

Brian Borgerding, President

Thank you,





Minnesota Department of Health
Well Management Section
P.O. Box 64975
St Paul, Minnesota 55164-0975
For Customer Service call 651/201-4600 or 800/383-9808

MDH Use Only

Date Received _____
Amount Received _____
Check No. _____
Deposit No. _____
Monitoring Well \$150 _____ (4900)
Retail Outlet Site \$150 _____ (4902)
Billing Date 9/4/2008 Page 1 of 2

MAINTENANCE PERMIT INVOICE

Billing Address:

NORTH AMERICAN STATE BANK
P.O. BOX 189 BELGRADE MN 56312

Retail Outlet Site or Monitoring Well Permit Number	Original Expiration Date	Current Expiration Date	Check Box if all Wells are Sealed for this Permit or there is a new Well Owner and See Instructions	Amount Due	Amount Paid
4954	10/31/2003	10/31/2008	<input type="checkbox"/>	\$175 00	_____

Billing Notice Number 1

Well Owner NORTH AMERICAN STATE BANK
ATTN BRIAN BORGENDING P O BOX 189 BELGRADE MN 56312

Well or Boring Location Address 230 FIRST STREET BROOTEN 56316

Location Lot Information Twp No. 124 Rng 35 Sec 31 SW SW SW

Retail Outlet Site or Monitoring Well Permit Number	Original Expiration Date	Current Expiration Date	Check Box if all Wells are Sealed for this Permit or there is a new Well Owner and See Instructions	Amount Due	Amount Paid
672920	10/31/2003	10/31/2008	<input type="checkbox"/>	\$175.00	_____

Billing Notice Number 1

Well Owner NORTH AMERICAN STATE BANK
ATTN BRIAN BORGENDING P.O. BOX 189 BELGRADE MN 56312

Property Owner: BROOTEN, CITY OF
P O BOX 81 BROOTEN MN 56316-0081

Well or Boring Location Address 230 FIRST STREET BROOTEN 56316

Location Lot Information Twp No 124 Rng 35 Sec 31 SW SW SW

Retail Outlet Site or Monitoring Well Permit Number	Original Expiration Date	Current Expiration Date	Check Box if all Wells are Sealed for this Permit or there is a new Well Owner and See Instructions	Amount Due	Amount Paid
672921	10/31/2003	10/31/2008	<input type="checkbox"/>	\$175 00	_____

Billing Notice Number: 1

Well Owner NORTH AMERICAN STATE/BANK
ATTN BRIAN BORGENDING P O BOX 189 BELGRADE MN 56312

Property Owner: BROOTEN, CITY OF
P.O BOX 81 BROOTEN MN 56316-0081

Well or Boring Location Address 230 FIRST STREET BROOTEN 56316

Location Lot Information Twp No 124 Rng 35 Sec 31 SW SW SW



Minnesota Department of Health
 Well Management Section
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975
 For Customer Service call 651/201-4600 or 800/383-9808

MDH Use Only	
Date Received	_____
Amount Received	_____
Check No	_____
Deposit No	_____
Monitoring Well \$150	_____(4900)
Retail Outlet Site \$150	_____(4902)
Billing Date, 9/4/2008	Page 2 of 2

MAINTENANCE PERMIT INVOICE

Billing Address:

NORTH AMERICAN STATE BANK
 P.O. BOX 189 BELGRADE MN 56312

Retail Outlet Site or Monitoring Well Permit Number	Original Expiration Date	Current Expiration Date	Check Box if all Wells are Sealed for this Permit or there is a new Well Owner and See Instructions	Amount Due	Amount Paid
672922	10/31/2003	10/31/2008	<input type="checkbox"/>	\$175 00	_____

