



Development Application

Case no. _____

Type of application

- ☐ Standard ☐ Staff approval ☐ Hearing Examiner ☒ Plan Revision ☐ Amended ☐ Reapplication
- ☐ Rezoning ☐ Conditional Use Permit ☐ Variance ☐ Ordinance Amendment
- ☐ Preliminary Development Plan ☐ Interim Use Permit ☐ Comprehensive Plan Amendment ☐ Subdivision
- ☒ Final Development Plan ☒ Final Site and Building Plan ☒ Other Airport Zoning Permit

Site location ■ Additional addresses on back ■ Legal description attachedProperty address
8170 31st Avenue South, Bloomington, MN 55425Common name
HealthPartners Expansion

Business address

PIN
01-027-24-14 0016Lot
Outlot A

Block

Plat name
BLOOMINGTON CENTRAL STATION 2nd ADD**Proposal Full documentation must accompany application**

Major revision to the Final Development Plan for Bloomington Central Station for HealthPartners Expansion, Preliminary and Final Plat for BLOOMINGTON CENTRAL STATION 5TH ADDITION, and an Airport Zoning Permit.

Complete all applicable sections — Select only ONE person as primary contact**Fee property owner**

<input type="checkbox"/> Primary contact	Owner name per property title Bloomington Central Station LLC c/o McGough Development		E-mail mfabel@mcgough	
	Mailing address 2737 Fairview Avenue North		City St. Paul	State MN
	Business address same		City	State Zip
	Daytime phone (651) 248-3024		Cell phone (651) 248-3024	FAX (651) 633-5673
	Mark Fabel <i>Typed/printed name</i>		 <i>Signature</i>	Exec. Vice President - Dev. <i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	Business name/name		E-mail	
	Mailing address		City	State Zip
	Business address		City	State Zip
	Daytime phone		Cell phone	FAX
	 <i>Typed/printed name</i>		 <i>Signature</i>	 <i>Title</i>

NOTE: Applications only accepted with ALL required support documents. See instructions.**Deadline for agency action**60 Days: _____ 120 Days: _____
Planner _____ DRC: _____**Shaded areas are for office use only**


Received:	Date	By
Reviewed:	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager	
	<input type="checkbox"/> Other	

Community DevelopmentPlanning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Development Application

Case no _____

Complete all applicable sections — Select only ONE person as primary contact

Additional parties					
<input type="checkbox"/> Primary contact	Business name/name Kimley-Horn and Associates, Inc. / Thomas J. Lincoln, PE			E-mail tom.lincoln@kimley-horn.com	
	Mailing address 2550 University Avenue West, Suite 238N		City St. Paul	State MN	Zip 55114
	Business address same		City	State	Zip
	Daytime phone 651-643-0453	Cell phone 612-281-6194	FAX		
	Thomas J. Lincoln <i>Typed/printed name</i>		 <i>Signature</i>		Senior Project Manager <i>Title</i>

Additional fee property owners and addresses				
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

Use additional sheets or copy form for additional properties



**Minnesota Pollution
Control Agency**
520 Lafayette Road North
St. Paul, MN 55155-4194

**PL201600146
PL2016-146
Sanitary Sewer Extension
Permit Application
NPDES/SDS Permit Program**

Doc Type: Permit Application

Information required for a complete application

Project Information packet must include the following: To be considered a complete application, all of the following items must be included, or it will be deemed incomplete and returned. (Check the boxes to indicate that the information has been included.)

- ☒ Completed and properly signed *Application Form*. All questions must be answered and all necessary signatures included.
- ☒ Completed and executed *Design Certification for Sanitary Sewer Extension Plans and Specifications*.
- ☒ A location map or project site plan showing the area in which project construction will occur. The map shall be on 8½ x 11" paper. Please list the city of project location.
- ☒ Environmental Review Pre-Screening Form (p-ear1-08) found on the MPCA website at <http://www.pca.state.mn.us/xgqx692>.

