



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Dredged Material Management Annual Report

NPDES/SDS Permit Program

Doc Type: Permit Application

Reporting period: January 1, through December 31,

Instructions: This form must be completed and submitted annually by February 1st for the previous dredging year, even if no dredging occurred during the reporting period. Attach additional sheets as necessary. Please make a copy for your records. Submit completed form to the **Water Quality Submittals Center**. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

Part 1 - General Information

Permittee name: _____ Permit number: _____
Name of firm or organization: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Facility contact name: _____ Telephone number: _____
Form prepared by: _____ Telephone number: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____

Part 2 - Dredged Activity

☐ Check here if there was no dredging activity during reporting period. (Skip to Part 3)

Volume of material dredged during reporting period: _____ Cubic yards

Type of material dredged (for example: sand, silt, clay): _____

Method or equipment used:

☐ Hydraulic Dredge: pumping rate: _____ gpm; _____ number of hours of operation per day.
(gpm = gallons per minute)

☐ Mechanical Dredge by: ☐ backhoe ☐ dragline ☐ clamshell

☐ Other (describe): _____

Part 3 - Dredged Material Disposition

Storage (Complete questions 1 through 5 for each storage site or unit used during the reporting period; use additional sheets as necessary)

1. Volume of dredged material transferred to this storage site/unit during reporting period:	<input type="checkbox"/> None (Skip to 'Disposal' section.) _____ Cubic yards (Continue to question 2.)
2. Name of storage site/unit:	
3. Length of time that dredged material has been stored at this site/unit:	<input type="checkbox"/> Less than or equal to one year (Short-term) (Continue to question 4.) <input type="checkbox"/> Greater than one year (Long-term) (Skip to question 6 and complete 'Disposal' section for this storage site/unit.)
4. Storage site/unit is located:	<input type="checkbox"/> On-site (Skip to question 6.) <input type="checkbox"/> Off-site (Continue to question 5.)
5. If the storage site/unit is located off-site, provide information about the location of the storage site/unit, at right:	Location city: _____ Public land survey (PLS) coordinates: <u>T</u> <u>N</u> . <u>R</u> <u>W</u> , Section _____ Project site is owned by: _____ Owner phone number: _____ Project site is operated by: _____ Operator phone number: _____

Part 3 - Dredged Material Disposition *(Continued)*

Disposal *(Complete questions 6 through 14 for each disposal site or unit used during the reporting period; use additional sheets as necessary.)*

6. Volume of dredged material transferred to this disposal site/unit during reporting period:	<input type="checkbox"/> None <i>(Skip to 'Use/Reuse' section.)</i> _____ Cubic yards <i>(Continue to question 7.)</i>
7. Name of disposal site/unit:	
8. Disposal site/unit is located:	<input type="checkbox"/> On-site <i>(Skip to question 11.)</i> <input type="checkbox"/> Off-site <i>(Continue to question 9.)</i>
9. If located off site, the disposal site/unit is:	<input type="checkbox"/> MPCA permitted solid waste facility: _____ <i>(Indicate permit number; skip to question 15.)</i> <input type="checkbox"/> Other <i>(Complete question 10, and skip to question 15)</i>
10. If the disposal site/unit is located off site, provide information about the location of the disposal site/unit, at right:	Location city: _____ Public land survey (PLS) coordinates: <u> T </u> <u> N. </u> <u> R </u> <u> W </u> , Section _____ Project site is owned by: _____ Owner phone number: _____ Project site is operated by: _____ Operator phone number: _____
11. For an on-site disposal site/unit, indicate the current capacity of the site/unit that is available, as a percentage of the total permitted volume:	_____ Percent of total permitted volume
12. For an on-site disposal site/unit, indicate the height of freeboard in the disposal unit:	_____ Feet
13. For an on-site disposal site/unit, complete Attachments A and B, described at right:	<input type="checkbox"/> Attachment A: Dates and findings of periodic inspections required by permit. <input type="checkbox"/> Attachment B: Date(s) and respective volume of dredged material removed from the disposal facility, and the method and disposition (disposal or reuse) of removed materials. Also complete the 'Use/Reuse' section for each use/reuse project.
14. For an on-site disposal site/unit used with hydraulic dredge projects, complete Attachment C, described at right:	<input type="checkbox"/> Attachment C: Water level records for the disposal facilities of hydraulic dredging projects.

