State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Notice of Intent (NOI) Dewatering Operations

WPDES Permit No. WI-0049344-05-0

Form 3400-201 (R 09/18)

Notice: Pursuant to chs. NR 200 and 205, Wis. Adm. Code, this notice of intent (NOI) is required to request coverage under the Wisconsin Pollutant Discharge Elimination System (WPDES) Permit No. WI-0049344-05-0 for discharges from dewatering operations to waters of the state of Wisconsin. Failure to complete this form in its entirety may result in a returned NOI or a denied NOI. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records Law [ss. 19.31-19.39, Wis. Stats.].

SECTION I: OWNER INFORMATION

Owner/Responsible Party Name (Municipality, Company or other)

The Forestland Group - Heartwood Forestland Fund VI Limited Partnership

Owner Authorized Representative (First and Last Name)	**Title**		
Thomas Quigley (Authorized Representative - See DSA)	Vice President, Exploration, Badger Minerals LLC		
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
414 10th Avenue, Suite 1	Menominee	MI	49858
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	
tquigley@glexploration.com	(906) 352-4024	(218) 349-2912	

SECTION II: APPLICANT INFORMATION

☐ Select if same as owner

Applicant Name (Municipality, Company or other)

Badger Minerals LLC

Contact (First and Last Name)	**Title**		
Thomas Quigley	Vice President, Exploration		
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
414 10th Avenue, Suite 1	Menominee	MI	49858
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	
tquigley@glexploration.com	(906) 352-4024	(218) 349-2912	

SECTION III: FACILITY/PROJECT CONTACT INFORMATION

General Permit Contact (First and Last Name)	**Title**	**Company**	
Eric Quigley	Senior Geologist	Great Lakes Exploration, Inc.	
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
414 10th Avenue, Suite 1	Menominee	MI	49858
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	
equigley@glexploration.com	(218) 428-8961	(906) 352-4024	
Dewatering Contact (First and Last Name)	**Title**	**Company**	
Eric Quigley	Senior Geologist	Great Lakes Exploration, Inc.	
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
414 10th Avenue, Suite 1	Menominee	MI	49858
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	
equigley@glexploration.com	(218) 428-8961	(906) 352-4024	

SECTION IV: CONSULTANT/CONTRACTOR INFORMATION

☒ Select if not applicable

Contractor (First and Last Name)	**Title**	**Company**	
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	
Consultant (First and Last Name)	**Title**	**Company**	
Mailing Address (i.e. PO Box, Street, or Route)	**City, Village, or Town**	**State**	**ZIP Code**
Email Address	**Phone No.** (include area code)	**Alternative Phone No.**	

SECTION V: FACILITY/PROJECT LOCATION INFORMATION

☐ Select if applying for municipal/statewide coverage so not applicable

Facility Name or Project Title	**County** (of facility/project location)	○ City ◉ Town ○ Village
CM-Project	Oneida	of Schoepke

Physical Address (i.e. Street, Road, Route, or other)

Up to 10 sites (see location map in attached Notice of Intent to Drill document) within sections 4 and 9 of:

Public Land Survey System (PLSS)

QQ of _____ **Q of** _____ **Section** _____ **Township** 35 N **Range** 11 ◉E ○W

Latitude: 45.544229 **Longitude:** -89.121522

Note: PLSS can be identified on the Surface Water Data Viewer here: https://dnr.wi.gov/topic/surfacewater/Swdv/.

SECTION VI: PERMIT COVERAGE TYPE

1. Please indicate the type of WPDES coverage being requested:

- ◉ One-time coverage for temporary dewatering discharges at a single site
- ○ One-time coverage for continuous/recurring dewatering discharges at a single site
- ○ Municipal-wide coverage for temporary dewatering operation discharges
- ○ Statewide coverage for temporary dewatering operation discharges

Proceed to question 2.

2. Please indicate the type of dewatering operation(s) that will be conducted and covered under this permit (*Check all that apply*):

- ☐ Dewatering of construction site trench(es) and pit(s)
- ☐ Dewatering well system(s) (includes high capacity wells)
- ☐ Dewatering of sediment removed during hydrovacing trench(es) or pit(s)
- ☐ Dewatering of private pond(s), stormwater pond(s), sedimentation basin(s), treatment pond(s) or lagoon(s), or basement sump(s) that are out of service and filled with only rainwater and/or groundwater
- ☐ Dewatering operations in response to an emergency
- ☒ Other similar dewatering operation:
  Dewatering of up to 10 Sumps used for recirculation of drilling fluids and cuttings containment related to exploratory drilling. See attached Notice of Intent to Drill Document for detailed description

Proceed to Section VII.