MPCA Use Only	
AI ID #:	
SI ID#	
Date received:	
Check number:	
Facility name:	
SWX #:	
City:	
Fee:	<input type="checkbox"/> \$310 <input type="checkbox"/> \$620 <input type="checkbox"/> \$930

Required application fee (See below for fee calculation). Please make checks payable to: Minnesota Pollution Control Agency.

Please check the box corresponding to the flow increase due to this project and include the applicable application fee. This value should correspond with the answer to question 1e.

- ☐ 0-0.1 MGD (1 point = \$310) ☒ >0.1-1.0 MGD (2 points = \$620) ☐ >1.0 MGD (3 points = \$930)

The following information may be required for your project:

Check the appropriate boxes if the information is required and included with your project information packet.

- ☒ Project is served by a Sanitary Sewer District or another city's wastewater treatment facility (WWTF).

Note: For projects connecting to a Metropolitan Council Environmental Services (MCES) facility, please contact Anna Bessel at 651-602-1125 or for more information, go to MCES website at:

[http://www.metrocouncil.org/Wastewater-Water/Services/Wastewater-Treatment-\(1\)/Sanitary-Sewer-Permits.aspx?source=child](http://www.metrocouncil.org/Wastewater-Water/Services/Wastewater-Treatment-(1)/Sanitary-Sewer-Permits.aspx?source=child)

Approval letter from MCES must be submitted with application to MPCA.

If above box is checked, one of the following boxes must also be checked:

- ☐ Authorized signature is included in signature 4 on signature page.
☐ Approval letter from Sanitary Sewer District or WWTF is attached.

Project information

Project title: BCS HealthPartners Parking Ramp

What city is the project primarily located: Bloomington, MN What county is the project primarily located: Hennepin

What collection system will the project connect to: Bloomington

- (This is usually the municipality that owns the sanitary sewer collection system.)

What wastewater treatment plant is the collection system named above connected to: Seneca

- (The municipality that owns the collection system may have their own treatment plant or could be connected to wastewater treatment plant owned by another city or sanitary district.)

Have all questions on the *Design Certification for Sanitary Sewer Extension Plans and Specifications* been answered as "yes" or "NA"? ☐ Yes ☒ No

Are you pursuing Clean Water Revolving Fund financial assistance? ☐ Yes ☒ No

If yes, plans and specifications must be submitted for MPCA review.

MPCA information

For additional information and forms see the MPCA's website at <http://www.pca.state.mn.us/enzq915> or by contacting the MPCA at 651-296-6300 or toll-free at 800-657-3864. You can also contact the Municipal Wastewater Section staff assigned to the city the project is in. A directory of office locations can be found at: <http://www.pca.state.mn.us/about/regions/index.html>.

Send project information packet to: **Fiscal Services – 6th floor, Minnesota Pollution Control Agency
520 Lafayette Road North, St. Paul, MN 55155**

Note: No project construction may begin until you are in receipt of the required permit(s) issued by the MPCA and as defined by law under Minn. Stat. § 115.07, subd. 3.

Contact information

All four contacts type fields must be completed. The same individual may be used for multiple types.

1. Project proposer name:

Contact name: Mark Fabel Title: Executive Vice President - Development
Name of firm or organization: McGough
Mailing address: 2737 Fairview Avenue North
City: St. Paul State: MN Zip code: 55113
Phone: 651-634-4887 Email: mfabel@mcgough.com
The proposer is the entity requesting consideration for the construct of the project. The proposer is often a developer or other private entity that is not the Permittee and will not be the ultimate owner of the sewer system. The Permittee, which is usually the municipality, may also propose projects.

