

**PENNINGTON COUNTY
BOARD OF COMMISSIONER'S MEETING
JUSTICE CENTER – COUNTY BOARD ROOM
TUESDAY, DECEMBER 14TH, 2021, 5:00 P.M.**

AGENDA

- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Amendments to the Agenda**
- 4. Recognition of Citizens** – Individual's present may address the Board about items not on the regular agenda; no action on these items is required at this time.
- 5. Approval of the Board minutes; bills**
- 6. Regular Agenda**

5:05	Erik Beitel – Emergency Mgmt. Director
5:15	Kayla Jore – ICNS Director
5:20	Mike Flaagan – County Engineer
5:35	Pennington County SWCD (via phone)
6:00	Budget Hearing
- 7. Committee Reports / Commissioner Updates**
- 8. County Auditor-Treasurer Items**
- 9. County Coordinator Items**
- 10. County Attorney Items**

11. Adjournment

(This agenda is subject to change)

Note: Due to COVID-19, ZOOM invites will be sent to those on the agenda and the agenda email list.

OFFICIAL PROCEEDINGS
PENNINGTON COUNTY BOARD OF COMMISSIONERS
TUESDAY, NOVEMBER 23rd, 2021, 5:00 P.M.

Pursuant to adjournment, the Pennington County Board of Commissioners met in the Pennington County Justice Center Board Room in Thief River Falls, MN, on Tuesday, November 23rd, 2021, at 5:00 p.m. Members Present: Seth Nelson, Bruce Lawrence, Darryl Tveitbakk, and Neil Peterson. Members absent: David Sorenson.

The meeting was called to order by Chairman Peterson and the Pledge of Allegiance was recited.

Chairman Peterson asked if there were any amendments to the agenda. The County Coordinator noted that Chief Deputy Seth Vettleson will replace County Sheriff Ray Kuznia on the agenda. Motioned by Commissioner Nelson, seconded by Commissioner Lawrence, to approve the Board agenda with the change presented. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to approve the County Board minutes of November 9th, 2021, as written. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Nelson, to approve the Auditor and Manual warrants totaling \$4,133,299.99, the Human Services warrants totaling \$173,169.32 and the following Commissioner warrants. Motion carried.

County Revenue	\$117,172.89
Road & Bridge	\$ 8,784.18

Meal reimbursements and per diems in the amount of \$57.10 were also approved.

Human Services Director Julie Sjostrand presented the consent agenda from the November 16th, 2021, Human Services Committee meeting. On a motion by Commissioner Nelson and seconded by Commissioner Tveitbakk, the following recommendations of the Pennington County Human Service Committee for November 16th, 2021 (detailed minutes on record) are hereby adopted:

SECTION A

- I. To approve the October 19th, 2021, Human Services Committee Meeting minutes.
- II. To approve the Agency's personnel action as presented.
- III.
 - A. To approve the CY 2022 Rural Transportation Collaborative access transportation service contract with Tri-Valley Opportunity Council, Inc. as presented.
 - B. To approve the CY 2022 Purchase of Service Agreement with the Occupational Development Center as presented.
 - C. To approve the purchase and installation of the following items and services from ReadTech Solutions as quoted.
 1. Two laptops
 2. Video equipment for conference room
 - D. To approve the CY 2022-2023 STAY Award letter from DHS for The Big Idea Funding as presented.

SECTION B

- I. To approve payment of the Agency's bills.

Ms. Sjostrand informed the Board that one of the rooftop heating and cooling units on the Human Services building needs to be replaced, it will soon be beyond repair.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to authorize the Building Committee to obtain quotes for a new heating, cooling, and HVAC system for Human Services. Motion carried.

Inter-County Nursing Director Kayla Jore presented an update on COVID-19. Minnesota is currently in the top 3 nationwide for positive cases with 212 since the beginning of November and 106 in the last week. Positive cases from home tests aren't reported so numbers are likely higher. ICNS has been giving booster shots and vaccinating kids 5+ years old, but they would like to see the county vaccination rate increase at a faster rate. With the holidays coming and people gathering indoors, she expects cases to rise. Chairman Peterson questioned hospitalization cases, with Ms. Jore stating that most involve the unvaccinated elderly population.

County Engineer Mike Flaagan requested a transfer of municipal construction funds into the regular construction account. The following resolution was introduced by Commissioner Lawrence, seconded by Commissioner Nelson, and upon vote was unanimously carried.

RESOLUTION

WHEREAS, Minnesota Statute 162.08, Sub 4 (3d), provides that accumulated balances in excess of two years of municipal account apportionments may be spent on projects located outside of municipalities under 5000 population when approved solely by resolution of the County Board.

NOW, THEREFORE, BE IT RESOLVED, that the Commissioner of Transportation transfer \$95,500 in excess of two years apportionment into the Regular Construction Account.

Engineer Flaagan stated that the roundabout project near Challenger school, SAP#57-607-010, is complete other than some final cleanup. Total cost of the project is \$2,866,295.54. The following resolution was introduced by Commissioner Lawrence, seconded by Commissioner Nelson, and upon vote was unanimously carried. Mike noted that he will not release the check until the cleanup is complete. Motion carried.

RESOLUTION

WHEREAS, SAP#057-607-010 (Challenger roundabout) has in all things been completed, and the County Board being fully advised in the premises;

NOW THEN, BE IT RESOLVED, that we do hereby accept said completed project for and on behalf of the Pennington County Highway Dept. and authorize final payment as specified herein.

A ditch levy meeting was scheduled for December 10th, 2021, at 8:00 a.m.

Interviews for the position of Signman at the Highway Department will be held at the Highway Department on December 1st, 2021, starting at 8:15 a.m.

Engineer Flaagan noted that Sentence to Serve has almost finished with the canopy for the oil and filter recycling location in Goodridge; the oil tank can be moved in once the canopy it's complete.

Chief Deputy Seth Vettleon presented the following LEC items:

Motioned by Commissioner Nelson, seconded by Commissioner Lawrence, to approve the budgeted purchase of an aluminum trailer from Galaxie Auto and Trailer Sales for Sentence to Serve at a cost of \$7,972.00. Motion carried. Mr. Vettleon noted that the old trailer will be kept and later sold at auction.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to approve the transfer of Patricia Braaten from Part-Time Corrections Officer to Full-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to approve the transfer of Tara Pfeiffer from Part-Time Corrections Officer to Full-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to approve the transfer of Heather Borgen from Part-Time Corrections Officer to Full-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to approve the transfer of Preston Altendorf from Part-Time Corrections Officer to Full-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to approve the hire of Angella Rose Amiot as Part-Time Dispatcher/Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to approve the hire of Edwin Lopez as Full-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to approve the hire of Denise Kilen as Part-Time Corrections Officer effective November 24th, 2021. Motion carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to accept a resignation letter from Tanner Wellman as Corrections Sergeant effective November 29th, 2021, as he has accepted a position as Dispatcher/Corrections Officer. Motion carried.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to approve the transfer of Tanner Wellman from Full-Time Corrections Sergeant to Part-Time Dispatcher/Corrections Officer at the Step 2 wage of \$22.75 per hour, effective November 29th, 2021. Motion carried.

Committee Reports / Commissioner Updates: None.

County Auditor-Treasurer Items: None.

County Coordinator Items:

County Coordinator Kevin Erickson stated that three firms, BKV Group, Foss Architects, and SEH, responded to a Request for Qualifications regarding the proposed 3rd floor remodel of the Government Center. The Building Committee met last week and reviewed the responses. Commissioner Tveitbakk commented that SEH is currently working on the TRF Airport Hangar project, and they have been pleased with their work, communication, etc.

Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to retain the architectural firm of SEH for the proposed Government Center 3rd floor remodel project. Commissioner Tveitbakk then discussed some proposed ideas for the 3rd floor, including renovation so that Human Services can be housed in the building. If approved, the firm could also analyze the Human Services building for possible renovation. Commissioner Nelson agreed that all options should be explored for both buildings. Hearing no further discussion, the motion was carried.

The following resolution was introduced by Commissioner Tveitbakk, seconded by Commissioner Nelson, and upon vote was unanimously carried.

RESOLUTION

BE IT RESOLVED, that Northern State Bank of Thief River Falls, MN be designated as a depository of public funds of Pennington County, MN for the term of two years from the date of approval, November 23rd, 2021.

The County Coordinator noted that in response to a Public Notice, two individuals have expressed written interest in representing Pennington County on the Red Lake Watershed Board of Managers: Dale Nelson and David Strong. Motioned by Commissioner Tveitbakk, seconded by Commissioner Lawrence, to re-appoint Dale Nelson to the Red Lake Watershed Board of Managers for a three-year term beginning January 1st, 2022. Motion carried.

Mr. Erickson presented two proposals received from Northern Woodwork, Inc. for cabinets in the jury breakroom and a court breakroom area at the Justice Center, as requested by Court Administration. Following discussion, Commissioner Tveitbakk motioned, seconded by Commissioner Nelson, to table the issue until the December 14th, 2021, Board meeting. Motion carried.

County Attorney Items:

County Attorney Seamus Duffy noted that face coverings/masks are still required on the 2nd floor of the Justice Center.

Commissioner Lawrence discussed term limitations for appointees to the ICNS Board of Directors that the County Board approved back in 2014. The language states a limit of four consecutive, two-year terms then a one-year break before reappointment could occur. Motioned by Commissioner Lawrence, seconded by Commissioner Tveitbakk, to eliminate the term limitations for ICNS Board of Director appointments effective immediately. Discussion followed with Commissioner Lawrence noting that while he understands why the limits were established, it has become more difficult to fill positions on the Board and term limitations can eliminate people that are serving and serving well. Hearing no further discussion, the motion was carried.

Motioned by Commissioner Lawrence, seconded by Commissioner Nelson, to re-appoint Lorna Peterson and Caron Alten to the Inter-County Nursing Service Board of Directors for the period of January 1st, 2022, to December 31st, 2023. Motion carried.

Motioned by Commissioner Nelson, seconded by Commissioner Lawrence, to adjourn the Board meeting to December 14th, 2021, at 5:00 p.m. Motion carried.

