North American state bank

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

September 10, 2008

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

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

Brian Borgerding, President

brian.borgerding@nasbank.com Voice: 320.254.8271 Fax: 320.254.8274
321 Washburn Avenue, PO Box 189, Belgrade MN 56312

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	☐	$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	☐	$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	☐	$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	☐	$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 _____

MINNESOTA MDH DEPARTMENT OF HEALTH
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 <u>MUST RETURN</u>** 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 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.