

07/22/2009 15:57 IFAX shoreviewrealtyfax@cbburnet.com
07/22/2009 15:53 FAX 6514300212 CB BURNET STILLWATER

→ shoreview fax ☑ 002/013
☑ 002/013



Stantec EcoCheck Inc.
4444 Centerville Road Suite 140
White Bear Lake MN 55127
Tel: (651) 255-5075
Fax: (651) 255-5060

Stantec

July 20, 2009

Discharge Monitoring Reports
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155

RE: SDS Permit No. MN0068055
The Sanctuary Development WWTP
Lake Elmo, Minnesota

To Whom It May Concern:

Stantec EcoCheck (formerly Jacques Whitford EcoCheck) is under contract to operate the Sanctuary Wastewater Treatment Facility. Attached is the Discharge Monitoring Report (DMR). This is the DMR for the month of June, 2009. Analytical Data, Supplemental Data, and Comments are also included with this report.

If you have any questions regarding this correspondence, please contact EcoCheck at (651)-255-5049.

Sincerely,

STANTEC ECOCHECK, INC.

Ryan C. Brandt
Project Manager

Cc: The Sanctuary HOA
Karl Horning, City of Lake Elmo

Minnesota Pollution Control Agency

SUPPLEMENTAL DATA and COMMENTS

Comments—Include information on violations, bypasses/overflows, maintenance conducted, etc. (Attach additional pages if necessary.)

See Attached Correspondence

Weekly Observations for Stabilization, Aerated, Polishing or Absorption Ponds

| TYPE OF POND (AERATED, PRIMARY, ETC.) | POND _____ ACRES _____ | | | | | POND _____ ACRES _____ | | | | |
|---|------------------------|-----|-----|-----|-----|------------------------|-----|-----|-----|-----|
| | 1ST | 2ND | 3RD | 4TH | 5TH | 1ST | 2ND | 3RD | 4TH | 5TH |
| WEEK OF THE MONTH | | | | | | | | | | |
| 1. DATE OF OBSERVATION | | | | | | | | | | |
| 2. ODOR (YES OR NO) | | | | | | | | | | |
| 3. AQUATIC PLANTS (% OF COVERAGE, TYPE) | | | | | | | | | | |
| 4. FLOATING MATS (% OF COVERAGE, TYPE) | | | | | | | | | | |
| 5. WATER DEPTH (UNITS _____) | | | | | | | | | | |
| 6. MUSKRATS, RODENTS, ETC. (YES OR NO) | | | | | | | | | | |
| 7. DIKE CONDITION (EROSION, ETC.) | | | | | | | | | | |
| 8. ICE COVER (% OF COVERAGE) | | | | | | | | | | |

Send with DMRs to:

Minnesota Pollution Control Agency
520 Lafayette Road North
Saint Paul, Minnesota 55155-4194
Attention: Discharge Monitoring Reports
wg-wwtp-7-03

 651-255-5049

Signature and Phone Number of Certified Operator

Signature of Authorized Agent

07/22/2009 15:57 IFAX shoreviewrealtyfax@cbburnet.com
 07/22/2009 15:54 FAX 651.4300212 CB BURNET STILLWATER

→ shoreview fax ☑ 005/013
 ☑ 005/013



Stantec

Stantec EcoCheck, Inc
 4444 Centerville Road, Suite 140
 White Bear Lake, MN 55127
 Phone: 651-255-5075
 Fax: 651-255-5060

**The Sanctuary June Wastewater Operation Summary
 The Sanctuary LLC**

| | | | |
|--|---|--|---|
| Monitoring Wells Sample wells (Apr, July, Oct). | Frequency 3 / year | <input type="checkbox"/> Completed | <input checked="" type="checkbox"/> Not Completed |
| Lift Station Pumps Log pump run times and event counters Verify all pumps are in working condition Perform amp draw and voltage checks | 1 / month 1 / month 1 / month | <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed | <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed |
| Splitter Manhole - Influent Waste Sample influent flow Measure sludge and scum in septic tanks. | 4 / year 1 / year | <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed | <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed |
| Filter Tank Visually inspect effluent filters and clean if necessary | 1 / month | <input checked="" type="checkbox"/> Completed | <input type="checkbox"/> Not Completed |
| Vertical Flow Wetlands Visually inspect wetland and perform vegetation management Insulate critical points prior to winter. Observe wetland for any ponding Observe blower for proper operation and log pressure Blow out VFW dosing lines | 1 / month 1 / year 1 / month 1 / month 1 / year | <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Completed | <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed <input checked="" type="checkbox"/> Not Completed |
| Drainfield Dosing Tank Log pump run times and event counters Verify all pumps are in working condition Perform amp draws and voltage checks | 1 / month 1 / year 1 / year | <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Completed | <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Not Completed |