2. Design engineer name for the project sewer system:

Contact name: Tom Lincoln Title: Civil Engineer
Name of firm or organization: Kimley-Horn
Mailing address: 2550 University Ave. W Suite 238N
City: St. Paul State: MN Zip code: 55114
Phone: 651-645-4187 Email: tom.lincoln@kimley-horn.com

3. Permittee authorized representative (collection system) contact information:

Contact name: Shelly Hanson Title: City Engineer
Name of firm or organization: City of Bloomington
Mailing address: 1700 W 98th St.
City: Bloomington State: MN Zip code: 55431
Phone: 952-563-4866 Email: shanson@BloomingtonMN.gov

4. WWTP authorized representative contact information:

Contact name: Tim O'Donnell Title: MCES
Name of firm or organization: Metropolitan Council
Mailing address: 390 Robert St. North
City: St. Paul State: MN Zip code: 55101-1805
Phone: 651-802-1269 Email: tim.odonnell@metc.state.mn.us

Connections and flows components

(Complete these items with respect to how many connections are being requested for the proposed project. Project component types are defined as residential, commercial, industrial, and other. (Projects are often described in different ways, so the parameters have been selected as common quantities. Acres means the total area of the proposed project; Lots means the number of individual properties the area will be divided into, and REU means 'Residential Equivalent Unit', or unit equivalent to one home).)

1. Project components

a. Residential

Number of homes: _____
Design flow per home: _____
(gallons per day per home)
Total residential flow from project: _____
(gallons per day)
Total residential BOD₅ from
proposed project: (pounds per day) _____

b. Commercial

Number of commercial components 679 Units (check only one): ☐ Acres ☐ Lots ☒ REU
Design flow per component (gallons per day per component): 274
Total commercial flow from project (gallons per day): 186,046 *
Total commercial BOD₅ from proposed project (pounds per day): 308

* Total flow will not be reached immediately after construction.
Flow timeline to follow the City of Bloomington Comprehensive Plan.

- c. **Industrial**
Number of Industrial components _____ Units (check only one): ☐ Acres ☐ Lots ☐ REU
Design flow per component (gallons per day per component): _____
Total industrial flow from project (gallons per day): _____
Total Industrial BOD₅ from proposed project (pounds per day): _____
- d. **Other**
Number of other components _____ Units (check only one): ☐ Acres ☐ Lots ☐ REU
Design flow per component (gallons per day per component): _____
Total flow from other project components (gallons per day): _____
Total BOD₅ from other project components (pounds per day): _____
- e. **Proposed total design flow (Sum of all components types listed above) (gallons per day):** ..
- f. **Proposed total design BOD₅ (Sum of all component types listed above) (pounds per day):** _____
2. **Specification of the WWTF where flow will be treated (Contact the WWTF for current specifications.)**
- a. Design Average Wet Weather flow (AWW) (use design average flow if AWW not available): _____ 38 MGD
- b. Actual current annual average daily flow received in the past 12 months: _____ 21.64 MGD
- c. Percent of design flow (b + a) x 100: 56.95% %

Certification and signature

Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. Rule 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.
 - 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.

1. Project proposer's signature

"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."

Name (print): Mark Fabel

Title: Executive Vice President - Development

Authorized signature: 

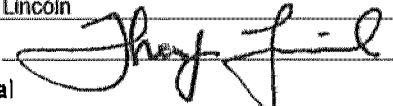
Date: 11.21.16

2. Design engineer's certification and signature

"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."

Name (print): Tom Lincoln

Title: Civil Engineer

Authorized signature: 

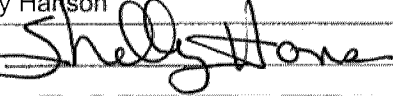
Date: 11/15/2016 PE Registration No. 21433

3. Permittee's approval

"My signature, or the signature of a delegated official, represents the approval of this project's connection to the sewer system and/or wastewater treatment facility under my jurisdiction. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Name (print): Shelly Hanson

Title: City Engineer

Authorized signature: 

Date: 12/7/2016

4. Sanitary district or WWTF approval - Authorized municipal official signature (or delegated authority) from sanitary sewer district or municipality, if different than permittee.

"My signature, or the signature of a delegated official, represents the approval of this project's connection to the sewer system and/or wastewater treatment facility under my jurisdiction. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

If the sanitary sewer district or regional treatment authority has provided project approval under a separate process, a copy of that approval letter may be submitted with this application in place of this signature.