ATTEST:

Kevin Erickson, County Coordinator
Pennington County

Neil Peterson, Chairman
Board of Commissioners

DRAFT

KEVIN
12/14/21

12:58PM

Pennington County Financial System



Audit List for Board

COMMISSIONER'S VOUCHERS ENTRIES

Page 1

Print List in Order By: 1
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

Pennington County Financial System



KEVIN
12/14/21 12:58PM

Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
142	1604 ACCURATE CONTROLS, INC 01-251-000-0000-6631		355.80	INTERCOMS/SWITCHES	16723	FURNITURE & EQUIPMENT - JAIL	N
	1604 ACCURATE CONTROLS, INC		355.80	1 Transactions			
146	1011 ACE HARDWARE 01-259-000-0000-6801		4.47	CHAIN WEIGHT MACHINE PROGRAMMI	92915	MISCELLANEOUS EXPENSE - CANTI	N
51	01-501-000-0000-6300		4.16	BOLTS & WASHERS VB NET - AUDIT	92948	REPAIRS & MAINTENANCE	N
52	01-501-000-0000-6300		5.59	MOUSETRAP FOR AUDITORIUM	93815	REPAIRS & MAINTENANCE	N
53	01-003-000-0000-6401		7.49	SCREW FOR MAP IN BOARD ROOM	94128	SUPPLIES - BOARD	N
55	01-111-000-0000-6403		13.99	HEX KEY SET	94154	JANITORIAL SUPPLIES - COURTHOL	N
56	01-111-000-0000-6403		13.99-	RETURNED HEX KEY SET	94183	JANITORIAL SUPPLIES - COURTHOL	N
54	01-003-000-0000-6401		6.57-	RETURNED SCREW FOR MAP	94253	SUPPLIES - BOARD	N
50	01-601-000-0000-6401		11.18	OFFICE SUPPLIES ACCT # 340	94655	SUPPLIES - EXTENSION	N
57	01-501-000-0000-6300		19.97	VALVE FOR RADIATOR - AUDITORIU	94675	REPAIRS & MAINTENANCE	N
58	01-111-000-0000-6300		5.99	DUCT TAPE - GOV'T CENTER	94909	REPAIRS & MAINTENANCE	N
59	01-111-000-0000-6403		4.59	PAIL - GOV'T CENTER	94909	JANITORIAL SUPPLIES - COURTHOL	N
	1011 ACE HARDWARE		56.87	11 Transactions			
279	20365 AXON ENTERPRISE, INC. 01-252-000-0000-6330		972.90	30 TASER TRAINING CARTRIDGES	INUS037527	TRAVEL & EXPENSE	N
278	01-251-000-0000-6245		972.90	30 TASER TRAINING CARTRIDGES	INUS037528	CONTINUING EDUCATION	N
	20365 AXON ENTERPRISE, INC.		1,945.80	2 Transactions			
125	2360 BENSON/ASHLEY 01-106-000-0000-6330		80.64	MILEAGE - ASSESSING - ROCKSBUR	11221223821	TRAVEL & EXPENSE	N
124	01-106-000-0000-6330		8.96	MILEAGE - ASSESSING - ROCKSBUR	112221	TRAVEL & EXPENSE	N
123	01-106-000-0000-6330		59.36	MILEAGE - ASSESSING - WYANDOTT	11222421	TRAVEL & EXPENSE	N
122	01-106-000-0000-6241		400.00	IAAO APPRAISER COURSE	321-2422	DUES - ASSESSOR	N
	2360 BENSON/ASHLEY		548.96	4 Transactions			
175	999999997 BRAATEN/PAT 01-251-000-0000-6245		56.43	REIMBURSE - BOOK - CORR TRAIN		CONTINUING EDUCATION	N
176	01-251-000-0000-6245		15.98	REIMBURSE - BOOK - CORR TRAIN		CONTINUING EDUCATION	N
173	01-251-000-0000-6330		34.23	REIMBURSE - TRANSPORT FUEL	112221	TRAVEL & EXPENSE	N
174	01-251-000-0000-6330		38.71	REIMBURSE - TRANSPORT FUEL	112221	TRAVEL & EXPENSE	N
	999999997 BRAATEN/PAT		145.35	4 Transactions			
145	3408 CODE 4 SERVICES INC 01-201-000-0000-6304		111.54	REPAIR 2015 TAHOE	6732	REPAIR & MAINTENANCE - SQUADS	N

Pennington County Financial System



KEVIN
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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
3408	CODE 4 SERVICES INC		111.54		1 Transactions		
3311	COLE PAPERS, INC.						
7	01-111-000-0000-6403		32.71	BRUTE CAN LINERS	10069644	JANITORIAL SUPPLIES - COURTHOU	N
8	01-111-000-0000-6403		60.89	PINK FOAM SOAP	10069644	JANITORIAL SUPPLIES - COURTHOU	N
9	01-111-000-0000-6403		60.89-	PINK FOAM SOAP	10069644	JANITORIAL SUPPLIES - COURTHOU	N
6	01-800-000-0000-6403		130.84	BRUTE CAN LINERS	10069644	JANITORIAL SUPPLIES	N
1	01-800-000-0000-6300		40.12	BRUTE CONTAINER	10070979	REPAIRS & MAINTENANCE	N
4	01-218-000-0000-6403		132.07	SCOTT TOWELS	10070988	JANITORIAL SUPPLIES	N
2	01-800-000-0000-6403		41.77	DISINFECTANT	10070988	JANITORIAL SUPPLIES	N
3	01-800-000-0000-6403		264.14	SCOTT TOWELS	10070988	JANITORIAL SUPPLIES	N
5	01-800-000-0000-6403		24.53	BATH TISSUE	10070988	JANITORIAL SUPPLIES	N
27	01-111-000-0000-6403		58.54	PINK FOAMING SOAP	10071458	JANITORIAL SUPPLIES - COURTHOU	N
288	01-218-000-0000-6403		68.80	GARBAGE BAGS - JC	10076253	JANITORIAL SUPPLIES	N
287	01-800-000-0000-6403		103.20	GARBAGE BAGS - SS	10076253	JANITORIAL SUPPLIES	N
3311	COLE PAPERS, INC.		896.72		12 Transactions		
3138	CREATIVE FORMS AND CONCEPTS						
10	01-801-000-0000-6401		886.84	W2,W3,1099,1096,ENVELOPES	119110	SUPPLIES-UNALLOCATED	N
3138	CREATIVE FORMS AND CONCEPTS		886.84		1 Transactions		
4310	D & T VENTURES						
291	01-070-000-0000-6301		450.00	PROPERTY TAX WEBSITE SUPPORT	301457	MAINTENANCE AGREEMENT	N
4310	D & T VENTURES		450.00		1 Transactions		
4355	DACOTAH PAPER						
159	01-251-000-0000-6403		794.58	TOLIET TISSUE	21248	JANITORIAL SUPPLIES - JAIL	N
158	01-251-000-0000-6403		324.82	BATHROOM CLEANER	21249	JANITORIAL SUPPLIES - JAIL	N
4355	DACOTAH PAPER		1,119.40		2 Transactions		
999999997	DAKOTA WHOLESALE TIRE						
177	01-201-000-0000-6304		589.68	TIRES #6	586846	REPAIR & MAINTENANCE - SQUADS	N
999999997	DAKOTA WHOLESALE TIRE		589.68		1 Transactions		
4348	DUFFY/SEAMUS						
30	01-091-000-0000-6330		302.34	LODGING - ANNUAL CONFERENCE	121-12221	TRAVEL & EXPENSE	N
31	01-091-000-0000-6330		15.00	MEAL- ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
32	01-091-000-0000-6330		16.95	MEAL- ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
33	01-091-000-0000-6330		10.99	MEAL- ANNUAL CONFERENCE	12221	TRAVEL & EXPENSE	N
34	01-091-000-0000-6330		4.89	MEAL- ANNUAL CONFERENCE	12321	TRAVEL & EXPENSE	N

Pennington County Financial System



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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

1 County Revenue

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
	4348 DUFFY/SEAMUS		350.17	5 Transactions		
	6001 FALLS DIVERSE ABILITIES CORPORATION					
293	01-501-000-0000-6262		70.70	CLEAN AUDITORIUM	17831	OTHER SERVICES N
294	01-501-000-0000-6262		75.75	CLEAN AUDITORIUM	17841	OTHER SERVICES N
	6001 FALLS DIVERSE ABILITIES CORPORATION		146.45	2 Transactions		
	6313 FALLS TOWING					
134	01-201-000-0000-6801		285.00	TOW CHEVY SIVERADO 21-4315	16823	MISCELLANEOUS EXPENSE Y
	6313 FALLS TOWING		285.00	1 Transactions		
	6006 FARMERS UNION OIL					
127	01-290-000-0000-6560		48.12	FUEL - NOVEMBER 2021		Gas & Diesel N
	6006 FARMERS UNION OIL		48.12	1 Transactions		
	6349 FASTENAL COMPANY					
178	01-218-000-0000-6300		304.69	FILTERS	MNROS118807	REPAIRS & MAINTENANCE N
	6349 FASTENAL COMPANY		304.69	1 Transactions		
	6305 FLAAGAN/JODI					
121	01-013-000-0000-6853		2,152.50	61.5 HRS @\$35 TZD GRANT		TOWARD ZERO DEATH GRANT Y
	6305 FLAAGAN/JODI		2,152.50	1 Transactions		
	7339 GALAXIE AUTO SALES & TRAILER SALES					
45	01-255-000-0000-6405		450.00	SPARE RIM/TRAILER TIRE		GENERAL SUPPLIES - S.T.S. Y
44	01-255-000-0000-6631		7,400.00	2022 24 FT TRAILER		SUPPLIES & EQUIPMENT - S.T.S. Y
	7339 GALAXIE AUTO SALES & TRAILER SALES		7,850.00	2 Transactions		
	7317 GALLS, LLC					
147	01-251-000-0000-6420		63.01	LS SHIRT - SO	19807013	JAILER UNIFORMS N
149	01-201-000-0000-6450		84.84	GEAR - #3	19807141	PART-TIME DEPUTY'S UNIFORMS N
148	01-220-000-0000-6420		54.40	JACKET - TW	19807141	UNIFORMS N
150	01-251-000-0000-6420		251.99	3 PAIR PANTS - SO	19874150	JAILER UNIFORMS N
	7317 GALLS, LLC		454.24	4 Transactions		
	999999997 GEOLAND MANAGMENT LLC					
269	01-106-000-0000-6240		400.00	AGRIDATA SOFTWARE	78953	SUBSCRIPTIONS N
	999999997 GEOLAND MANAGMENT LLC		400.00	1 Transactions		
	8328 HANSON/KRISTIN					

Pennington County Financial System



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1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
28	01-091-000-0000-6330		148.16	LODGING - ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
29	01-091-000-0000-6330		12.90	MEAL - ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
	8328 HANSON/KRISTIN		161.06	2 Transactions			
	8331 HARDWARE HANK						
179	01-201-000-0000-6405		11.75	EXTENSION CORD	22113768	GENERAL SUPPLIES	N
	8331 HARDWARE HANK		11.75	1 Transactions			
	8413 HERZBERG/JENNIFER						
130	01-041-000-0000-6330		336.00	MILEAGE - AMC - BLOOMINGTON		TRAVEL & EXPENSE	N
80	01-801-000-0000-6401		29.95	REIMB LOCAL CALENDAR		SUPPLIES-UNALLOCATED	N
132	01-041-000-0000-6330		19.78	MEAL - AMC - BLOOMINGTON	120721	TRAVEL & EXPENSE	N
131	01-041-000-0000-6330		9.79	MEAL - AMC - BLOOMINGTON	120821	TRAVEL & EXPENSE	N
	8413 HERZBERG/JENNIFER		395.52	4 Transactions			
	8412 HOFFMAN, PHILIPP, & MARTELL, PLLC						
138	01-041-000-0000-6262		9,135.00	2020 AUDIT - FINAL		OTHER SERVICES-AUDITOR	N
	8412 HOFFMAN, PHILIPP, & MARTELL, PLLC		9,135.00	1 Transactions			
	8014 HUGOS #7						
113	01-003-000-0000-6330		8.93	FOOD FOR MEETING - 11-23-21	1155	TRAVEL & EXPENSE	N
82	01-601-000-0000-6401		8.82	OFFICE SUPPLIES	1157	SUPPLIES - EXTENSION	N
	8014 HUGOS #7		17.75	2 Transactions			
	7012 JOHNSON-GREEN FUNERAL SERVICE INC						
135	01-206-000-0000-6262		510.00	TRANSPORT TO GF	120621	OTHER SERVICES-CORONER	N
	7012 JOHNSON-GREEN FUNERAL SERVICE INC		510.00	1 Transactions			
	11424 KAMINSKY, SULLENBERGER & ASSOCIATE						
285	01-251-000-0000-6245		750.00	FTO TRAINING SK,TBD	20220306	CONTINUING EDUCATION	N
	11424 KAMINSKY, SULLENBERGER & ASSOCIATE		750.00	1 Transactions			
	99999997 KNUTSON/RANDY						
265	01-218-000-0000-6300		20.28	BLOW GUN - CLEAN AC UNIT		REPAIRS & MAINTENANCE	N
	99999997 KNUTSON/RANDY		20.28	1 Transactions			
	99999997 LACOURSIERE/MAX						
106	01-091-000-0000-6330		316.08	LODGING - ANNUAL CONFERENCE	121-12221	TRAVEL & EXPENSE	N
107	01-091-000-0000-6330		178.01	FLIGHT - ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
108	01-091-000-0000-6330		15.00	MEAL - ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N