SECTION VII: DISCHARGE CHARACTERIZATION

☐ Select if applying for municipal/statewide coverage so not applicable

Type of Wastewater (Pit/Trench Dewater, Well Dewater, etc..)	**Outfall #** (001, 002, etc..)	**Average Daily Flow** (gallons per day)	**Discharge Frequency** (daily, weekly, monthly, annual, etc.)	**Discharge Type** (Groundwater, Surface Water, Surface Water via Storm Sewer, or Wetland)	**Surface Water Discharge** ☐ Select if not applicable	
					Name	WBIC*
Drilling water		12,000.00	daily	Groundwater		

*The Water Body Identification Code (WBIC) for a specific surface water can be found at: http://dnr.wi.gov/water/waterSearch.aspx

Note: Groundwater Discharge *means any wastewater that is allowed to infiltrate or seep into the soil from a permeable surface including but not limited to any drain field, agricultural field, ditch, swale, depression, trench or pit, adsorption pond, infiltration pond, rain garden, prairie, or vegetative area that may impact groundwater quality.*

Surface Water Discharge *means any discernible, confined and discrete conveyance system including but not limited to any pipe, ditch, channel, tunnel, conduit, swale, or storm sewer that will carry wastewater to a creek, stream, pond, marsh, bay, reservoir, river, lake, or other surface water within the state of Wisconsin.*

Wetland Discharge *means any discernible, confined and discrete conveyance system including but not limited to any pipe, ditch, channel, tunnel, conduit, swale, or storm sewer that will carry wastewater to a wetland. Wetland means an area where water is at, near or above the land surface long enough to be capable of supporting aquatic or hydrophytic vegetation and which has soils indicative of wet conditions.*

Proceed to Section VIII.

SECTION VIII: ELIGIBILITY CHECKLIST

1. Will the dewatering water be discharged from and/or to properties within tribal lands (i.e. land owned by or held in trust for the tribes and land within recognized reservation boundaries)?

   ○ Yes. **Your discharge is not eligible for this General Permit.** *If all discharges from your facility go to or come from properties in tribal lands, you do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system. The Tribe or United States Environmental Protection Agency (EPA) regulates discharges within tribal lands.*

   ◉ No. **Proceed to question 2.**

   ○ N/A. **I am applying for municipal-wide/statewide coverage but will contact the Tribe or EPA if the discharge occurs within tribal lands. Proceed to question 2.**

   Note: Tribal lands can be identified on the Surface Water Data Viewer here: https://dnr.wi.gov/topic/surfacewater/Swdv/.

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2. Will the dewatering water be discharged to a sanitary sewer system that is conveyed to a publicly or privately-owned treatment works? A septic system is not considered a sanitary sewer. Please contact the owner of the treatment works for approval prior to discharging to the sanitary sewer.

   ○ Yes. **Your discharge is exempt from the need of a WPDES Permit.** *If all discharges from your facility go to a sanitary sewer, you do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system. If at some point in the future operations at your facility result in a discharge, you will need to inform the Department. If only some or no discharges from your facility go to the sanitary sewer, identify the receiving water for the other discharges below.*

   ◉ No. **Proceed to question 3.**

   ○ N/A. **I am applying for municipal-wide/statewide coverage but will contact the owner of the treatment works for approval prior to discharge to the sanitary sewer system. Proceed to question 3.**

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3. Will the dewatering operations at the site be covered under the Construction Site Stormwater Runoff WPDES General Permit (No. WI-S067831) or are carried out under the supervision and direction of the Wisconsin Department of Transportation (DOT)?

   ○ Yes. **Your discharge is exempt from coverage under this General Permit.** *If all dewatering operation discharges from your facility will be covered under the Construction Site Stormwater Runoff WPDES General Permit (No. WI-S067831) or are carried out under the supervision and direction of the DOT, you do not require coverage under this WPDES general permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system.*

   ◉ No. **Proceed to question 4.**

   ○ N/A. **I am applying for municipal-wide/statewide coverage but will notify the Department in accordance with Section 4.5 of permit when the dewatering discharge is not covered by the Construction Site Stormwater Runoff General Permit (No. WI-S067831). Proceed to question 4.**

   Note: The Construction Site Stormwater Runoff General Permit (No. WI-S067831) does not typically cover discharges from high capacity dewatering well systems. If such discharges are routed around or by-pass the storm water runoff control system, they are not covered by the Construction Site Stormwater Runoff General Permit. Additionally, any discharge that requires treatment with an oil/water separator is not covered by the Construction Site Stormwater Runoff General Permit.

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4. Will any of the following wastewaters be discharged or mixed with the dewatering water to surface water or groundwater: Contact or noncontact cooling water, water from boiler cleaning operations, air compressor condensate contaminated with oil and grease, softener regeneration backwash, contaminated groundwater, washwater, municipal wastewater, domestic wastewater, or process wastewaters from the production of any material or product, or other wastewater not otherwise cover by this general permit?

   ○ Yes. **Your discharge is not eligible for this General Permit**. *Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.*

   ◉ No. **Proceed to question 5.**

5. If the proposed discharge will be to a surface water, is the surface water classified as an exceptional resource water (ERW) or outstanding resource water (ORW) as defined in ch. NR 102, Wis. Adm. Code?