Name (print): _____ Title: _____
Authorized signature: _____ Date: _____

Design certification for sanitary sewer extension plans and specifications

Title of plans and specifications: _____

All sanitary sewer extensions shall be designed according to the latest version of the following recommendations, specifications, and guidelines (specific MPCA guidelines take precedence over other documents):

- *Recommended Standards for Wastewater Facilities*, Great Lakes – Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers. (Ten States Standards)
- *Standard Utilities Specification*, City Engineers Association of Minnesota.
- *Design Flow and Loading Determination Guidelines*, Minnesota Pollution Control Agency.

Sewer pipe:

Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the project only include work on a lift station or pump station? If yes, go to questions No. 24.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are all sewers designed without an overflow or bypass point?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are all gravity sewers at least eight inches in diameter? (Answer N/A only if there are no gravity sewers.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are all sewers sufficiently deep to receive wastewater from basements and to prevent freezing, or is insulation provided for sewers that are not placed at a depth to prevent freezing?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is all nonconductive sewer pipe designed to be installed with a locate wire or equally effective means of marking the location in accordance with Minn. R. 7560.0150? Additional information for this rule can be obtained from the Minnesota Office of Pipeline Safety website at https://dps.mn.gov/divisions/ops/Pages/default.aspx or by calling 651-296-9636.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. If there are sewers that cross or enter any water body, has the Minnesota Department of Natural Resources (DNR) been contacted to determine if the project will require a permit for construction? (Answer N/A only if there are no sewers located in a water body.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. If the project has the potential to adversely impact wetlands, has a permit or approval from another official statewide program (U.S. Army Corps of Engineers, DNR, or Minnesota Wetlands Conservation Act) been issued to specifically address the project? (Answer N/A only if there are no impacts to wetlands.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Do the design plans and specification contain specific size and location requirements for reaction blocking or pipe restraint to withstand water hammer and other cyclic reversal of stresses associated with lift station operation? (Answer N/A only if there are no pressure sewers.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Is there an air relief or vacuum relief valve provided at all high points in force mains? (Answer N/A only if there are no pressure sewers.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Are grinder pumps or other solids removal equipment included for any force main that is less than 4 inches in diameter? (Answer N/A only if there is no pressure sewer or force main less than 4 inches.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are all sewers designed with mean velocities when flowing full, of at least 2.0 feet per second, based on Manning's formula using an "n" value of 0.013?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the slope of 8-inch diameter gravity sewer at least 0.40 percent; 10-inch diameter sewer at least 0.28 percent; 12-inch diameter sewer at least 0.22 percent; 14-inch diameter sewer at least 0.17 percent; 16-inch diameter sewer at least 0.15 percent; 18-inch diameter sewer at least 0.14 percent; and 20-inch diameter sewer at least 0.12 percent? The pipe diameter and slope shall be selected to obtain the greatest practical velocities to minimize settling problems. Oversizing sewers to achieve flatter slopes should not be done. If proposed slopes are less than those listed above, what is the depth of flow and velocity of flow at the average wet weather flow and peak hourly wet weather flow (PHWW) for affected pipe sections?

Sewer pipe (continued):