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1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
109	01-091-000-0000-6330		16.95	MEAL - ANNUAL CONFERENCE	12121	TRAVEL & EXPENSE	N
110	01-091-000-0000-6330		14.99	MEAL - ANNUAL CONFERENCE	12221	TRAVEL & EXPENSE	N
999999997	LACOURSIERE/MAX		541.03	5 Transactions			
12323	LAWRENCE/BRUCE						
261	01-003-000-0000-6330		429.48	LODDGING - AMC - BLOOMINGTON	125-721	TRAVEL & EXPENSE	N
262	01-003-000-0000-6330		25.00	MEAL - AMC - BLOOMINGTON	12521	TRAVEL & EXPENSE	N
263	01-003-000-0000-6330		19.98	MEAL - AMC - BLOOMINGTON	12521	TRAVEL & EXPENSE	N
264	01-003-000-0000-6330		19.70	MEAL - AMC - BLOOMINGTON	12621	TRAVEL & EXPENSE	N
12323	LAWRENCE/BRUCE		494.16	4 Transactions			
12037	LEE PLUMBING & HEATING						
120	01-218-000-0000-6300		80.00	LABOR - BOILERS - JUSTICE CTR	85632	REPAIRS & MAINTENANCE	N
12037	LEE PLUMBING & HEATING		80.00	1 Transactions			
13498	MARCO TECHNOLOGIES LLC						
49	01-101-000-0000-6301		15.56	EQ442257 MAINTENANCE AGREEMENT	INV9301864	MAINTENANCE AGREEMENT	N
11	01-132-000-0000-6301		51.26	EQ465509 MAINTENANCE AGREEMENT	INV9356774	MAINTENANCE AGREEMENT	N
12	01-801-000-0000-6301		165.32	EQ1019556 MAINTENANCE AGREEMNT	INV9367125	MAINTENANCE AGREEMENT	N
111	01-091-000-0000-6301		109.16	EQ767167 MAINTENANCE AGREEMENT	INV9376115	MAINTENANCE AGREEMENT	N
81	01-601-000-0000-6301		15.00	TD102077 MAINTENANCE AGREEMENT	INV9384592	MAINTENANCE AGREEMENT	N
172	01-101-000-0000-6301		9.09	EQ442257 MAINTENANCE AGREEMENT	INV9397263	MAINTENANCE AGREEMENT	N
13498	MARCO TECHNOLOGIES LLC		365.39	6 Transactions			
13535	MEND CORRECTIONAL CARE, PLLC						
157	01-251-000-0000-6255		7,803.00	HEALTH CARE SERVICES - DEC 202	6202	MEDICAL - LOCAL	6
13535	MEND CORRECTIONAL CARE, PLLC		7,803.00	1 Transactions			
13322	MINNESOTA STATE TREASURER						
119	01-101-000-0000-6801		4.50	REGISTERED LAND		MISCELLANEOUS EXPENSE - RECO	N
115	01-101-000-0000-6825		105.00	MARRIAGE SURCHARGE		MARRIAGE SURCHARGES MN - REC	N
118	01-101-000-0000-6827		2,299.50	RECORDER & REGISTRAR'S FEES		STATE SURCHARGES	N
114	01-101-000-0000-6829		144.00	CHILDREN'S SURCHARGE		CHILDREN SURCHARGE MN - RECO	N
116	01-101-000-0000-6831		632.00	BIRTH/DEATH SURCHARGE		BIRTH/DEATH CERTIF SURCHARGE	N
117	01-101-000-0000-6848		480.00	BIRTH RECORD SURCHARGE		BIRTH DEFECT SURCHARGE	N
13322	MINNESOTA STATE TREASURER		3,665.00	6 Transactions			
13355	MN COUNTIES COMPUTER COOP						
13	01-091-000-0000-6401		238.44	ADOBE ACROBAT PRO DC S	2111032	SUPPLIES	N

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
	13355 MN COUNTIES COMPUTER COOP		238.44	1 Transactions		
	13033 MN COUNTIES INTERGOVERNMENTAL TRU					
128	01-605-000-0000-6354		623.00	WORKMANS COMP AUDIT	1089	INSURANCE - WORKMAN'S COMP N
129	01-801-000-0000-6354		8,291.00	WORKMANS COMP AUDIT	1139	INSURANCE - WORKMAN'S COMP N
	13033 MN COUNTIES INTERGOVERNMENTAL TRU		8,914.00	2 Transactions		
	13035 MN COUNTY ATTORNEYS ASSN					
271	01-091-000-0000-6241		2,666.00	2022 MCAA DUES	22088	DUES N
	13035 MN COUNTY ATTORNEYS ASSN		2,666.00	1 Transactions		
	13391 MN DEPT OF LABOR & INDUSTRY					
143	01-218-000-0000-6300		200.00	ANNUAL ELEVATOR OPERATING	ALR128318X	REPAIRS & MAINTENANCE N
	13391 MN DEPT OF LABOR & INDUSTRY		200.00	1 Transactions		
	13406 MOECO FIRE & SAFETY					
144	01-218-000-0000-6300		78.55	ANNUAL CERTIFICATION INSPECTIO	A1811	REPAIRS & MAINTENANCE N
	13406 MOECO FIRE & SAFETY		78.55	1 Transactions		
	14478 NELSON/SETH					
35	01-003-000-0000-6330		59.36	NOVEMBER MILEAGE		TRAVEL & EXPENSE N
	14478 NELSON/SETH		59.36	1 Transactions		
	999999997 NERHUS/ASHLEY					
83	01-601-000-0000-6401		26.71	REIMBURSE OFFICE PPE EQUIPMENT		SUPPLIES - EXTENSION N
	999999997 NERHUS/ASHLEY		26.71	1 Transactions		
	14440 NORTHDALE OIL INC.					
38	01-218-000-0000-6300		13.03	GAS - SNOWBLOWER	5357-2	REPAIRS & MAINTENANCE N
	14440 NORTHDALE OIL INC.		13.03	1 Transactions		
	14033 NORTHERN STATE BANK					
277	01-201-000-0000-6450		15.00	REIMBURSE PETTY CASH - PATCHES		PART-TIME DEPUTY'S UNIFORMS N
274	01-201-000-0000-6801		4.30	REIMBURSE PETTY CASH - USPS		MISCELLANEOUS EXPENSE N
275	01-201-000-0000-6801		9.80	REIMBURSE PETTY CASH - USPS		MISCELLANEOUS EXPENSE N
276	01-251-000-0000-6330		45.50	REIMBURSE PETTY CASH - HOLIDAY		TRAVEL & EXPENSE N
	14033 NORTHERN STATE BANK		74.60	4 Transactions		
	14123 NORTHWEST BEVERAGE INC					
26	01-801-000-0000-6801		37.50	WATER BILL - NOVEMBER	005447	MISCELLANEOUS EXPENSE N

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280	01-220-000-0000-6801		38.00	WATER	1239558	MISCELLANEOUS EXPENSE	N
281	01-251-000-0000-6801		16.25	WATER	1240185	MISCELLANEOUS EXPENSE - JAIL	N
75	01-091-000-0000-6801		22.75	WATER BILL - ATTORNEY - NOV	1240193	MISCELLANEOUS EXPENSE	N
282	01-251-000-0000-6801		38.00	WATER	1241412	MISCELLANEOUS EXPENSE - JAIL	N
283	01-220-000-0000-6801		20.00	MONTHLY RENTAL - NOVEMBER	1241828	MISCELLANEOUS EXPENSE	N
284	01-251-000-0000-6801		10.00	MONTHLY RENTAL - NOVEMBER	1241828	MISCELLANEOUS EXPENSE - JAIL	N
100	01-601-000-0000-6401		19.00	WATER BILL - EXTENSION - NOV	7961	SUPPLIES - EXTENSION	N
14123	NORTHWEST BEVERAGE INC		201.50	8 Transactions			
15323	OFFICE DEPOT						
18	01-003-000-0000-6401		52.51	TONER	210525022001	SUPPLIES - BOARD	N
16	01-041-000-0000-6401		15.37	STAPLER	210525022001	SUPPLIES - AUDITOR	N
19	01-041-000-0000-6401		48.57	TONER	210525022001	SUPPLIES - AUDITOR	N
14	01-801-000-0000-6401		0.88	CAP ERASERS	210525022001	SUPPLIES-UNALLOCATED	N
15	01-801-000-0000-6401		2.25	LEAD	210525022001	SUPPLIES-UNALLOCATED	N
17	01-801-000-0000-6401		3.08	SIGN HERE TAPE FLAGS	210525022001	SUPPLIES-UNALLOCATED	N
155	01-220-000-0000-6401		57.98	PAPER,TAPE	210867661001	SUPPLIES	N
152	01-220-000-0000-6405		24.39	CD'S	210918395002	GENERAL SUPPLIES	N
153	01-220-000-0000-6401		17.59	LEGAL PAPER	210918588001	SUPPLIES	N
151	01-220-000-0000-6405		7.67	CD SLEEVES	210918590001	GENERAL SUPPLIES	N
126	01-041-000-0000-6401		27.74	REPORT COVERS	213040408001	SUPPLIES - AUDITOR	N
154	01-203-000-0000-6801		84.99	TONER/INVESTIGATIE AREA	213284074001	GUN PERMIT - MISC	N
15323	OFFICE DEPOT		343.02	12 Transactions			
13329	OFFICE OF MNIT SERVICES						
268	01-070-000-0000-6263		1,338.65	NOVEMBER FIBER USAGE	DV21110378	COMPUTER SERVICES - DP	N
13329	OFFICE OF MNIT SERVICES		1,338.65	1 Transactions			
15329	OIL BOYZ EXPRESS LUBE INC						
40	01-201-000-0000-6304		61.13	OIL CHANGE/SERVICE - #12	168993	REPAIR & MAINTENANCE - SQUADS	N
136	01-201-000-0000-6304		270.91	BRAKE PADS/ROTORS #08	169212	REPAIR & MAINTENANCE - SQUADS	N
42	01-201-000-0000-6304		61.13	OIL CHANGE/SERVICE - #11	169287	REPAIR & MAINTENANCE - SQUADS	N
41	01-221-000-0000-6801		67.74	OIL CHANGE/SERVICE - TF #10	169417	MISCELLANEOUS EXPENSE	N
137	01-201-000-0000-6304		61.13	OI CHANGE/SERVICE #08	169521	REPAIR & MAINTENANCE - SQUADS	N
15329	OIL BOYZ EXPRESS LUBE INC		522.04	5 Transactions			
999999997	PAUTZKE/TAMRA						
272	01-271-000-0000-6262		256.49	SECURITY CAMERAS		OTHER SERVICES - A.E.S.	N
273	01-271-000-0000-6262		33.99	3 YEAR PROTECTION PLAN		OTHER SERVICES - A.E.S.	N