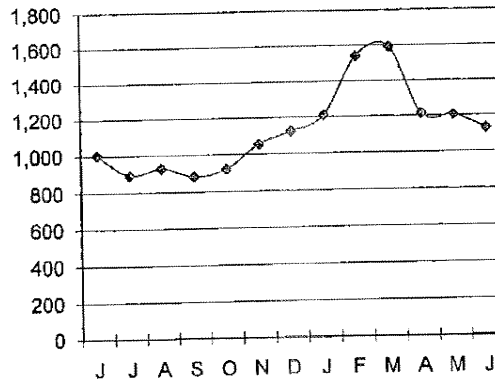
Monthly Flow Data

| | |
|-----------------------------------|-------|
| Current Month Average Daily Flow | 1128 |
| Previous Month Average Daily Flow | 1,205 |
| Increase/decrease | -77 |

Blower Pressure

Average Daily Flow (gpd)

The Sanctuary Flow Data



Comments

System was mowed to enable easier access to the control building.

Future Maintenance Needs

None at this time

Date: 6/2/2009 6/10/09
 Operator: TDB TDB

"We're more than just operators...."

Providing experienced water and wastewater operations, maintenance, and management services to homeowners associations, local governments, and residential developers.

FACILITY NAME/ADDRESS:
Sanctuary WWTP
See location description
Lake Elmo, MN 55042

WASTEWATER TREATMENT
DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS:
Sanctuary LLC
12415 55th St N
Lake Elmo, MN 55042



| | | |
|-----------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MN0068055 | FINAL | |

STATION INFORMATION:
WS-001 (Influent Waste)
Waste Stream, Influent Waste
Attention: Steve Kokesh

| | | |
|-------------------|----|-----|
| MONITORING PERIOD | | |
| YEAR | MO | DAY |
| 2009 | 06 | 30 |
| TO | | |
| 2009/06/30 | | |

AMENDED
 NO FLOW

MPCA:BN

| PARAMETER | QUANTITY | | UNITS | CONCENTRATION | | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------|--------------|------------|-------|---------------|------------|-------|-----------------------|-------------|
| | SAMPLE VALUE | PERMIT REQ | | SAMPLE VALUE | PERMIT REQ | | | |
| Precipitation | ***** | ***** | in | ***** | ***** | **** | ✓ | ✓ |
| 00193 | 3.85 | REPORT | | ***** | ***** | | 1 x Day | Measur |
| Flow | ***** | ***** | MG | 0.0011 | 0.0015 | mgd | ✓ | ✓ |
| 50050 | 0.0338 | REPORT | | 0.0207 | DailyMax | | 1 x Day | MeaCon |
| CBOD 05 Day (20 Deg C) | ***** | ***** | | 545 | ***** | mg/L | ✓ | ✓ |
| 80082 | ***** | ***** | | REPORT | ***** | | 1 x Quarter | Grab |
| TSS | ***** | ***** | | 243 | ***** | mg/L | ✓ | ✓ |
| 00530 | ***** | ***** | | REPORT | ***** | | 1 x Quarter | Grab |
| pH | ***** | ***** | | ***** | 7.32 | SU | ✓ | ✓ |
| 00400 | ***** | ***** | | ***** | REPORT | | 1 x Quarter | Grab |
| | ***** | ***** | | ***** | SingleVal | | | |

Send original with supplemental DMR (if applicable) by the 21st day of month following reporting period to:
MINNESOTA POLLUTION CONTROL AGENCY
520 LAFAYETTE RD
ST. PAUL, MN 55155-4194
ATTN: Discharge Monitoring Report

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, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

[Signature]
651/255-5049
7-20-09

DATE

CERTIFICATION#
C-9085

SIGNATURE OF CHIEF OPERATOR

DATE

CERTIFICATION#

COMMENTS:

FACILITY NAME/ADDRESS:
Sanctuary WWTP
See location description
Lake Elmo, MN 55042

