

Instructions on page 6

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form is required for all applicants, except permit termination/transfer.

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. 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.

MPCA use only
Permit Number
Date received (mm/dd/yyyy)

Applications that are submitted without an authorized signature, the required application fee, and attachments will be returned. Please make a copy for your records. Send the completed permit application, attachments (*including plans and specifications, if applicable*), and check to:

Attn: Fiscal Services – 6th floor
 Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, MN 55155-4194

Existing permit information

Existing Permittee name: NA Existing Permit number: MN

Contact information

1. Facility owner

Organization name: Enbridge Energy, Limited Partnership ("Enbridge")
 Mailing address: 11 E. Superior Street, Suite 125
 City: Duluth State: MN Zip: 55802
 Telephone: 403-231-5928 Fax: _____ Email: Leo.Golden@enbridge.com
 Authorized agent: Leo Golden Title: VP Line 3 Project Execution

2. Facility operator

Organization name: Enbridge Energy, Limited Partnership
 Mailing address: 11 E. Superior Street, Suite 125
 City: Duluth State: MN Zip: 55802
 Telephone: (403) 231-5928 Fax: _____ Email: Leo.Golden@enbridge.com
 Authorized agent: Leo Golden Title: VP Line 3 Project Execution

24-hour Emergency contact backup:

Name: Bobby Hahn Phone: 218-522-4751

3. Discharge Monitoring Report contact

Organization name: Enbridge Energy, Limited Partnership
 Name: Bobby Hahn Title: Supervisor, Environment Projects (US)
 Mailing address: 11 E. Superior Street, Suite 125
 City: Duluth State: MN Zip: 55802
 Telephone: 218-522-4751 Fax: _____ Email: Bobby.Hahn@enbridge.com

4. Billing contact

Organization name: Enbridge Energy, Limited Partnership
 Name: Bobby Hahn Title: Supervisor, Environment Projects (US)
 Mailing address: 11 E. Superior Street, Suite 125
 City: Duluth State: MN Zip: 55802
 Telephone: 218-522-4751 Fax: _____ Email: Bobby.Hahn@enbridge.com

24-hour Emergency contact backup:

Name: Kristy DeVera Phone: 218-522-4870

5. Engineer or Consultant

Organization name: Merjent, Inc.
 Name: Angela Ronayne Title: Senior Project Manager
 Mailing address: 1 Main Street SE; Suite 300
 City: Minneapolis State: MN Zip: 55414
 Telephone: 612-746-3669 Fax: _____ Email: angie.ronayne@merjent.com

Certified operator information (if applicable)

Certified operators are required for all municipal facilities and for industrial land application facilities.

6. Main certified operator

Name: Not Applicable Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

7. Other certified operator(s) (attach additional sheets if necessary)

Name: Not Applicable Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Facility information

8. Facility information (Sand and gravel facilities can skip to #9.)

Facility name: Line 3 Replacement Project
 Street address: Linear Corridor - mailing address provided under Facility Owner
 Project legal descriptions provided in Section 2.1
 City/Township: of the Individual Permit Supplement State: _____ Zip: _____
 County: _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R <input type="checkbox"/> E <input type="checkbox"/> W			
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected
		NAD83	DOQ	Sept 2018

9. Is the facility located on tribal land? Yes No If yes, also apply to U.S. Environmental Protection Agency (EPA), Region V, John Coletti (312-886-6106).

10. The 1993 Legislature revised the MPCA’s responsibilities in Minn. Stat. § 115.03, subd. 1 (e)(10) “Requiring that applicants for wastewater discharge permits evaluate in their applications the potential reuses of the discharged wastewater;”
 As a result of this 1993 Law, the MPCA has been charged with requiring permit applicants to evaluate the reuse potential of their wastewater prior to discharge. Therefore, please provide an evaluation below of reuse potential of your wastewater prior to discharge. Some ideas include lawn watering, irrigation of parks or public property, use of cooling tower blowdown for thermal discharges, wetland reclamation, etc.
 A discussion on potential reuses of waters is provided in Section 4.2.1 of the Supplement

11. List all environmental permits the facility has received or applied for:

Surface water discharge (Sand and gravel facilities can skip to the application information section.)

12. Does the facility discharge to a surface water of the state? Yes No
If no, the surface water discharge section does not need to be completed.
13. Identify all surface water discharge stations.