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
999999997	PAUTZKE/TAMRA		290.48		2 Transactions		
16313	PENNINGTON COUNTY AUDITOR						
20	01-601-000-0000-6209		90.15	POSTAGE FOR OCTOBER	4138	POSTAGE	N
21	01-601-000-0000-6300		50.00	REIMBURSE READITECH	4138	REPAIRS & MAINTENANCE	N
16313	PENNINGTON COUNTY AUDITOR		140.15		2 Transactions		
16359	PENNINGTON COUNTY CRIME VICTIM						
23	01-271-000-0000-6262		150.00	3 \$50 GAS CARDS -2 FOR TRIAL	57-CR-21-404	OTHER SERVICES - A.E.S.	N
22	01-270-000-0000-6262		30.30	BOOKMARKS, POSTAGE & DONATION	CHK 1087	OTHER SERVICES-CRIME VICTIM	N
270	01-270-000-0000-6262		100.00	HRO FILING 57-CV-21-821	CHK#1088	OTHER SERVICES-CRIME VICTIM	N
16359	PENNINGTON COUNTY CRIME VICTIM		280.30		3 Transactions		
16346	PETERSON/LISA						
105	01-091-000-0000-6262		38.25	TRANSCRIPTS 57-CR-20-1678	685	OTHER SERVICES	Y
16346	PETERSON/LISA		38.25		1 Transactions		
16362	PETERSON/NEIL						
160	01-003-000-0000-6330		82.88	NOVEMBER MILEAGE		TRAVEL & EXPENSE	N
161	01-003-000-0000-6330		429.48	LODGING - AMC - BLOOMINGTON	125-721	TRAVEL & EXPENSE	N
16362	PETERSON/NEIL		512.36		2 Transactions		
16048	POSTMASTER						
43	01-201-000-0000-6801		100.00	PO BOX 484 RENT		MISCELLANEOUS EXPENSE	N
16048	POSTMASTER		100.00		1 Transactions		
19302	STERICYCLE						
39	01-251-000-0000-6405		280.62	QUARTERLY FEE & ENERGY CHARGE	4010577331	GENERAL SUPPLIES - JAIL	N
19302	STERICYCLE		280.62		1 Transactions		
19310	STONE'S MOBILE RADIO						
36	01-201-000-0000-6304		20.00	SHIP PARTS - CODE 4	2046147	REPAIR & MAINTENANCE - SQUADS	N
19310	STONE'S MOBILE RADIO		20.00		1 Transactions		
19413	STONE/STEVE						
61	01-121-000-0000-6330		22.06	MILEAGE - PICTURES - OKLEE		TRAVEL & EXPENSE	N
66	01-121-000-0000-6330		250.00	CVSO DUES & CONF REG		TRAVEL & EXPENSE	N
65	01-121-000-0000-6330		114.75	NEWSPAPER AD - TRF TIMES - VET	111021	TRAVEL & EXPENSE	N
60	01-121-000-0000-6330		20.00	MEAL - VET MEETING - TRF	113021	TRAVEL & EXPENSE	N
62	01-121-000-0000-6330		157.42	MILEAGE - CVSO TRAIN - MOORHEA	11321	TRAVEL & EXPENSE	N

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
63	01-121-000-0000-6330		105.96	LODGING - CVSO TRAIN - MOORHEA	11321	TRAVEL & EXPENSE	N
64	01-121-000-0000-6330		16.08	MEAL - CVSO TRAIN - MOORHEAD	11321	TRAVEL & EXPENSE	N
67	01-121-000-0000-6330		24.05	MEAL - CVSO MTG - WARROAD	62421	TRAVEL & EXPENSE	N
68	01-121-000-0000-6330		97.38	MILEAGE - CVSO MTG - WARROAD	62421	TRAVEL & EXPENSE	N
72	01-121-000-0000-6330		106.06	MILEAGE - BELTRAMI VET HOME GR	82621	TRAVEL & EXPENSE	N
73	01-121-000-0000-6330		18.32	MEAL - VET HOME GRD BRK - BEMI	82621	TRAVEL & EXPENSE	N
69	01-121-000-0000-6330		131.07	LODGING - CVSO MTG - PARK RAPI	8521	TRAVEL & EXPENSE	N
70	01-121-000-0000-6330		30.00	MEAL - CVSO MTG - PARK RAPIDS	8521	TRAVEL & EXPENSE	N
71	01-121-000-0000-6330		133.56	MILEAGE - CVSO MTG - PARK RAPI	8521	TRAVEL & EXPENSE	N
74	01-121-000-0000-6330		200.87	MILEAGE - CVSO CONF - NISSWA	912-91521	TRAVEL & EXPENSE	N
19413	STONE/STEVE		1,427.58	15 Transactions			
19550	SUMMIT FOOD SERVICE MANAGEMENT LL						
170	01-251-000-0000-6427		226.36	JAIL MEALS 8/28/21 - 9/3/21BAL	121367	JAIL MEALS	N
171	01-251-000-0000-6427		375.02	JAIL MEALS 9/18/21 - 9/2/21BAL	123199	JAIL MEALS	N
162	01-251-000-0000-6427		3,461.88	JAIL MEALS 9/25/21 - 10/1/21	123754	JAIL MEALS	N
163	01-251-000-0000-6427		3,468.71	JAIL MEALS 10/2/21 - 10/8/21	124487	JAIL MEALS	N
164	01-251-000-0000-6427		3,556.10	JAIL MEALS 10/9/21 - 10/15/21	125061	JAIL MEALS	N
165	01-251-000-0000-6427		3,531.45	JAIL MEALS 10/16/21 - 10/22/21	125061	JAIL MEALS	N
166	01-251-000-0000-6427		3,401.39	JAIL MEALS 11/6/21 - 11/12/21	127429	JAIL MEALS	N
167	01-251-000-0000-6427		3,322.86	JAIL MEALS 11/13/21 - 11/19/21	127975	JAIL MEALS	N
168	01-251-000-0000-6427		3,265.01	JAIL MEALS 11/20/21 - 11/26/21	128529	JAIL MEALS	N
169	01-251-000-0000-6427		3,415.66	JAIL MEALS 11/27/21 - 12/3/21	129095	JAIL MEALS	N
19550	SUMMIT FOOD SERVICE MANAGEMENT LL		28,024.44	10 Transactions			
19362	SUNDBY CLEANING, LLC						
25	01-800-000-0000-6262		1,800.00	NOVEMBER CLEANING - SS	LEC1121	OTHER SERVICES-WELFARE BUILD	Y
24	01-218-000-0000-6262		1,300.00	NOVEMBER CLEANING - LEC	PC1121	OTHER SERVICES	Y
19362	SUNDBY CLEANING, LLC		3,100.00	2 Transactions			
20027	THE TIMES						
90	01-106-000-0000-6231		55.50	DEP ASSESSOR AD - TIMES	111021	PUBLISHING - ASSESSOR	N
91	01-003-000-0000-6231		282.44	PROCEEDINGS OF 10/26/21	111721	PUBLISHING - BOARD	N
92	01-106-000-0000-6231		67.50	DEP ASSESSOR AD - WATCH	112021	PUBLISHING - ASSESSOR	N
93	01-106-000-0000-6231		10.00	INTERNET JOB PAGE	112021	PUBLISHING - ASSESSOR	N
94	01-041-000-0000-6231		102.00	PROPERTY TAX HOMESTEAD NOTICE	112321	PUBLISHING/ADVERTISING - AUDIT	N
95	01-041-000-0000-6231		127.50	SPECIAL AG HOMESTEAD NOTICE	112321	PUBLISHING/ADVERTISING - AUDIT	N
96	01-106-000-0000-6231		55.50	DEP ASSESSOR AD - TIMES	112321	PUBLISHING - ASSESSOR	N
97	01-106-000-0000-6231		67.50	DEP ASSESSOR AD - WATCH	112721	PUBLISHING - ASSESSOR	N
98	01-106-000-0000-6231		10.00	INTERNET JOB PAGE	112721	PUBLISHING - ASSESSOR	N

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
84	01-003-000-0000-6231		34.00	WATERSHED BOARD AD - TIMES	11321	PUBLISHING - BOARD	N
88	01-003-000-0000-6231		360.64	PROCEEDINGS OF 10/12/21	11321	PUBLISHING - BOARD	N
85	01-106-000-0000-6231		55.50	DEP ASSESSOR AD - TIMES	11321	PUBLISHING - ASSESSOR	N
89	01-106-000-0000-6231		67.50	DEP ASSESSOR AD - WATCH	11621	PUBLISHING - ASSESSOR	N
	20027 THE TIMES		1,295.58	13 Transactions			
	11039 TRF RADIO						
112	01-106-000-0000-6231		75.00	NOW HIRING - DEPUTY ASSESSOR	29549-1	PUBLISHING - ASSESSOR	N
	11039 TRF RADIO		75.00	1 Transactions			
	20460 TRUE NORTH EQUIPMENT						
79	01-111-000-0000-6300		34.44	SWITCH FOR SWEEPER ON JD TRACT	10232306	REPAIRS & MAINTENANCE	N
	20460 TRUE NORTH EQUIPMENT		34.44	1 Transactions			
	12427 TURESON/TIFFANY						
141	01-220-000-0000-6420		104.19	UNIFORM ALLOWANCE REIMBURSE		UNIFORMS	N
	12427 TURESON/TIFFANY		104.19	1 Transactions			
	20307 TVEITBAKK/DARRYL						
133	01-003-000-0000-6330		72.80	NOVEMBER MILEAGE		TRAVEL & EXPENSE	N
	20307 TVEITBAKK/DARRYL		72.80	1 Transactions			
	21360 US RECORDS MIDWEST LLC						
99	01-101-000-0000-6401		236.23	TRACT BOOK POCKET INSERTS		SUPPLIES - RECORDER	Y
	21360 US RECORDS MIDWEST LLC		236.23	1 Transactions			
	22336 VETTLESON/SETH						
156	01-201-000-0000-6420		285.00	UNIFORM ALLOWNCE REIMBURSE		UNIFORMS	N
	22336 VETTLESON/SETH		285.00	1 Transactions			
	22304 VFW POST 2793						
46	01-121-000-0000-6846		954.24	VETS TRANPORT TO VA - NOVEMBER		CVSO GRANT EXPENSE	G
47	01-121-000-0000-6846		1,643.60	VETS TRANPORT TO VA - OCTOBER		CVSO GRANT EXPENSE	G
48	01-121-000-0000-6846		1,013.60	VETS TRANPORT TO VA - SEPTEMBE		CVSO GRANT EXPENSE	G
	22304 VFW POST 2793		3,611.44	3 Transactions			
	23303 WEST GROUP PAYMENT CENTER						
102	01-016-000-0000-6242		1,041.82	NOVEMBER WEST LAW ACCESS	845432157	SUBSCRIPTIONS - LAW LIBRARY	N
101	01-091-000-0000-6240		691.70	NOVEMBER WEST LAW ACCESS	845438971	SUBSCRIPTIONS	N
103	01-091-000-0000-6240		68.31	DECEMBER SUBSCRIPTIONS	845528780	SUBSCRIPTIONS	N

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Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
104	01-091-000-0000-6240			467.00	DWI LAW HAND BOOK	845528780	SUBSCRIPTIONS	N
	23303 WEST GROUP PAYMENT CENTER			2,268.83	4 Transactions			
	23054 WESTSIDE MOTORS OF TRF INC							
37	01-221-000-0000-6801			114.43	REPAIR TF #0	15956	MISCELLANEOUS EXPENSE	G
	23054 WESTSIDE MOTORS OF TRF INC			114.43	1 Transactions			
1 Fund Total:				100,036.09	County Revenue	68 Vendors	200 Transactions	