Yes	No	N/A	
			If sewer grades are less than those listed above, sedimentation problems, frequent sewer maintenance, and backups may result. All sewers with a slope less than the minimums listed above must be cleaned at least once per year to ensure problems do not develop and to develop a site specific maintenance interval. (Answer N/A only if no gravity sewer.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		12. Are individual service connections to the sewer designed to be water tight and do not protrude into the sewer?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		13. Are all gravity and pressure sewer pipes and water supply pipe separated horizontally by at least 10 feet and vertically by at least 1.5 feet when crossing? If these separation distances cannot be obtained, has approval from the Minnesota Department of Health (MDH) and/or the Department of Labor and Industry (DLI) been granted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Has an application for water supply and/or building sewer construction been submitted to the MDH or DLI? (Answer N/A only if there is no water supply piping included with this project.) Any project that involves the construction of water supply pipes may also require a permit from the MDH or the DLI. For additional information refer to the MDH website at http://www.health.state.mn.us/divs/eh/water/index.html or the DLI website at http://www.dli.mn.gov/CCLD/Plumbing.asp .
<input checked="" type="checkbox"/>	<input type="checkbox"/>		16. Has an inventory of all wells on all properties in the project area been completed, and will all wells be at least 50 feet from buried sewers, lift stations and grinder stations, as required by Minn. R. ch. 4725 (Minnesota Well Code)? For more information on well setbacks and exceptions to the 50-foot requirement, refer to the MDH website at http://www.health.state.mn.us/divs/eh/wells/index.html or contact the MDH Well Management Section at 651-201-4600 or 1-800-383-9808.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Are all manholes at least 48 inches in diameter? (Answer N/A only if there are no manholes.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are all manholes constructed to prevent surface water run off from entering through the cover? (Answer N/A only if there are no manholes.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Are drop manholes used at locations where the sewer pipe enters the manhole at an elevation of 24 inches or more above the manhole invert? (Answer N/A only if sewer pipes enter at an elevation less than 24 inches.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Is the spacing between manholes 400 feet or less or if the spacing is greater than 400 feet, do operation and maintenance personnel have access to adequate cleaning equipment that can accommodate the spacing? (Answer N/A only if all pressure sewer.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		20. Will a leakage test be performed to demonstrate watertightness of the sewer pipes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Will a deflection test be performed on all plastic gravity sewer after the pipe has been in place for at least 30 days? (Answer N/A only if televising or other method is used instead.)
<input checked="" type="checkbox"/>		<input type="checkbox"/>	22. Will sewer line televising be performed? (Answer only as Yes or N/A.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		23. Have questions No. 1 through No. 22 been answered as Yes or N/A?

Lift stations:

Yes	No	N/A	
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Does the project include any work on a lift station? (Answer N/A only if there is no work on a lift station as part of this project and proceed to question No. 46 and answer Yes.)
<input type="checkbox"/>	<input type="checkbox"/>		24. Will the lift station be fully operational and accessible during a 25-year flood?
<input type="checkbox"/>	<input type="checkbox"/>		25. Will the lift station structural, electrical and mechanical equipment be protected from physical damage during at 100-year flood?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Where high ground water conditions are anticipated, has the buoyancy of the lift station structure been considered and adequate provisions made to protect the structures? (Answer N/A only if high ground water conditions are not anticipated.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Are wet wells and dry wells completely separated and common walls are gas tight? (Answer N/A only if no dry well is included)
<input type="checkbox"/>	<input type="checkbox"/>		28. Are multiple pumps provided such that with any unit out of service, the remaining units have capacity to handle the design peak hourly wet weather flow?
<input type="checkbox"/>	<input type="checkbox"/>		29. Are all pumps capable of passing spheres of at 3 inches in diameter?
<input type="checkbox"/>	<input type="checkbox"/>		30. Are all pump suction and discharge openings at least 4 inches in diameter?

Lift stations (continued):

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		31. Are all electrical components in raw wastewater wet wells in compliance with National Electrical Code requirements for Class I Group D, Division 1 locations?
<input type="checkbox"/>	<input type="checkbox"/>		32. There are no bypass or overflow pipes from the wet well?
<input type="checkbox"/>	<input type="checkbox"/>		33. Are suitable shutoff and check valves placed on the discharge line of each pump?
<input type="checkbox"/>	<input type="checkbox"/>		34. Are check valves located between the shutoff valve and the pump?
<input type="checkbox"/>	<input type="checkbox"/>		35. Are check valves placed in the horizontal position, except ball valves which may be placed vertically?
<input type="checkbox"/>	<input type="checkbox"/>		36. Are shutoff and check valves for submersible pump lift stations located in a separate valve pit? If a separate valve pit is not provided, are all valves easily accessible for maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. If a drain line is provided between a valve pit or dry well and a wet well, is the drain line equipped with a gas and water tight valve or extended below the low water level in the wet well to prevent entry of hazardous gases to the valve pit? (Answer N/A only if a drain line is not included.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. If continuous wet well ventilation is provided, are at least 12 complete air changes per hour provided? (Answer N/A only if submersible pump lift station.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. If intermittent wet well ventilation is provided, are at least 30 complete air changes per hour provided? (Answer N/A only if submersible pump lift station.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. If continuous dry well ventilation is provided, are at least 6 complete air changes per hour provided? (Answer N/A only if submersible pump lift station.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. If intermittent dry well ventilation is provided, are at least 30 complete air changes per hour for 10 minutes and 6 complete air changes per hour thereafter provided? (Answer N/A only if submersible pump lift station.)
<input type="checkbox"/>	<input type="checkbox"/>		42. Are provisions for flow measurement provided? Type: _____
<input type="checkbox"/>	<input type="checkbox"/>		43. Are a sufficient number of running time meters provided to record when each pump is running and when multiple pumps are running at the same time?
<input type="checkbox"/>	<input type="checkbox"/>		44. Is an appropriate alarm system provided to indicate power failure, pump failure, unauthorized entry, or other malfunction? Type of alarm: _____
<input type="checkbox"/>	<input type="checkbox"/>		45. Are provisions included for emergency operation to prevent the bypassing or backup of sewage? Emergency pumping capability may be accomplished by connection to at least two independent utility substations, or by provision of portable or in-place electrical generation, or by portable pumping equipment? Type: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		46. Have questions No. 24 through No. 45 been answered as Yes or N/A?