Billing Notice Number: 1

Well Owner: NORTH AMERICAN STATE BANK
 ATTN: BRIAN BORGENDING P O BOX 189 BELGRADE MN 56312

Property Owner: BROOTEN, CITY OF
 P.O. BOX 81 BROOTEN MN 56316-0081

Well or Boring Location Address: 230 FIRST STREET BROOTEN 56316

Location Lot Information: Twp No 124 Rng 35 Sec 31 SW SW SW

Total Amount Due: \$700.00 _____



625 North Robert Street
P O Box 64975
St Paul, Minnesota 55164-0975
651/201-4600 or 800/383-9808

MAINTENANCE PERMIT INVOICE INSTRUCTIONS

1. Review and correct the property owner and/or well owner name and address information and the WELL/SITE INFORMATION on the Maintenance Permit Invoice.
2. Make a copy of the Maintenance Permit Invoice for your records.
3. Return the Maintenance Permit Invoice with the permit fee. Federal, state, and local governments are exempt from the permit fee, but must return the Maintenance Permit Invoice.

Make check or money order payable to the *Minnesota Department of Health*. Mail the Maintenance Permit Invoice and fee (if applicable) to:

Minnesota Department of Health
Well Management Section
P. O. Box 64975
St. Paul, Minnesota 55164-0975

4. **FEES** -- The annual maintenance permit fee is \$175 effective July 1, 2008, per monitoring well, except for wells constructed at a motor fuel retail outlet, petroleum bulk storage retail site, or agricultural chemical facility site where the permit fee is \$175 per site, regardless of the number of wells located on a single continuous piece of property. All amounts owed prior to July 1, 2008, have been calculated under the prior fees as follows: \$50 per well or per site 1/1/1990 to 11/14/1993; \$100 per well or per site 11/15/1993 to 6/30/2002; \$125 per well or per site 7/01/2002 to 6/30/2006, and \$150 per well or per site 7/1/2006 to 6/30/2008. **Federal, state, and local governments MUST RETURN the Maintenance Permit Invoice, but are exempt from the permit fee.**
5. **A property owner or the well owner must obtain a maintenance permit for all monitoring wells not sealed within 14 months after completion of construction. (NOTE: A signed agreement must exist between the property owner and well owner for the well owner to obtain the permit.) The maintenance permit must be renewed annually thereafter until the well is sealed.**
6. If the well has been sealed, the Minnesota Department of Health (MDH) must have a Well and Boring Sealing Record on file with the correct Minnesota Unique Well Number (from the Well and Boring Record) reflected on the record.
7. **If the ownership of the well or property has changed check the box on the Maintenance Permit Invoice, correct the name and address and return the Maintenance Permit Invoice to the MDH with documentation that shows the new owner has accepted responsibility for the well and associated permit fees.**
8. When the well is no longer in use, the property owner must have the well sealed by a licensed or registered well contractor. Monitoring wells may be sealed by a monitoring well contractor, well contractor, or well sealing contractor.
9. Maintenance Permit Invoice instructions are in accordance with Minnesota Statutes, Chapter 1031. All provisions of Minnesota Rules, Chapter 4725, relating to well maintenance and construction apply to a well under a maintenance permit.

To request this document in another format, call 651/201-4600.
Deaf and hard-of-hearing: TTY 651/201-5797.

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Protecting, maintaining and improving the health of all Minnesotans

September 11, 2009

NOTICE OF VIOLATION

NORTH AMERICAN STATE BANK
P.O. BOX 189
BELGRADE MN 56312

Dear Well Owner:

Subject: Violation of Minnesota Statutes 103I.205, Subdivision 3 and Minnesota Rules,
Part 4725.1848

The purpose of this letter is to notify you of violations of Minnesota Statutes, section 103I.205 and Minnesota Rules, part 4725.1848. Specifically, you have failed to obtain a maintenance permit and pay the associated fees for the enclosed monitoring well maintenance permit(s). The permit must be renewed annually until the monitoring well(s) is/are sealed. We have sent at least two prior notices over the past six months in regard to obtaining a new maintenance permit. The Minnesota Department of Health, Well Management Section (MDH) believes it has given you sufficient notice that this/these permit(s) has/have expired and is/are in arrears as well as the options you have regarding the well(s).