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3 Road & Bridge

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
1011 ACE HARDWARE							
258	03-330-000-0000-6554		46.91	PAINT SUPPLIES		ENGINEERING & SURVEYING SUPPI	N
259	03-330-000-0000-6554		15.99	PAINT SUPPLIES		ENGINEERING & SURVEYING SUPPI	N
260	03-350-000-0000-6551		59.99	MAILBOX		SIGNS	N
1011	ACE HARDWARE		122.89	3 Transactions			
1305 ACME ELECTRIC							
257	03-330-000-0000-6554		42.29	BUSHING TOOL		ENGINEERING & SURVEYING SUPPI	N
1305	ACME ELECTRIC		42.29	1 Transactions			
1350 ARAMARK UNIFORM SERVICES							
256	03-320-000-0000-6262		573.75	SHOP 500 RUGS		OTHER SERVICES	N
1350	ARAMARK UNIFORM SERVICES		573.75	1 Transactions			
1364 AUTO VALUE							
249	03-350-000-0000-6556		103.44	WIPES, GLOVES, WASHER FLUID		SHOP SUPPLIES	N
251	03-350-000-0000-6556		6.99	COUPLER		SHOP SUPPLIES	N
248	03-350-000-0000-6564		56.60	THERMOSTAT GASKETS FITTINGS		EQUIPMENT REPAIR PARTS	N
250	03-350-000-0000-6564		3.66	OIL FILTERS		EQUIPMENT REPAIR PARTS	N
252	03-350-000-0000-6564		91.56	BLADES, WASHER FLUID, LIGHTS		EQUIPMENT REPAIR PARTS	N
253	03-350-000-0000-6564		14.40	FILTERS, WASHER FLUID		EQUIPMENT REPAIR PARTS	N
254	03-350-000-0000-6564		37.98	SUPER CLEAN		EQUIPMENT REPAIR PARTS	N
255	03-350-000-0000-6564		7.32	OIL FILTER		EQUIPMENT REPAIR PARTS	N
1364	AUTO VALUE		321.95	8 Transactions			
2342 BERNTSEN INTERNATIONAL INC							
247	03-330-000-0000-6554		131.17	ROW MARKERS		ENGINEERING & SURVEYING SUPPI	N
2342	BERNTSEN INTERNATIONAL INC		131.17	1 Transactions			
2304 BNJ PLUMBING							
267	03-350-000-0000-6636		3,313.74	BATHROOM		BUILDING IMPROVEMENTS	N
2304	BNJ PLUMBING		3,313.74	1 Transactions			
5003 DYRDAHL CONSTRUCTION INC.							
266	03-330-000-0000-6341		630.00	CULVERT WORK		EQUIPMENT RENTAL	N
5003	DYRDAHL CONSTRUCTION INC.		630.00	1 Transactions			
5301 EVANS STEEL COMPANY							
246	03-330-000-0000-6554		172.66	ROUND		ENGINEERING & SURVEYING SUPPI	G

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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

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3 Road & Bridge

Vendor No.	Name	Accr	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula				Service Dates	Paid On Bhf #	On Behalf of Name	
5301	EVANS STEEL COMPANY			172.66		1 Transactions		
6006	FARMERS UNION OIL							
239	03-350-000-0000-6560			32.38	GAS		GAS & DIESEL	N
240	03-350-000-0000-6562			173.60	GREASE		MOTOR OIL & LUBRICANTS	N
241	03-350-000-0000-6562			607.80	OIL		MOTOR OIL & LUBRICANTS	N
242	03-350-000-0000-6562			222.13	OIL FILTERS		MOTOR OIL & LUBRICANTS	N
243	03-350-000-0000-6562			93.41	OIL		MOTOR OIL & LUBRICANTS	N
244	03-350-000-0000-6562			46.47	OIL		MOTOR OIL & LUBRICANTS	N
6006	FARMERS UNION OIL			1,175.79		6 Transactions		
6306	FLEET DISTRIBUTING							
236	03-350-000-0000-6551			59.99	MAILBOX		SIGNS	N
237	03-350-000-0000-6551			59.99	MAILBOX		SIGNS	N
238	03-350-000-0000-6556			5.29	HANDLE		SHOP SUPPLIES	N
6306	FLEET DISTRIBUTING			125.27		3 Transactions		
6356	FORESTRY SUPPLIERS INC							
290	03-330-000-0000-6554			55.80	CALCULATOR		ENGINEERING & SURVEYING SUPPI	N
6356	FORESTRY SUPPLIERS INC			55.80		1 Transactions		
6318	FSSOLUTIONS							
245	03-320-000-0000-6801			112.76	RANDOM DRUG SCREEN		MISCELLANEOUS EXPENSE	N
6318	FSSOLUTIONS			112.76		1 Transactions		
8331	HARDWARE HANK							
232	03-330-000-0000-6554			178.93	PAINT SUPPLIES		ENGINEERING & SURVEYING SUPPI	N
235	03-330-000-0000-6554			26.99	PAINT		ENGINEERING & SURVEYING SUPPI	N
289	03-330-000-0000-6554			11.98	BLACK PAINT		ENGINEERING & SURVEYING SUPPI	N
231	03-350-000-0000-6556			102.46	DEADBOLT		SHOP SUPPLIES	N
234	03-350-000-0000-6556			23.99	LOCKDOWN LEVER		SHOP SUPPLIES	N
230	03-350-000-0000-6564			0.65	SHOP SUPPLIES		EQUIPMENT REPAIR PARTS	N
233	03-350-000-0000-6564			8.76	NUTS BOLTS		EQUIPMENT REPAIR PARTS	N
8331	HARDWARE HANK			305.78		7 Transactions		
8412	HOFFMAN, PHILIPP, & MARTELL, PLLC							
229	03-320-000-0000-6261			1,750.00	PARTIAL AUDIT		CONSULTING & LEGAL SERVICES	N
8412	HOFFMAN, PHILIPP, & MARTELL, PLLC			1,750.00		1 Transactions		
8356	HOUSTON ENGINEERING INC							

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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

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Vendor No.	Name	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Account/Formula Description	1099
No.	Account/Formula						Paid On Bhf #	On Behalf of Name	
228	03-330-000-0000-6261			5,918.39	ENGINEERING KRATKA BRIDGE			CONSULTING & LEGAL SERVICES	N
	8356 HOUSTON ENGINEERING INC			5,918.39		1 Transactions			
	12325 L & M FLEET SUPPLY INC.								
226	03-330-000-0000-6554			155.97	TABLE			ENGINEERING & SURVEYING SUPPI	N
227	03-350-000-0000-6556			119.40	SHOP SUPPLIES			SHOP SUPPLIES	N
	12325 L & M FLEET SUPPLY INC.			275.37		2 Transactions			
	12302 LOCATORS & SUPPLIES INC								
225	03-330-000-0000-6554			189.27	CONES			ENGINEERING & SURVEYING SUPPI	N
224	03-350-000-0000-6428			73.24	JACKET - JI			SAFETY EQUIPMENT	N
	12302 LOCATORS & SUPPLIES INC			262.51		2 Transactions			
	13498 MARCO TECHNOLOGIES LLC								
223	03-320-000-0000-6301			36.63	COPY MACHINE - NOVEMBER			MAINTENANCE AGREEMENT	N
	13498 MARCO TECHNOLOGIES LLC			36.63		1 Transactions			
	14324 NAPA AUTO PARTS								
215	03-350-000-0000-6556			66.97	SHOP TOWELS BRAKE CLEANER			SHOP SUPPLIES	N
216	03-350-000-0000-6556			16.68	ZIP TIES			SHOP SUPPLIES	N
219	03-350-000-0000-6556			84.48	WRENCH			SHOP SUPPLIES	N
214	03-350-000-0000-6564			8.99	ANTI FREEZE			EQUIPMENT REPAIR PARTS	N
217	03-350-000-0000-6564			21.64	WIPER BLADES			EQUIPMENT REPAIR PARTS	N
218	03-350-000-0000-6564			68.76	WIPER BLADES			EQUIPMENT REPAIR PARTS	N
220	03-350-000-0000-6564			38.34	SWITCH			EQUIPMENT REPAIR PARTS	N
221	03-350-000-0000-6564			50.59	MIRROR			EQUIPMENT REPAIR PARTS	N
222	03-350-000-0000-6564			68.07	TRAILER WIRE			EQUIPMENT REPAIR PARTS	N
	14324 NAPA AUTO PARTS			424.52		9 Transactions			
	14316 NELSON EQUIPMENT OF TRF INC								
207	03-350-000-0000-6564			12.26	ELBOW FITTING HOSE			EQUIPMENT REPAIR PARTS	N
208	03-350-000-0000-6564			3.24	TUBING			EQUIPMENT REPAIR PARTS	N
209	03-350-000-0000-6564			1.95	PLUG			EQUIPMENT REPAIR PARTS	N
210	03-350-000-0000-6564			29.70	COUPLER			EQUIPMENT REPAIR PARTS	N
211	03-350-000-0000-6564			8.50	DUSTCAP			EQUIPMENT REPAIR PARTS	N
212	03-350-000-0000-6564			29.70	COUPLER			EQUIPMENT REPAIR PARTS	N
213	03-350-000-0000-6564			92.22	CUP CONE SEAL			EQUIPMENT REPAIR PARTS	N
	14316 NELSON EQUIPMENT OF TRF INC			177.57		7 Transactions			
	14440 NORTHDALE OIL INC.								

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3 Road & Bridge

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
204	03-350-000-0000-6560		5,625.99	GAS & DIESEL SHOP 500		GAS & DIESEL	N
205	03-350-000-0000-6560		2,531.37	DIESEL SHOP 213		GAS & DIESEL	N
206	03-350-000-0000-6560		1,286.96	DIESEL SHOP 215		GAS & DIESEL	N
14440	NORTHDAL OIL INC.		9,444.32		3	Transactions	
14375	NORTHERN FIRE EQUIPMENT SERVICE						
203	03-350-000-0000-6428		340.00	FIRE EXTINGUISHER	23787	SAFETY EQUIPMENT	N
14375	NORTHERN FIRE EQUIPMENT SERVICE		340.00		1	Transactions	
14123	NORTHWEST BEVERAGE INC						
202	03-320-000-0000-6401		22.75	WATER	1241392	SUPPLIES	N
14123	NORTHWEST BEVERAGE INC		22.75		1	Transactions	
15323	OFFICE DEPOT						
201	03-320-000-0000-6401		73.98	PAPER	208559700001	SUPPLIES	N
15323	OFFICE DEPOT		73.98		1	Transactions	
16460	POMP'S TIRE SERVICE, INC						
199	03-350-000-0000-6564		39.24	REPAIR TIRE		EQUIPMENT REPAIR PARTS	N
200	03-350-000-0000-6564		138.00	MOUNT & BALANCE TIRES		EQUIPMENT REPAIR PARTS	N
16460	POMP'S TIRE SERVICE, INC		177.24		2	Transactions	
16419	PRECISE MRM LLC						
198	03-350-000-0000-6564		414.20	MONTHLY GPS OCTOBER		EQUIPMENT REPAIR PARTS	N
16419	PRECISE MRM LLC		414.20		1	Transactions	
18440	READITECH IT SOLUTIONS						
192	03-320-000-0000-6263		40.00	BACK UP MANAGER - DECEMBER		COMPUTER SERVICES	N
194	03-320-000-0000-6263		70.00	HOSTED OFFICE - DECEMBER		COMPUTER SERVICES	N
195	03-320-000-0000-6263		25.47	HOSTED EXCHANGE - DECEMBER		COMPUTER SERVICES	N
196	03-320-000-0000-6263		12.00	POP EMAIL - DECEMBER		COMPUTER SERVICES	N
197	03-320-000-0000-6263		31.23	EMAIL ARCHIVING - DECEMBER		COMPUTER SERVICES	N
193	03-350-000-0000-6202		67.00	READ VOICE MTC - DECEMBER		TELEPHONE	N
18440	READITECH IT SOLUTIONS		245.70		6	Transactions	
18106	RED LAKE COUNTY COOP						
185	03-350-000-0000-6418		603.00	PROPANE		PROPANE FOR HEATING SHOPS	N
186	03-350-000-0000-6418		459.44	PROPANE		PROPANE FOR HEATING SHOPS	N
187	03-350-000-0000-6418		165.93	PROPANE		PROPANE FOR HEATING SHOPS	N
188	03-350-000-0000-6418		675.99	PROPANE		PROPANE FOR HEATING SHOPS	N