WASTEWATER TREATMENT
DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS:
Sanctuary LLC
12415 55th St N
Lake Elmo, MN 55042



| | | |
|-----------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MN0068055 | FINAL | |

STATION INFORMATION:

WS-002 (Prior to drainfield)
Waste Stream, Intermediate: WW to Land
Attention: Steve Kokesh

| | |
|-------------------|--------------|
| MONITORING PERIOD | |
| YEAR MO. DAY | YEAR MO. DAY |
| 2009/06/01 | 2009/06/30 |

AMENDED
 NO FLOW

FROM

MPCA:BN

| PARAMETER | QUANTITY | UNITS | CONCENTRATION | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|----------|-------|---------------------|--------------------|-----------------------|-------------|
| CBOD 05 Day (20 Deg C) 80082 | ***** | ***** | 5.9 | mg/L | ✓ | ✓ |
| | ***** | ***** | REPORT CallMoAvg | | 1 x Month | Grab |
| TSS 00530 | ***** | ***** | 10.4 | mg/L | ✓ | ✓ |
| | ***** | ***** | REPORT CallMoAvg | | 1 x Month | Grab |
| Nitrogen Total (as N) 00600 | ***** | ***** | 4.53 | mg/L | ✓ | ✓ |
| | ***** | ***** | REPORT CallMoAvg | 10.0 12MoMovAve | 1 x Month | Grab |

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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, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF CHIEF OPERATOR
651/255-5049
7-26-09
C-2909J
DATE
CERTIFICATION#

COMMENTS:

PERMITTEE NAME/ADDRESS:
 Sanctuary LLC
 12415 55th St N
 Lake Elmo, MN 55042

WASTEWATER TREATMENT
 DISCHARGE MONITORING REPORT

| | | |
|-----------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MN0068055 | FINAL | |

| | | |
|-------------------|----|--------------|
| MONITORING PERIOD | | |
| YEAR MO. DAY | TO | YEAR MO. DAY |
| 2009/06/01 | | 2009/06/30 |

STATION INFORMATION:
 WS-003 (Septic Tank #1)
 Waste Stream, Internal Waste Stream
 Attention: Steve Kokesh

AMENDED
 NO FLOW

MPCA: BN

| PARAMETER | SAMPLE VALUE | PERMIT REQ | QUANTITY | UNITS | CONCENTRATION | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|------------------|------------|----------|-------|---------------|-------|-----------------------|-------------|
| Scum Depth Maximum of Sample 00068 | ***** | ***** | 2 | in | ***** | **** | ✓ | ✓ |
| | REPORT SingleVal | ***** | | | ***** | | 1 x Month | Measur |
| Sludge Depth Maximum of Sample 04192 | ***** | ***** | 4 | in | ***** | **** | ✓ | ✓ |
| | REPORT SingleVal | ***** | | | ***** | | 1 x Month | Measur |
| Scum Capacity Remaining 04195 | ***** | ***** | 7 | in | ***** | **** | ✓ | ✓ |
| | REPORT SingleVal | ***** | | | ***** | | 1 x Month | Measur |
| Sludge Capacity Remaining 72109 | ***** | ***** | 56 | in | ***** | **** | ✓ | ✓ |
| | REPORT SingleVal | ***** | | | ***** | | 1 x Month | Measur |

| | | | |
|---|---|---|----------------------|
| Send original with supplemental DMR (if applicable) by the 21st day of month following reporting period to: MINNESOTA POLLUTION CONTROL AGENCY 520 LAFAYETTE RD ST. PAUL, MN 55155-4194 ATTN: Discharge Monitoring Report | 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, complete, and accurate. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF CHIEF OPERATOR | DATE DATE DATE |
| | | 651/257-5049 7-20-09 C-2909J | |

COMMENTS:

FACILITY NAME/ADDRESS:
 Sanctuary WWTP
 See location description
 Lake Elmo, MN 55042

WASTEWATER TREATMENT
 DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS:
 Sanctuary LLC
 12415 55th St N
 Lake Elmo, MN 55042



| | | |
|-----------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MN0068055 | FINAL | |

| | |
|-------------------|-------------|
| MONITORING PERIOD | |
| YEAR MO DAY | YEAR MO DAY |
| 2009/06/01 | 2009/06/30 |