Therefore, **within 20 days of receipt of this letter you must pay the past-due fee(s) and:**

1. Submit a copy of the Well and Boring Sealing Record with the corresponding Minnesota Unique Well Number on it if the well(s) has/have been sealed; **or**
2. Have the well(s) sealed by a licensed well contractor, a licensed well sealing contractor, or a registered monitoring well contractor; **or**
3. Submit the maintenance permit(s) for the monitoring well(s) or site(s) bringing it up to date, with payment of fee(s).

Failure to pay the past-due fee(s) or to make arrangements for payment and to take action regarding the well(s) within 20 days of receipt of this letter, may result in the MDH initiating enforcement actions against you. In addition, the MDH is required under Minnesota Statutes, section 16D.04 to refer any debt over 121 days past due for collection to the Minnesota Department of Revenue, Collection Division, if the matter cannot be resolved between the MDH and the debtor. The Collection Division is authorized by Minnesota law to take the following actions to collect debt:

- Obtain a judgment against a debtor.
- Offset state tax refunds, lottery winnings, or vendor payments.
- Garnish wages.
- Levy bank accounts.
- Issue subpoenas.
- Revoke or deny renewal of professional licenses.
- Make reports to credit bureaus.
- Seize property.
- Access government data about the debtor to collect this debt.

NORTH AMERICAN STATE BANK

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September 11, 2009

Please remit payment with the enclosed white copy of maintenance permit invoice(s). Retain the yellow copy of the maintenance permit invoice(s) for your records. You may contact me at **651/201-4589** within 20 days of receipt of this letter if you believe our information is incorrect, or incomplete, or if you have any questions about the content of this letter. We will consider your response in determining whether further enforcement action is appropriate including the possible assessment of an administrative penalty.


Repeated violations of Minnesota Rules, Chapter 4725 or Minnesota Statutes, Chapter 1031 may result in the MDH assessing administrative penalties.

Return the white copy of the Maintenance Permit Invoice(s) with the permit fee(s) to:

Minnesota Department of Health
Well Management Section
P.O. Box 64502
St. Paul, Minnesota 55164-0502

Please send all correspondence without payment to the address listed below.

Sincerely,



Mark E. Hoffman, Hydrologist
Well Management Section
P.O. Box 64975
St. Paul, Minnesota 55164-0975

MEH:dg
Enclosures



Minnesota Department of Health
 Well Management Section
 P O. Box 64502
 St. Paul, Minnesota 55164-0502
 For Customer Service call 651/201-4588 or 800/383-9808

MDH Use Only	
Date Received	_____
Amount Received	_____
Check No.	_____
Deposit No.	_____
Monitoring Well \$175	_____(4900)
Monitoring Well Gov't \$50	_____(4994)
Retail Outlet Site \$175	_____(4902)
Billing Date:	9/11/2009 Page 1 of 1

MAINTENANCE PERMIT INVOICE

Billing Address:

NORTH AMERICAN STATE BANK
 P.O. BOX 189 BELGRADE MN 56312

Retail Outlet Site or Monitoring Well Permit Number	Original Expiration Date	Current Expiration Date	Check Box if all Wells are Sealed for this Permit or there is a new Well Owner and See Instructions	Amount Due	Amount Paid
672950	04/30/2004	04/30/2009	<input type="checkbox"/>	\$175.00	_____

Billing Notice Number: 3

Well Owner: NORTH AMERICAN STATE BANK
 ATTN: BRIAN BORGERDING P.O. BOX 189 BELGRADE MN 56312

Property Owner: BROOTEN, CITY OF
 ATTN: MIKE ROONEY P.O BOX 81 BROOTEN MN 56316

Well or Boring Location Address: 100 S WESTERN AVENUE BROOTEN 56316

Location Lot Information: Twp No. 124 Rng 35 Sec 31 SE SW SW

Total Amount Due: \$175.00 _____



Minnesota Department of Health
Well Management Section
625 North Robert Street
P O Box 64502
St Paul, Minnesota 55164-0502
651/201-4588 or 800/383-9808
www.health.state.mn.us/divs/eh/wells

MAINTENANCE PERMIT INVOICE INSTRUCTIONS

1. Review and correct the property owner and/or well owner name and address information and the WELL/SITE INFORMATION on the Maintenance Permit Invoice.
2. Retain yellow copy of the Maintenance Permit Invoice for your records.
3. Return the white copy of the Maintenance Permit Invoice with the permit fee.