Station ID: SD See Section 5.0 and Attachment E of the Supplement

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)		¼ Section (NW, NE, SW, SE)		¼ of ¼ Section (NW, NE, SW, SE)	
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W						
Latitude		Longitude		Datum		Coordinate collection method		Date coordinate collected	
UTM Northing		UTM Easting		UTM Zone		UTM Datum		Coordinate collection method	
						NAD83		DOQ	
Receiving water:								Sept 2018	

Station ID: SD

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)		¼ Section (NW, NE, SW, SE)		¼ of ¼ Section (NW, NE, SW, SE)	
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W						
Latitude		Longitude		Datum		Coordinate collection method		Date coordinate collected	
UTM Northing		UTM Easting		UTM Zone		UTM Datum		Coordinate collection method	
Receiving water:									

Groundwater monitoring wells

14. Are there groundwater monitoring wells at the facility? Yes No
If no, the groundwater monitoring wells section does not need to be completed.
15. Identify all groundwater monitoring well station locations:

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)		¼ Section (NW, NE, SW, SE)		¼ of ¼ Section (NW, NE, SW, SE)	
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W						
UTM Northing		UTM Easting		UTM Zone		UTM Datum		Coordinate collection method	
Receiving water:									

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)		¼ Section (NW, NE, SW, SE)		¼ of ¼ Section (NW, NE, SW, SE)	
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W						
UTM Northing		UTM Easting		UTM Zone		UTM Datum		Coordinate collection method	
Receiving water:									

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)		¼ Section (NW, NE, SW, SE)		¼ of ¼ Section (NW, NE, SW, SE)	
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W						
UTM Northing		UTM Easting		UTM Zone		UTM Datum		Coordinate collection method	
Receiving water:									

UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station Locations

16. Identify all other permitted station locations not identified above:

Station ID: See Section 5.0 and Attachment E of the Supplement

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other
(specify): _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R <input type="checkbox"/> E <input type="checkbox"/> W			
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected

Surface water (*surface water monitoring stations only*): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R <input type="checkbox"/> E <input type="checkbox"/> W			
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected

Surface water (*surface water monitoring stations only*): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other
(specify): _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R <input type="checkbox"/> E <input type="checkbox"/> W			
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected

Surface water (*surface water monitoring stations only*): _____

Submittals

- The applicable application and any applicable attachments required by the application.
- Map: attach a U.S. Geological Survey topographical map or similar that indicates the location of the existing or proposed facility, the location of the stations identified above, the receiving water (if applicable) and any additional information required by the applications applicable to your facility.
- Schematic: attach a schematic of the treatment facility that includes all facility components, indicating the direction of wastewater flow and the location of the stations identified above.
- (Industrial facilities only) Flow Diagram or Water Balance Diagram: attach a flow diagram on the process in its entirety from raw water to discharge.

- Schematic: attach a schematic of the treatment facility that includes all facility components, indicating the direction of wastewater flow and the location of the stations identified above.
- (Industrial facilities only) Flow Diagram or Water Balance Diagram: attach a flow diagram on the process in its entirety from raw water to discharge.
- (Major Municipal facilities only) Facility Description: attach a facility description that describes the collection system and wastewater treatment facility.

Note: Please ensure this form and all applicable applications and attachments are complete. Incomplete applications will be returned. Review your existing NPDES/SDS Permit to ensure all required submittals have been completed. Failure to complete the application for reissuance or failure to complete requirements of the existing permit is considered a violation and may be subject to enforcement.

Application fees

An application fee is required under Minn. Stat. § 116.07, subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). The application fee is determined by the type of permit you are applying for. Please make your check payable to the MPCA.

Indicate which type of permit you are applying for:

(refer to flow chart on page 8 of the instructions to determine the appropriate fee category)

- | | |
|--|---|
| <input type="checkbox"/> Individual Permit Reissuance, no modifications: \$1240 | <input checked="" type="checkbox"/> Individual Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Reissuance, modifications: \$2480 | <input type="checkbox"/> Individual Pretreatment Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction: \$2480 | <input type="checkbox"/> Individual Dredge Materials Disposal Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction, increased design flow: \$9300 | <input type="checkbox"/> Individual Stormwater Permit Issuance: \$400 |
| <input type="checkbox"/> Individual Permit Minor Modification: \$1240 | <input type="checkbox"/> Biosolids Treatment or Storage Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Major Modification: \$2480 | <input type="checkbox"/> General Permit (MNG) Reissuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction: \$2480 | <input type="checkbox"/> General Permit (MNG) Issuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction, increased design flow: \$9300 | <input type="checkbox"/> General Permit (MNG) Modification: \$1240 |

Certification

Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. R. 7001.0060) require all permit applications to be signed as follows:

- A. For a corporation: by a responsible corporate officer. For the purpose of this permit, a responsible corporate officer means: 1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or 2) The manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having a gross annual sales or expenditures exceeding 425 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- C. For a municipality, county or other political subdivision: by a principal executive officer or ranking elected official.
- D. For a state, federal or other public agency/agents: by a commissioner, assistant or deputy commissioner; director, assistant or deputy director.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed name: Leo Golden Title: VP Line 3 Project Execution
 Authorized signature:  Date (mm/dd/yyyy): 11/25/2019
 State tax ID#: 716599400049 Federal tax ID#: 41-2004784