- ○ Yes. **Your discharge is not eligible for this General Permit.** *Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.*
- ○ No. **Proceed to question 6.**
- ◉ N/A. **The discharge will be to groundwater via seepage or a wetland. Proceed to question 6.**
- ○ N/A. **I am applying for municipal-wide/statewide coverage but will provide procedures of identifying ERWs or ORWs and alternative discharge approaches to encountered ERWs or ORWs in the best management practice plan. Proceed to question 6.**

Note: ERWs or ORWs can be identified on the Surface Water Data Viewer here: https://dnr.wi.gov/topic/surfacewater/Swdv/.

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6. Will the discharge contain water treatment additives (i.e. biocides such as microbicides, fungicides, molluscicdes, chlorine, etc.) or water quality conditioners (i.e. scale and corrosion inhibitors, pH adjustment chemicals, oxygen scavengers, conditioning agents, water softening compounds, settling agents, polymers, etc.) that may enter surface water or groundwater without receiving wastewater treatment or that are used in a treatment process but are not expected to be removed by wastewater treatment?

- ○ Yes. **For each additive used, please complete and attach an Additive Review Worksheet (Form 3400-213).** *Additive Review Worksheets must be completed to receive coverage under this general permit. The Additive Review Worksheet is not required for additives with active ingredients consisting of chlorine, hypochlorite, sulfuric acid, hydrochloric acid or sodium hydroxide. Also, chemicals used in an industrial process generating wastewater that eventually receives treatment or chemicals added as part of wastewater treatment process (such as ferric chloride, alum or pickle liquor) are not considered water treatment additives and need not require an additive review.*

  Proceed to question 7.
- ◉ No. **Proceed to question 7.**
- ○ N/A. **I am applying for municipal-wide/statewide coverage but will provide the Additive Review Worksheet to department for approval if an additive is used prior to discharge. Proceed to question 7.**

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7. Is a site map or plan attached to this NOI that shows the facility/project location and the location of each outfall in relation to the receiving water?

- ◉ Yes. **Proceed to question 8.**
- ○ No. **This form will be considered incomplete and returned to you.**
- ○ N/A. **I am applying for municipal-wide/statewide coverage but will notify the Department in accordance with Section 4.5 of permit of the discharge location. Proceed to question 8.**

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8. Is a best management practice (BMP) plan attached to this NOI that includes all the information necessary from Section 5 of the permit?

- ◉ Yes. **Proceed to Section IX.**
- ○ No. **A BMP plan is required to operate under this general permit. Select which applies below:**
  - ○ *Please select if your project was covered under the previous version of this general permit, the BMP plan shall be submitted to the department for review and approval not more than sixty (60) days from the effective date of this general permit.* **Proceed to Section IX.**
  - ○ *Please select if you are applying for coverage during the term of this general permit (prior to the expiration date), the BMP shall be submitted with this NOI.* **This form will be considered incomplete and returned to you.**

NOTE Fillable BMP plan forms are available on the general permits webpage. Form 3400-231 is for municipal/statewide coverage and Form 3400-232 is for site specific coverage. Permittees may complete and submit these fillable forms to satisfy the BMP plan requirement, or permittees may prepare their own BMP plans without using the forms; use of the forms is optional.

SECTION IX: COMMENTS

Notes:

1.The landowner for all sites in section 4 is Heartwood Forestland (details in section I). The landowner for all sites in section 9 is the Applicant (Badger Minerals LLC - Contact information in section II).

2. Section VII - Discharge Characterization - Average flow value is based on an estimate of maximum water usage used during drilling. During the drilling operation the volume of water within the sump is maintained to an adequate level as to provide sufficient water for the operation. Actual water additions to the sump vary due to the seepage rate within the sump and water loss down the drill hole. See attached Notice of Intent to Drill Document for additional details.

3. Section VIII - Eligibility Checklist #5 - Surface water used for drilling exploration boreholes is required by the DNR to be treated with chlorine bleach prior to use as a drilling fluid. The addition of certain additives may also be required depending on the soil/rock conditions during the advancement of the drill hole. The DNR requires that only department approved products can be used for drilling and sealing of wells/drill holes. See attached list of department approved products.

SECTION X: CERTIFICATION

This form must be signed by a responsible executive or municipal officer, manager, partner or proprietor as specified in s. 283.37(3), Wis. Stats., or a duly authorized representative of the officer, manager, partner or proprietor that has been delegated signature authority pursuant to s. NR 205.07(1)(g)2., Wis. Adm. Code. To delegate signatory authority to a duly authorized representative, please complete and attach a Delegation of Signature Authority (DSA) form (Form 3400-220) *to this NOI.*

I certify under penalty of law that these documents 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.

Authorized Representative Signature	Date Signed
Thomas O. Quigley	Feb. 25 2020
Applicant Signature (If different from Authorized Representative)	Date Signed