Make check or money order payable to the *Minnesota Department of Health*. Mail the white copy of the Maintenance Permit Invoice and fee to: Minnesota Department of Health
Well Management Section
P. O. Box 64502
St. Paul, Minnesota 55164-0502

4. **FEES** – Effective July 1, 2009, the fee for well maintenance permits for government-owned monitoring wells is \$50 per monitoring well. The annual maintenance permit fee for all other, privately-owned monitoring wells will remain at \$175 per monitoring well. Wells constructed at a motor fuel retail outlet, petroleum bulk storage retail site, or agricultural chemical facility site the permit fee will remain at \$175 per site, regardless of the number of wells located on a single continuous piece of property.

All amounts owed prior to July 1, 2009, have been calculated under the prior fees as follows: \$50 per well or per site from 1/1/1990 to 11/14/1993; \$100 per well or per site from 11/15/1993 to 6/30/2002; \$125 per well or per site from 7/01/2002 to 6/30/2006; \$150 per well or per site from 7/1/2006 to 6/30/2008; and no fee for governmental agencies prior to July 1, 2009.

5. A property owner or the well owner must obtain a maintenance permit for all monitoring wells not sealed within 14 months after completion of construction. (*Note: A signed agreement must exist between the property owner and well owner for the well owner to obtain the permit.*) The maintenance permit must be renewed annually thereafter until the well is sealed.
6. If the well has been sealed, the Minnesota Department of Health (MDH) must have a Well and Boring Sealing Record on file with the correct Minnesota Unique Well Number (from the Well and Boring Record) reflected on the sealing record.
7. If the ownership of the well or property has changed check the box on the Maintenance Permit Invoice, correct the name and address and return the Maintenance Permit Invoice to the MDH with documentation that shows the new owner has accepted responsibility for the well and associated permit fees.
8. When the well is no longer in use, the property owner must have the well sealed by a licensed or registered well contractor. Monitoring wells may be sealed by a monitoring well contractor, well contractor, or well sealing contractor.
9. Maintenance Permit Invoice instructions are in accordance with Minnesota Statutes, Chapter 103I. All provisions of Minnesota Rules, Chapter 4725, relating to well maintenance and construction apply to a well under a maintenance permit.

To request this document in another format, call 651/201-4600.
Deaf and hard-of-hearing: TTY 651/201-5797



Protecting, maintaining and improving the health of all Minnesotans

Reminder

Changes in Fee Payment Mailing Address

Effective **July 1, 2009**, all mailings that include a fee payment to the Minnesota Department of Health (MDH), Well Management Section, will now go to a dedicated P.O. Box Number. Items with fee payments include license applications and renewals, drilling machine and hoist registrations, well notifications (construction and sealing), permit applications, and variance applications. All other correspondence that does not include a fee payment should continue to be mailed to the Well Management Section at the current mailing address. Likewise, the building address, which is needed for direct deliveries, remains the same. The addresses are as follows:

Mailing Address (with fee payment)

Minnesota Department of Health
Well Management Section
P.O. Box 64502
St. Paul, Minnesota 55164-0502

Mailing Address (with no fee payment)

Minnesota Department of Health
Well Management Section
P.O. Box 64975
St. Paul, Minnesota 55164-0975

Building Address (deliveries)

Minnesota Department of Health
Well Management Section
625 North Robert Street
St. Paul, Minnesota 55155-2538

If you have any questions, please contact Francine LaFayette at 651/201-4592 or 800/383-9808.