Fast track certification statement (Do not submit plans and specifications)

- ☒ Yes - "I certify under penalty of law that I am a licensed professional engineer and that this document was 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."

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.

Name (print): Tom Lincoln

Title: Civil Engineer

Signature: ☐ Check if document has been electronically signed.

Date (mm/dd/yyyy): 11/15/2016

PE Registration No.: 21433

Justification for questions answered "No" (attach additional pages if needed):

Section number	Justification for variation
13	The Utility Easement is only 10' wide. Horizontal separation is not achievable in the 10' Drainage and Utility easement. Vertical separation is met and the sanitary and storm sewer shall be constructed of watermain quality pipe and pressure tested for water tightness.



**Minnesota Pollution
Control Agency**

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

PL201600146

PL2016-146

**Environmental Review
Pre-Screening Form**
Environmental Review Program

Doc Type: Environmental Review Checklist

Instructions: The following questions are designed to help you and the Minnesota Pollution Control Agency (MPCA) staff determine if your project requires environmental review before proceeding with the permitting process. If you need help with this form or have questions about environmental review, please contact MPCA staff at 651-296-6300 or via email at Env.Review.PCA@state.mn.us.

Submittal: To avoid unnecessary and costly delays in your project, **complete and submit this form with your permit application to: Env.Review.PCA@state.mn.us**. After you submit this form, you will be notified by the MPCA regarding the need to conduct environmental review on your project.

Important note: Under Environmental Quality Board Rules, a project may not begin construction and no final government decisions may be made to grant a permit, approve a project, or begin a project until the environmental review process is complete.

Part A: Permitting Information

Name of project: BCS HealthPartners Parking Ramp

City: Bloomington, MN

County: Hennepin

Contact name: Tom Lincoln

Contact phone number: 651-645-4197

Email address: Tom.lincoln@kimley-horn.com

- 1) List all MPCA permit(s) that may be needed for this project:

Sanitary Sewer Extension

NPDES

- 2) Is this permit application for reissuance *only** of an existing permit? ☐ Yes ☒ No

**If this project involves any physical alterations, construction projects or operational changes to the facility or process you must answer No.*

Part B: Environmental Review

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1) Are you required to prepare, are you preparing, or have you completed an EAW, EIS, Alternative Urban Area-wide Review (AUAR), or Federal Environmental Assessment (EA) for any responsible governmental unit (RGU) other than the MPCA (e.g., city, township, county, state or federal agency) as part of this project? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If yes, please identify the following:

RGU: City of Bloomington

Type of Environmental Review document (EAW, EA, EIS, AUAR): AUAR – South Loop

Other (specify): _____

If you answered "Yes" to either of the above questions, you are finished.
Please submit this form to the MPCA along with the permit application.

If you answered "No" to both of the above questions,
please complete the remainder of the form, both Part C and D.
When completed, please submit this form to the MPCA along with the permit application.