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3 Road & Bridge

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
189	03-350-000-0000-6418		85.00	TANK LEASE		PROPANE FOR HEATING SHOPS	N
190	03-350-000-0000-6418		85.00	TANK LEASE		PROPANE FOR HEATING SHOPS	N
191	03-350-000-0000-6418		85.00	TANK LEASE		PROPANE FOR HEATING SHOPS	N
18106	RED LAKE COUNTY COOP		2,159.36		7 Transactions		
19426	SANDAHL'S						
184	03-350-000-0000-6564		20.00	DECALS		EQUIPMENT REPAIR PARTS	N
19426	SANDAHL'S		20.00		1 Transactions		
19511	SANFORD HEALTH OCCUPATIONAL MEDIC						
183	03-320-000-0000-6801		50.00	RANDOM ALCOHOL TESTS		MISCELLANEOUS EXPENSE	6
19511	SANFORD HEALTH OCCUPATIONAL MEDIC		50.00		1 Transactions		
20379	THIEF RIVER FORD INC						
182	03-350-000-0000-6564		711.48	REPAIR 308		EQUIPMENT REPAIR PARTS	G
20379	THIEF RIVER FORD INC		711.48		1 Transactions		
20309	TRUE NORTH STEEL						
180	03-350-000-0000-6549		360.40	42" BAND		CULVERTS	N
181	03-350-000-0000-6549		3,042.00	48" PIPE		CULVERTS	N
20309	TRUE NORTH STEEL		3,402.40		2 Transactions		
3 Fund Total:			32,990.27	Road & Bridge		32 Vendors	85 Transactions

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32 Solid Waste Facility

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
140	8412 HOFFMAN, PHILIPP, & MARTELL, PLLC 32-391-000-0000-6262		600.00	2020 AUDIT FINAL		OTHER SERVICES	N
	8412 HOFFMAN, PHILIPP, & MARTELL, PLLC		600.00	1 Transactions			
76	16079 PETERSON LUMBER 32-390-000-0000-6631		1,001.30	STEEL	2111-023196	FURNITURE & EQUIPMENT-SCORE	N
77	32-390-000-0000-6631		7.30	NUTSETTER	2111-023196	FURNITURE & EQUIPMENT-SCORE	N
78	32-390-000-0000-6631		344.01	STEEL - MOLDING	2111-023889	FURNITURE & EQUIPMENT-SCORE	N
	16079 PETERSON LUMBER		1,352.61	3 Transactions			
32 Fund Total:			1,952.61	Solid Waste Facility	2 Vendors	4 Transactions	

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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

40 Ditch Funds

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
8412 HOFFMAN, PHILIPP, & MARTELL, PLLC							
139	40-701-000-0000-6262		35.00	2020 AUDIT FINAL		OTHER SERVICES - JD #1	N
139	40-703-000-0000-6262		18.00	2020 AUDIT FINAL		OTHER SERVICES -JD #25-3	N
139	40-713-000-0000-6262		78.00	2020 AUDIT FINAL		OTHER SERVICES - JD #13	N
139	40-715-000-0000-6262		24.00	2020 AUDIT FINAL		OTHER SERVICES - JD #15	N
139	40-730-000-0000-6262		13.00	2020 AUDIT FINAL		OTHER SERVICES - JD #30	N
139	40-731-000-0000-6262		23.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-732-000-0000-6262		12.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-735-000-0000-6262		13.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-736-000-0000-6262		13.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-738-000-0000-6262		10.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-743-000-0000-6262		14.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-744-000-0000-6262		11.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-747-000-0000-6262		12.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-753-000-0000-6262		13.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-755-000-0000-6262		10.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-757-000-0000-6262		18.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-762-000-0000-6262		14.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-770-000-0000-6262		14.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-775-000-0000-6262		37.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-777-000-0000-6262		17.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-784-000-0000-6262		32.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-785-000-0000-6262		54.00	2020 AUDIT FINAL		OTHER SERVICES	N
139	40-793-000-0000-6262		15.00	2020 AUDIT FINAL		OTHER SERVICES	N
8412	HOFFMAN, PHILIPP, & MARTELL, PLLC		500.00	23 Transactions			
18357 RINKE NOONAN							
292	40-716-000-0000-6262		200.00	DRAINAGE - CD#16	336101	OTHER SERVICES	N
18357	RINKE NOONAN		200.00	1 Transactions			
20027 THE TIMES							
86	40-716-000-0000-6262		369.84	COUNTY DITCH #16	113/10/1721	OTHER SERVICES	N
87	40-716-000-0000-6262		2.50	AFFIDAVIT - JD#16	11321	OTHER SERVICES	N
20027	THE TIMES		372.34	2 Transactions			
20309 TRUE NORTH STEEL							
286	40-755-000-0000-6262		1,607.40	ANIR RVTS GALV 42" GA STD 20'	FP0000020721	OTHER SERVICES	N
20309	TRUE NORTH STEEL		1,607.40	1 Transactions			

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40 Ditch Funds

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	<u>1099</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
40 Fund Total:		2,679.74	Ditch Funds	4 Vendors	27 Transactions
Final Total:		137,658.71	106 Vendors	316 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	100,036.09	County Revenue
3	32,990.27	Road & Bridge
32	1,952.61	Solid Waste Facility
40	2,679.74	Ditch Funds
All Funds	137,658.71	Total

Approved by,

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COMMISSIONER'S VOUCHERS ENTRIES

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Print List in Order By: 1
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES**

1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
99999997	BRAATAN/PAT						
23	01-251-000-0000-6330		14.44	MEAL - TRANSPORT - MARSHALL	112221	TRAVEL & EXPENSE	N
99999997	BRAATAN/PAT		14.44	1 Transactions			
8355	HENNINGSEN/ALEXANDER						
25	01-201-000-0000-6330		9.18	MEAL - SUPPLIES - AITKIN	112921	TRAVEL & EXPENSE	N
8355	HENNINGSEN/ALEXANDER		9.18	1 Transactions			
12323	LAWRENCE/BRUCE						
38	01-003-000-0000-6103		100.00	PER DIEM - CORRECT/NWRECB - TR	111021	PER DIEMS - BOARD	N
39	01-003-000-0000-6103		75.00	PER DIEM - HWY MTG - TR	111621	PER DIEMS - BOARD	N
40	01-003-000-0000-6103		75.00	PER DIEM - HOUSEHLD HAZ - ZOOM	111721	PER DIEMS - BOARD	N
41	01-003-000-0000-6103		75.00	PER DIEM - BUILDING COMM - TRF	111821	PER DIEMS - BOARD	N
42	01-003-000-0000-6103		75.00	PER DIEM - PERSONNEL COM - TRF	112321	PER DIEMS - BOARD	N
34	01-003-000-0000-6103		75.00	PER DIEM - PERSONNEL MTG - TRF	11321	PER DIEMS - BOARD	N
35	01-003-000-0000-6103		75.00	PER DIEM - AMC DIST MTG - TRF	11421	PER DIEMS - BOARD	N
36	01-003-000-0000-6103		75.00	PER DIEM - TECH MTG - TRF	11821	PER DIEMS - BOARD	N
37	01-003-000-0000-6103		75.00	PER DIEM - HWY MTG - TRF	11921	PER DIEMS - BOARD	N
43	01-003-000-0000-6103		125.00	PER DIEM - AMC - BLOOMINGTON	12521	PER DIEMS - BOARD	N
44	01-003-000-0000-6103		125.00	PER DIEM - AMC - BLOOMINGTON	12621	PER DIEMS - BOARD	N
45	01-003-000-0000-6103		125.00	PER DIEM - AMC - BLOOMINGTON	12721	PER DIEMS - BOARD	N
46	01-003-000-0000-6103		75.00	PER DIEM - AMC - BLOOMINGTON	12821	PER DIEMS - BOARD	N
12323	LAWRENCE/BRUCE		1,150.00	13 Transactions			
14478	NELSON/SETH						
2	01-003-000-0000-6103		75.00	PER DIEM - BRIDGE & CULVERT	111621	PER DIEMS - BOARD	N
3	01-003-000-0000-6103		75.00	PER DIEM - COUNCIL MTG - GDGE	111721	PER DIEMS - BOARD	N
4	01-003-000-0000-6103		100.00	PER DIEM - NWRTC /CHAMBER COM	111821	PER DIEMS - BOARD	N
5	01-003-000-0000-6103		75.00	PER DIEM - TRANSPORT - WARREN	112921	PER DIEMS - BOARD	N
6	01-003-000-0000-6103		75.00	PER DIEM - MENTAL HEALTH - TRF	113021	PER DIEMS - BOARD	N
1	01-003-000-0000-6103		75.00	PER DIEM - AMC - TRF	11421	PER DIEMS - BOARD	N
14478	NELSON/SETH		475.00	6 Transactions			
16362	PETERSON/NEIL						
29	01-003-000-0000-6103		75.00	PER DIEM - GEN GOV - CROOKSTON	111521	PER DIEMS - BOARD	N
30	01-003-000-0000-6103		75.00	PER DIEM - ROAD COMM - TRF	111621	PER DIEMS - BOARD	N
31	01-003-000-0000-6103		100.00	PER DIEM - NWSTC - BEMIDJI	111821	PER DIEMS - BOARD	N
32	01-003-000-0000-6103		75.00	PER DIEM - DITCH #16 - TRF	112321	PER DIEMS - BOARD	N
33	01-003-000-0000-6103		75.00	PER DIEM - AMC - ZOOM	112421	PER DIEMS - BOARD	N
26	01-003-000-0000-6103		100.00	PER DIEM - 1W1P - BAGLEY	11321	PER DIEMS - BOARD	N

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1 County Revenue

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
27	01-003-000-0000-6103		100.00	PER DIEM - AMC DISTRICT - TRF	11421	PER DIEMS - BOARD	N
28	01-003-000-0000-6103		75.00	PER DIEM - MEETING EHLERS - TR	11821	PER DIEMS - BOARD	N
16362	PETERSON/NEIL		675.00	8 Transactions			
20403	THIBERT/ALEX						
24	01-251-000-0000-6330		19.98	MEAL - TRANSPORT - ST CLOUD	12821	TRAVEL & EXPENSE	N
20403	THIBERT/ALEX		19.98	1 Transactions			
20307	TVEITBAKK/DARRYL						
11	01-003-000-0000-6103		75.00	PER DIEM - NWRL MTG -	102121	PER DIEMS - BOARD	N
12	01-003-000-0000-6103		100.00	PER DIEM - DITCH HEAR/ENBRIDGE	102621	PER DIEMS - BOARD	N
13	01-003-000-0000-6103		75.00	PER DIEM - ADVANCE TRF - TRF	102721	PER DIEMS - BOARD	N
7	01-003-000-0000-6103		100.00	PER DIEM - NWRL/PERSONNEL - TR	10421	PER DIEMS - BOARD	N
8	01-003-000-0000-6103		75.00	PER DIEM - ARPA CONF -	10521	PER DIEMS - BOARD	N
9	01-003-000-0000-6103		75.00	PER DIEM - PERSONNEL - TRF	10621	PER DIEMS - BOARD	N
10	01-003-000-0000-6103		75.00	PER DIEM - NCLUCB MTG -	10721	PER DIEMS - BOARD	N
19	01-003-000-0000-6103		75.00	PER DIEM - HIGHWAY MTG	111621	PER DIEMS - BOARD	N
20	01-003-000-0000-6103		100.00	PER DIEM - ARPRT/ADVANCE/NWRL	111721	PER DIEMS - BOARD	N
21	01-003-000-0000-6103		100.00	PER DIEM - BUILDING/NMRL BRD	111821	PER DIEMS - BOARD	N
14	01-003-000-0000-6103		100.00	PER DIEM - AVI/NWRL - TRF	11221	PER DIEMS - BOARD	N
22	01-003-000-0000-6103		75.00	PER DIEM - TVFAA/NSB	112921	PER DIEMS - BOARD	N
15	01-003-000-0000-6103		100.00	PER DIEM - CLWATER/ PERS- BAGL	11321	PER DIEMS - BOARD	N
16	01-003-000-0000-6103		100.00	PER DIEM - AMC	11421	PER DIEMS - BOARD	N
17	01-003-000-0000-6103		75.00	PER DIEM - ARPA	11821	PER DIEMS - BOARD	N
18	01-003-000-0000-6103		75.00	PER DIEM - LIBRARY BRD - TRF	11921	PER DIEMS - BOARD	N
20307	TVEITBAKK/DARRYL		1,375.00	16 Transactions			
1 Fund Total:			3,718.60	County Revenue		7 Vendors	46 Transactions
Final Total:			3,718.60	7 Vendors		46 Transactions	

Pennington County Financial System



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	3,718.60	County Revenue
All Funds	3,718.60	Total

Approved by,

.....