STATION INFORMATION:
 WS-004 (Septic Tank #2)
 Waste Stream, Internal Waste Stream
 Attention: Steve Kokesh

AMENDED
 NO FLOW

MPCA:BN

| PARAMETER | SAMPLE VALUE | PERMIT REQ | QUANTITY | UNITS | CONCENTRATION | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------|------------|----------|-------|---------------|-------|-----------------------|-------------|
| Scum Depth Maximum of Sample 00068 | ***** | ***** | 0 | in | ***** | ***** | ✓ | ✓ |
| Sludge Depth Maximum of Sample 04192 | ***** | ***** | 2 | in | ***** | ***** | 1 x Month | Measur |
| Scum Capacity Remaining 04195 | ***** | ***** | 9 | in | ***** | ***** | 1 x Month | Measur |
| Sludge Capacity Remaining 72109 | ***** | ***** | 58 | in | ***** | ***** | 1 x Month | Measur |

| | |
|---|---|
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| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF CHIEF OPERATOR | DATE DATE |
| PHONE 651/255-5049 | CERTIFICATION# C-29095 |

COMMENTS:



PERMITTEE NAME/ADDRESS:
 Sanctuary LLC
 12415 55th St N
 Lake Elmo, MN 55042

WASTEWATER TREATMENT
 DISCHARGE MONITORING REPORT

| | | |
|-----------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MN0068055 | FINAL | |

| | |
|-------------------|-------------|
| MONITORING PERIOD | |
| YEAR MO DAY | YEAR MO DAY |
| 2009/06/01 | 2009/06/30 |

STATION INFORMATION:
 WS-005 (Septic Tank #3)
 Waste Stream, Internal Waste Stream
 Attention: Steve Kokesh

AMENDED NO FLOW

MPCA:BN

| PARAMETER | QUANTITY | UNITS | CONCENTRATION | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|---------------|-------|-----------------------|-------------|
| Scum Depth Maximum of Sample 00068 | 0 | in | ***** | ***** | ✓ | ✓ |
| | REPORT SingleVal | | ***** | ***** | 1 x Month | Measur |
| Sludge Depth Maximum of Sample 04192 | 1 | in | ***** | ***** | ✓ | ✓ |
| | REPORT SingleVal | | ***** | ***** | 1 x Month | Measur |
| Scum Capacity Remaining 04195 | 9 | in | ***** | ***** | ✓ | ✓ |
| | REPORT SingleVal | | ***** | ***** | 1 x Month | Measur |
| Sludge Capacity Remaining 72109 | 59 | in | ***** | ***** | ✓ | ✓ |
| | REPORT SingleVal | | ***** | ***** | 1 x Month | Measur |

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 MINNESOTA POLLUTION CONTROL AGENCY
 520 LAFAYETTE RD
 ST. PAUL, MN 55155-4194
 ATTN: Discharge Monitoring Report

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, complete, and accurate.

| | | |
|--|--|-----------------|
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | DATE |
| SIGNATURE OF CHIEF OPERATOR | | DATE |
| PHONE | | CERTIFICATION# |
| 651/253-5049 | | 7-20-09 C-29095 |



PERMITTEE NAME/ADDRESS:
 Sanctuary LLC
 12415 55th St N
 Lake Elmo, MN 55042

WASTEWATER TREATMENT
 DISCHARGE MONITORING REPORT

| | | |
|------------|--------------|-------|
| PERMIT # | LIMIT STATUS | PCS # |
| MIN0068055 | FINAL | |

| | |
|-------------------|------------------|
| MONITORING PERIOD | |
| YEAR MO. DAY | YEAR MO. DAY |
| 2009/06/01 | 2009/06/30 |

STATION INFORMATION:
 WS-006 (Septic Tank #4)
 Waste Stream, Internal Waste Stream
 Attention: Steve Kokesh

| PARAMETER | QUANTITY | | UNITS | CONCENTRATION | | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|------------------|------------|-------|---------------|------------|-------|-----------------------|-------------|
| | SAMPLE VALUE | PERMIT REQ | | SAMPLE VALUE | PERMIT REQ | | | |
| Scum Depth Maximum of Sample 00068 | 0 | ***** | in | ***** | ***** | **** | 1 x Month | Measur |
| | REPORT SingleVal | ***** | | ***** | ***** | | | |
| Sludge Depth Maximum of Sample 04192 | 1 | ***** | in | ***** | ***** | **** | 1 x Month | Measur |
| | REPORT SingleVal | ***** | | ***** | ***** | | | |
| Scum Capacity Remaining 04195 | 9 | ***** | in | ***** | ***** | **** | 1 x Month | Measur |
| | REPORT SingleVal | ***** | | ***** | ***** | | | |
| Sludge Capacity Remaining 72109 | 59 | ***** | in | ***** | ***** | **** | 1 x Month | Measur |
| | REPORT SingleVal | ***** | | ***** | ***** | | | |