Use/Reuse *(Complete questions 15 through 21 for each use/reuse project during the reporting period; use additional sheets as necessary.)*

15. Volume of dredged material transferred to this use/reuse project during reporting period:	<input type="checkbox"/> None <i>(Skip to Part 4.)</i> _____ Cubic yards <i>(Continue to question 16.)</i>
16. Name of use/reuse project:	
17. Use/reuse project is located:	<input type="checkbox"/> On site <i>(Skip to question 19.)</i> <input type="checkbox"/> Off site <i>(Continue to question 18.)</i>
18. If the use/reuse project is located off site, provide information about the location of the disposal site/unit, at right:	Location city: _____ Public land survey (PLS) coordinates: <u> T </u> <u> N. </u> <u> R </u> <u> W </u> , Section _____ Project site is owned by: _____ Owner phone number: _____ Project site is operated by: _____ Operator phone number: _____
19. Description of use/reuse project: <i>(Attach additional sheet(s) as necessary.)</i>	
20. Use/reuse category for this project:	<input type="checkbox"/> Level 1 Dredged Material <input type="checkbox"/> Level 2 Dredged Material
21. Complete Attachment D, described at right, for this use/reuse project:	<input type="checkbox"/> Attachment D: Laboratory sheet(s) showing results of an evaluation of the level of contaminants in the dredged material and a comparison to applicable Soil Reference Values (SRVs).

Part 4 - Discharges

22. Was there a discharge, spill or release from any storage and/or disposal site/unit and/or from any use/reuse project site during the reporting period?	<input type="checkbox"/> Yes (Continue to question 23.) <input type="checkbox"/> No (Skip to Part 5.)
23. If there was a discharge, spill or release, was a report made to the State Duty Officer? Note: It is the duty of every person to notify the agency immediately of the discharge, accidental or otherwise, of any substance or material under its control which, if not recovered, may cause pollution of waters of the state, and the responsible person shall recover as rapidly and thoroughly as possible such substance or material and take immediately such other action as may be reasonably possible to minimize or abate pollution of waters of the state caused thereby. Report unpermitted discharges to the State Duty Officer at 612-649-5451 or 800-422-0798.	<input type="checkbox"/> Yes (Attach a copy of the State Duty Officer report to this report and continue to question 24.) <input type="checkbox"/> No (Continue to question 24..)
24. If there was a discharge, spill or release, was the discharge authorized by the permit? Note: Incidental discharges associated with rehandling, off-loading and/or transportation activities, and the discharge of stormwater originating from the project site outside of the permitted waste boundary are authorized under current dredge permits (answer 'Yes' to this question for these discharges. All other discharges must have specific permit coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. If the discharge was not authorized by the permit, provide information about the discharge, spill or release, at right:	Location of the spill or unauthorized discharge: _____ Date and time the spill or unauthorized discharge began: _____ Date and time the spill or unauthorized discharge ended: _____ The volume of the spill or unauthorized discharge: _____
26. For an unauthorized discharge, spill or release, complete Attachment E, described at right:	<input type="checkbox"/> Attachment E: Laboratory sheet(s) showing results of monitoring unauthorized discharge, spill or release.
27. For an unauthorized discharge, spill or release, provide a description of the steps taken to prevent a recurrence: (Attach additional sheet(s) as necessary.)	

Part 5 - Read and Sign Certification

Certification: I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Representative

Print name: _____ Title: _____
Signature: _____ Date (mm/dd/yyyy): _____