.....



State of Minnesota
Department of Public Safety
Division of Homeland Security and Emergency Management
445 Minnesota Street, Suite 223
St. Paul, MN 55101-6223

Hazard Mitigation Assistance Agreement for Counties utilizing HSEM Plan Update Consultant

Overview

Federal Emergency Management Agency (FEMA) Hazard Mitigation Assistance grants are administered in the State of Minnesota by the Minnesota Division of Homeland Security and Emergency Management (HSEM). Mitigation Plans form the foundation for a community's long-term strategy to reduce disaster losses and break the cycle of disaster damage, reconstruction, and repeated damage. The planning process is as important as the plan itself. It creates a framework for risk-based decision making to reduce damages to lives, property, and the economy from future disasters. Hazard mitigation is any sustained action taken to reduce or eliminate long-term risk to people and their property from natural hazards.

This is a cost share grant program with FEMA paying 75% of all eligible costs and the local community being responsible for the remaining 25% of the costs. Eligible applicants include local (county/city/tribal) governments.

Responsibilities

The State will be hiring consultants and is responsible for 75% of costs of the plan. The jurisdiction is responsible for collaborating, coordinating and communicating with HSEM staff and contractor to assist in the development of a FEMA approved and adopted Hazard Mitigation Plan update.

1. Resolution

To ensure your contribution in the HMP Update process, we request your jurisdiction pass a resolution indicating the desire to participate in this program.

2. Letter of Commitment of Funds

As part of the documentation submitted to FEMA, a Letter of Commitment of Funds for the 25% local match of in-kind services is required. A template is provided to estimate in-kind match, please fill out attached budget sheet and provide required documentation.

County Staff – Provide County staff (base plus fringe) breakout for project manager, staff support, subcommittee reps, technical experts, etc. provided by payroll system.

Hazard Mitigation Plan Update Process

The mitigation plan update process is a coordinated effort typically lead by the county Emergency Management Director (EMD) and other staff. The Scope of Work (SOW) includes steps that lead to a FEMA approved multijurisdictional mitigation plan in normally 18 months. The SOW includes:

- **Planning Process:** A contract between the county and the state is approved. The county EMD coordinates with its consultant to develop a schedule for team and public meetings. The county assists with acquiring data for the plan update and coordinates with other county agencies to participate in the plan update process. This step provides the scope for the entire update process until the plan is sent for review. The EMD will be responsible for submitting quarterly narrative reports detailing progress and delays. The county and its consultant will also track local match to be used for financial reporting. Also, team members are responsible for coordinating reviews with their staff and elected officials.
- **Risk Assessment:** The EMD and mitigation team will review the hazards from the initial plan and determine which ones will continue to be profiled. New hazards may be added. All hazards will conform to the terminology in the State Mitigation Plan. The consultant will then develop the Risk and Vulnerability assessment based on the hazards. The EMD will participate in any surveys and reviews of the draft risk assessment and give input to the consultant.
- **Mitigation Actions:** The mitigation actions are based on hazards in the risk assessment and the actions found in the initial plan. The consultant will facilitate this review with the mitigation team and include new mitigation action.
- **Draft Plan and Public Review:** The consultant completes the first draft of the mitigation plan. A public notice is given for jurisdictions to participate in meetings or give electronic input to the plan. This input is documented and factored into the plan. The EMD will follow local policy as far as having the county board and other elected/appointed bodies review the plan.
- **Review:** After all input is reviewed then the plan is sent to the state mitigation staff for review. The consultant will also provide a matrix to show how the plan meets requirements. The coordinated review between state mitigation staff and FEMA may take up to 90 days. Revisions may extend the time to have the plan meet requirements.
- **Plan Adoption and Approval:** FEMA will send a letter stating that the plan meets requirements and that it needs to be adopted to become approved. The EMD coordinates an adoption of the plan by resolution of the county board. The resolution and final copy of the plan is sent to state mitigation staff. The EMD will obtain resolutions adopting the plan from the other jurisdictions (cities) participating in the update process and send to state mitigation staff. FEMA will then approve those jurisdictions.
- **Project Closeout:** FEMA approval of the county marks the completion of the project. EMDs and counties will reconcile accounts for local match and provide any documentation.

Hazard Mitigation Plan Update Application

County Name
Pennington

Contact Name	Title	Agency
Erik L. Beitel	EM Director	Pennington County
City, State, Zip Code	Email	Phone
Thief River Falls, MN 56701	elbeitel@co.pennington.mn.us	218-683-7087
Alternate Contact Name	Title	Email/phone
Kevin Erickson	County Coordinator	<u>kwerickson@co.pennington.mn.us</u> 218-683-7000

Match and/or In-Kind Budget (Estimate – update based on actual)

*Any city or county staff funded by 100% EMPG or other Federal grant programs **are not eligible** to use salary. Draft amounts entered below based on previous planning grants. Update amounts in *italics* for your county.

Item	Item Description	Units	Unit of Measurement	Cost	Total
1	County Staff*	<i>100</i>	hours	<i>\$ 40.00</i>	<i>\$ 4,000.00</i>
2	City Staff*	<i>90</i>	hours	<i>\$ 30.98</i>	<i>\$ 2,788.20</i>
3	Public Participation	<i>80</i>	hours	<i>\$ 30.98</i>	<i>\$ 2,478.40</i>
	Total In-Kind Match				<i>\$ 9,266.60</i>

County Staff – Provide County staff (base plus fringe) breakout for project manager, staff support, technical experts, etc. provided by payroll system.

City Staff - Use the standard rate \$30.98 (or document actual rates, if available)

Public Participation - Use the standard Minnesota 2020 volunteer rate of \$30.98. This will updated in Spring 2022 for 2021.

Certification:

Kevin Erickson

County Coordinator

Printed name

Signature

Title

Date

**RESOLUTION AUTHORIZING PARTICIPATION IN PLANNING PROCESS
AND EXECUTION OF AGREEMENT**

WHEREAS, the County of Pennington is participating in a hazard mitigation planning process as established under the Disaster Mitigation Act of 2000; and

WHEREAS, the Act establishes a framework for the development of a multi- jurisdictional hazard mitigation plan; and

WHEREAS, the Act as part of the planning process requires public involvement and local coordination among neighboring local units of government and business; and

WHEREAS, the county will lead the planning effort with the assistance of consultants and State of Minnesota mitigation staff.

WHEREAS, the county will provide staff and resources from departments related to mitigation, will facilitate participation of jurisdiction within the county, and provide quarterly reporting on plan progress.

WHEREAS, the plan must include a risk assessment including past hazards, hazards that threaten the county. maps of hazards, an estimate of structures at risk, estimate of potential dollar losses for each hazard, a general description of land uses and future development trends; and

WHEREAS, the plan must include a mitigation strategy including goals and objectives and an action plan identifying specific mitigation projects and costs; and

WHEREAS, the plan must include a maintenance or implementation process including plan updates, integration of plan into other planning documents and how the county will maintain public participation and coordination; and

WHEREAS, the draft plan will be shared with the State of Minnesota and the Federal Emergency Management Agency (FEMA) for coordination of state and federal review and comment on the draft; and

WHEREAS, approval of the all hazard mitigation plan will make the county eligible to receive Hazard Mitigation Assistance grants as they become available; and

NOW THEREFORE, Be it resolved that Pennington County will enter into

an agreement with the Division of Homeland Security and Emergency Management in the Minnesota

Department of Public Safety for the program entitled Hazard Mitigation Assistance (HMA) for the update of the

Pennington County Hazard Mitigation plan. Neil Peterson, Board Chairman is

hereby authorized to execute and sign such agreements and any amendments hereto as are necessary to

implement the plan on behalf of Pennington County.

I certify that the above resolution was adopted by the County Board Members of Pennington County on _____ . (Date)

SIGNED:

WITNESSETH:

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

Letter of Commitment of Funds

Pennington County
Pennington County Government Center
PO Box 616
101 Main Ave North
Thief River Falls, MN 56701

As a potential sub-grantee in a Hazard Mitigation Assistance (HMA) Program, Pennington County hereby commits the matching funds necessary for the proposed Pennington County Hazard Mitigation Plan Update.

After FEMA approval and during project implementation, Pennington County acknowledges that it is responsible for providing a minimum of 25% of all eligible project costs or a minimum of \$9,000 in local matching funds in in-kind effort to comply with all grant cost share requirements.

As signed, we understand the responsibilities of a sub-grantee participating in the HMA program and hereby authorize the use of these non-federal funds for this proposed project.

Signature of Authorized Representative

Date

Signature of Authorized Representative

Date

Signature of Authorized Representative

Date

Joint Application Form for Activities Affecting Water Resources in Minnesota

This joint application form is the accepted means for initiating review of proposals that may affect a water resource (wetland, tributary, lake, etc.) in the State of Minnesota under state and federal regulatory programs. Applicants for Minnesota Department of Natural Resources (DNR) Public Waters permits **MUST** use the MPARS online permitting system for submitting applications to the DNR. Applicants can use the information entered into MPARS to substitute for completing parts of this joint application form (see the paragraph on MPARS at the end of the joint application form instructions for additional information). This form is only applicable to the water resource aspects of proposed projects under state and federal regulatory programs; other local applications and approvals may be required. Depending on the nature of the project and the location and type of water resources impacted, multiple authorizations may be required as different regulatory programs have different types of jurisdiction over different types of resources.

Regulatory Review Structure

Federal

The St. Paul District of the U.S. Army Corps of Engineers (Corps) is the federal agency that regulates discharges of dredged or fill material into waters of the United States (wetlands, tributaries, lakes, etc.) under Section 404 of the Clean Water Act (CWA) and regulates work in navigable waters under Section 10 of the Rivers and Harbors Act. Applications are assigned to Corps project managers who are responsible for implementing the Corps regulatory program within a particular geographic area.

State

There are three state regulatory programs that regulate activities affecting water resources. The Wetland Conservation Act (WCA) regulates most activities affecting wetlands. It is administered by local government units (LGUs) which can be counties, townships, cities, watershed districts, watershed management organizations or state agencies (on state-owned land). The Minnesota DNR Division of Ecological and Water Resources issues permits for work in specially-designated public waters via the Public Waters Work Permit Program (DNR Public Waters Permits). The Minnesota Pollution Control Agency (MPCA) under Section 401 of the Clean Water Act certifies that discharges of dredged or fill material authorized by a federal permit or license comply with state water quality standards. One or more of these regulatory programs may be applicable to any one project.