MPCA: BN

AMENDED
 NO FLOW

| | | | |
|---|--|--------------|-----------------|
| Send original with supplemental DMR (if applicable) by the 21st day of month following reporting period to: MINNESOTA POLLUTION CONTROL AGENCY 520 LAFAYETTE RD ST. PAUL, MN 55155-4194 ATTN: Discharge Monitoring Report | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | DATE |
| | SIGNATURE OF CHIEF OPERATOR | | DATE |
| 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, complete, and accurate. | | PHONE | CERTIFICATION# |
| | | 651/255.5049 | 7-20-09 C-29095 |

COMMENTS:

07/22/2009 15:59 IFAX shoreviewrealtyfax@cbburnet.com
 07/22/2009 15:55 FAX 6514300212 CB BURNET STILLWATER

→ shoreview fax ☑ 012/013
 ☑ 012/013

SAMPLE RESULTS

NTS Sample: 358547

Description: WS-001

Sample Date: 6/10/2009 1:30:00 PM

Matrix: Aqueous

Sample Type: Grab

NTS COC: 95981

Client: 1181 - Stantec EcoCheck, Inc.

Project: 4423 - Sanctuary

Sampled By: Client

Report Date: 6/24/2009

Rec'd Temperature: 0 °C

| Analyte | Result | RL Units | Method | Prepared Date | Analysis Date | |
|-----------------------------|--------|----------|----------------|---------------|---------------|-------|
| CBOD | 545 | 2 mg/L | SM 5210B | | 6/12/2009 | S,g,w |
| Solids, Nonfilterable (TSS) | 293 | 2 mg/L | USGS I-3765-85 | | 6/16/2009 | S |

| Qualifier | Description | Note |
|-----------|---|------|
| g | Glucose Glutamic Acid Standard not within control limits of 85%-115% | |
| S | Analysis performed by NTS - Metro Lab: MDH# 027-171-413 7551 Lancaster Ave, NE Otsego, MN | |
| w | Dilution water blank depletion > 0.2 mg/L | |

07/22/2009 15:59 IFAX shoreviewrealtyfax@cbburnet.com
 07/22/2009 15:55 FAX 6514300212 CB BURNET STILLWATER

→ shoreview fax 013/013
 013/013

SAMPLE RESULTS

NTS Sample: 356504
 Description: WS-002
 Sample Date: 6/2/2009 11:00:00 AM

Matrix: Aqueous
 Sample Type: Grab

NTS COC: 95696
 Client: 1181 - Stantec EcoCheck, Inc.
 Project: 4423 - Sanctuary
 Sampled By: Client
 Report Date: 6/23/2009
 Rec'd Temperature: 2.3 °C

| Analyte | Result | RL | Units | Method | Prepared Date | Analysis Date | |
|-----------------------------|--------|-----|-----------|-----------------|---------------|-----------------|-----|
| CBOD | 5.9 | 2 | mg/L | SM 5210B | | 6/4/2009 | S,w |
| Nitrogen, Nitrate+Nitrite | 0.86 | 0.1 | mg/L as N | EPA 353.2 | | 6/5/2009 | |
| Nitrogen, Total | 4.53 | 0.5 | mg/L as N | EPA 351.2/353.2 | | 6/22/2009 16:22 | |
| Nitrogen, Total Kjeldahl | 3.67 | 0.5 | mg/L as N | EPA 351.2 | 6/17/2009 | 6/18/2009 | |
| Solids, Nonfilterable (TSS) | 10.4 | 2 | mg/L | USGS I-3765-85 | | 6/5/2009 | S |

| Qualifier | Description | Note |
|-----------|---|------|
| S | Analysis performed by NTS - Metro Lab: MDI# 027-171-413 7551 Lancaster Ave, NE Otsego, MN | |
| w | Dilution water blank depletion > 0.2 mg/L | |