Required Information

Prior to submitting an application, applicants are **strongly encouraged** to seek input from the Corps Project Manager and LGU staff to identify regulatory issues and required application materials for their proposed project. Project proponents can request a pre-application consultation with the Corps and LGU to discuss their proposed project by providing the information required in Sections 1 through 5 of this joint application form to facilitate a meaningful discussion about their project. Many LGUs provide a venue (such as regularly scheduled technical evaluation panel meetings) for potential applicants to discuss their projects with multiple agencies prior to submitting an application. Contact information is provided below.

The following bullets outline the information generally required for several common types of determinations/authorizations.

- For delineation approvals and/or jurisdictional determinations, submit Parts 1, 2 and 5, and Attachment A.
- For activities involving CWA/WCA exemptions, WCA no-loss determinations, and activities not requiring mitigation, submit Parts 1 through 5, and Attachment B.
- For activities requiring compensatory mitigation/replacement plan, submit Parts 1 thru 5, and Attachments C and D.
- For local road authority activities that qualify for the state's local road wetland replacement program, submit Parts 1 through 5, and Attachments C, D (if applicable), and E to both the Corps and the LGU.

Submission Instructions

Send the completed joint application form and all required attachments to:

U.S Army Corps of Engineers. Applications may be sent directly to the appropriate Corps Office. For a current listing of areas of responsibilities and contact information, visit the St. Paul District's website at:

<http://www.mvp.usace.army.mil/Missions/Regulatory.aspx> and select "Minnesota" from the contact Information box.

Alternatively, applications may be sent directly to the St. Paul District Headquarters and the Corps will forward them to the appropriate field office.

Section 401 Water Quality Certification: Applicants do not need to submit the joint application form to the MPCA unless specifically requested. The MPCA will request a copy of the completed joint application form directly from an applicant when they determine an individual 401 water quality certification is required for a proposed project.

Wetland Conservation Act Local Government Unit: Send to the appropriate Local Government Unit. If necessary, contact your county Soil and Water Conservation District (SWCD) office or visit the Board of Water and Soil Resources (BWSR) web site (www.bwsr.state.mn.us) to determine the appropriate LGU.

DNR Public Waters Permitting: In 2014 the DNR will begin using the Minnesota DNR Permitting and Reporting System (MPARS) for submission of Public Waters permit applications (<https://webapps11.dnr.state.mn.us/mpars/public/authentication/login>).

Applicants for Public Waters permits **MUST** use the MPARS online permitting system for submitting applications to the DNR. To avoid duplication and to streamline the application process among the various resource agencies, applicants can use the information entered into MPARS to substitute for completing parts of this joint application form. The MPARS print/save function will provide the applicant with a copy of the Public Waters permit application which, at a minimum, will satisfy Parts one and two of this joint application. For certain types of activities, the MPARS application may also provide all of the necessary information required under Parts three and four of the joint application. However, it is the responsibility of the Applicant to make sure that the joint application contains all of the required information, including identification of all aquatic resources impacted by the project (see Part four of the joint application). After confirming that the MPARS application contains all of the required information in Parts one and two the Applicant may attach a copy to the joint application and fill in any missing information in the remainder of the joint application.

PART ONE: Applicant Information

If applicant is an entity (company, government entity, partnership, etc.), an authorized contact person must be identified. If the applicant is using an agent (consultant, lawyer, or other third party) and has authorized them to act on their behalf, the agent's contact information must also be provided.

Applicant/Landowner Name: Thief River Golf Club/Jan Nordin (Club President)

Mailing Address: PO Box 481

Phone: (218) 689-1247

E-mail Address: Jannordin1969@gmail.com

Authorized Contact (do not complete if same as above):

Mailing Address:

Phone:

E-mail Address:

Agent Name: Torin McCormack

Mailing Address: 40353 County Rd 2 Roseau, MN 56751

Phone: (218)452-0179

E-mail Address: Torin.mccormack1@gmail.com

PART TWO: Site Location Information

County: Pennington

City/Township: Thief River Falls/North Township

Parcel ID and/or Address: Pin # 1101603201

Legal Description (Section, Township, Range): Sec. 21, T154N, R43W

Lat/Long (decimal degrees): 48.1505, -96.1843

Attach a map showing the location of the site in relation to local streets, roads, highways.

Approximate size of site (acres) or if a linear project, length (feet): Approx.. 9 acres

If you know that your proposal will require an individual Permit from the U.S. Army Corps of Engineers, you must provide the names and addresses of all property owners adjacent to the project site. This information may be provided by attaching a list to your application or by using block 25 of the Application for Department of the Army permit which can be obtained at:

http://www.mvp.usace.army.mil/Portals/57/docs/regulatory/RegulatoryDocs/engform_4345_2012oct.pdf

PART THREE: General Project/Site Information

If this application is related to a delineation approval, exemption determination, jurisdictional determination, or other correspondence submitted *prior to* this application then describe that here and provide the Corps of Engineers project number.

Describe the project that is being proposed, the project purpose and need, and schedule for implementation and completion. The project description must fully describe the nature and scope of the proposed activity including a description of all project elements that effect aquatic resources (wetland, lake, tributary, etc.) and must also include plans and cross section or profile drawings showing the location, character, and dimensions of all proposed activities and aquatic resource impacts.

Attachment A

Request for Delineation Review, Wetland Type Determination, or Jurisdictional Determination

By submission of the enclosed wetland delineation report, I am requesting that the U.S. Army Corps of Engineers, St. Paul District (Corps) and/or the Wetland Conservation Act Local Government Unit (LGU) provide me with the following (check all that apply):

Wetland Type Confirmation

Delineation Concurrence. Concurrence with a delineation is a written notification from the Corps and a decision from the LGU concurring, not concurring, or commenting on the boundaries of the aquatic resources delineated on the property. Delineation concurrences are generally valid for five years unless site conditions change. Under this request alone, the Corps will not address the jurisdictional status of the aquatic resources on the property, only the boundaries of the resources within the review area (including wetlands, tributaries, lakes, etc.).

Preliminary Jurisdictional Determination. A preliminary jurisdictional determination (PJD) is a non-binding written indication from the Corps that waters, including wetlands, identified on a parcel may be waters of the United States. For purposes of computation of impacts and compensatory mitigation requirements, a permit decision made on the basis of a PJD will treat all waters and wetlands in the review area as if they are jurisdictional waters of the U.S. PJDs are advisory in nature and may not be appealed.

Approved Jurisdictional Determination. An approved jurisdictional determination (AJD) is an official Corps determination that jurisdictional waters of the United States are either present or absent on the property. AJDs can generally be relied upon by the affected party for five years. An AJD may be appealed through the Corps administrative appeal process.

In order for the Corps and LGU to process your request, the wetland delineation must be prepared in accordance with the 1987 Corps of Engineers Wetland Delineation Manual, any approved Regional Supplements to the 1987 Manual, and the *Guidelines for Submitting Wetland Delineations in Minnesota* (2013).

<http://www.mvp.usace.army.mil/Missions/Regulatory/DelineationJDGuidance.aspx>

Attachment B

Supporting Information for Applications Involving Exemptions, No Loss Determinations, and Activities Not Requiring Mitigation

Complete this part *if* you maintain that the identified aquatic resource impacts in Part Four do not require wetland replacement/compensatory mitigation OR *if* you are seeking verification that the proposed water resource impacts are either exempt from replacement or are not under CWA/WCA jurisdiction.

Identify the specific exemption or no-loss provision for which you believe your project or site qualifies:

Provide a detailed explanation of how your project or site qualifies for the above. Be specific and provide and refer to attachments and exhibits that support your contention. Applicants should refer to rules (e.g. WCA rules), guidance documents (e.g. BWSR guidance, Corps guidance letters/public notices), and permit conditions (e.g. Corps General Permit conditions) to determine the necessary information to support the application. Applicants are strongly encouraged to contact the WCA LGU and Corps Project Manager prior to submitting an application if they are unsure of what type of information to provide:

Attachment C Avoidance and Minimization

Project Purpose, Need, and Requirements. Clearly state the purpose of your project and need for your project. Also include a description of any specific requirements of the project as they relate to project location, project footprint, water management, and any other applicable requirements. Attach an overhead plan sheet showing all relevant features of the project (buildings, roads, etc.), aquatic resource features (impact areas noted) and construction details (grading plans, storm water management plans, etc.), referencing these as necessary:

Avoidance. Both the CWA and the WCA require that impacts to aquatic resources be avoided if practicable alternatives exist. Clearly describe all on-site measures considered to avoid impacts to aquatic resources and discuss at least two project alternatives that avoid all impacts to aquatic resources on the site. These alternatives may include alternative site plans, alternate sites, and/or not doing the project. Alternatives should be feasible and prudent (see MN Rules 8420.0520 Subp. 2 C). Applicants are encouraged to attach drawings and plans to support their analysis:

Minimization. Both the CWA and the WCA require that all unavoidable impacts to aquatic resources be minimized to the greatest extent practicable. Discuss all features of the proposed project that have been modified to minimize the impacts to water resources (see MN Rules 8420.0520 Subp. 4):

Off-Site Alternatives. An off-site alternatives analysis is not required for all permit applications. If you know that your proposal will require an individual permit (standard permit or letter of permission) from the U.S. Army Corps of Engineers, you may be required to provide an off-site alternatives analysis. The alternatives analysis is not required for a complete application but must be provided during the review process in order for the Corps to complete the evaluation of your application and reach a final decision. Applicants with questions about when an off-site alternatives analysis is required should contact their Corps Project Manager.

Attachment D Replacement/Compensatory Mitigation

Complete this part *if* your application involves wetland replacement/compensatory mitigation not associated with the local road wetland replacement program. Applicants should consult Corps mitigation guidelines and WCA rules for requirements.

Replacement/Compensatory Mitigation via Wetland Banking. Complete this section if you are proposing to use credits from an existing wetland bank (with an account number in the State wetland banking system) for all or part of your replacement/compensatory mitigation requirements.

Wetland Bank Account #	County	Major Watershed #	Bank Service Area #	Credit Type (if applicable)	Number of Credits

Applicants should attach documentation indicating that they have contacted the wetland bank account owner and reached at least a tentative agreement to utilize the identified credits for the project. This documentation could be a signed purchase agreement, signed application for withdrawal of credits or some other correspondence indicating an agreement between the applicant and the bank owner. *However, applicants are advised not to enter into a binding agreement to purchase credits until the mitigation plan is approved by the Corps and LGU.*

Project-Specific Replacement/Permittee Responsible Mitigation. Complete this section if you are proposing to pursue actions

(restoration, creation, preservation, etc.) to generate wetland replacement/compensatory mitigation credits for this proposed project.

WCA Action Eligible for Credit ¹	Corps Mitigation Compensation Technique ²	Acres	Credit % Requested	Credits Anticipated ³	County	Major Watershed #	Bank Service Area #

¹Refer to the name and subpart number in MN Rule 8420.0526.

²Refer to the technique listed in *St. Paul District Policy for Wetland Compensatory Mitigation in Minnesota*.

³If WCA and Corps crediting differs, then enter both numbers and distinguish which is Corps and which is WCA.

Explain how each proposed action or technique will be completed (e.g. wetland hydrology will be restored by breaking the tile.....) and how the proposal meets the crediting criteria associated with it. Applicants should refer to the Corps mitigation policy language, WCA rule language, and all associated Corps and WCA guidance related to the action or technique:

Attach a site location map, soils map, recent aerial photograph, and any other maps to show the location and other relevant features of each wetland replacement/mitigation site. Discuss in detail existing vegetation, existing landscape features, land use (on and surrounding the site), existing soils, drainage systems (if present), and water sources and movement. Include a topographic map showing key features related to hydrology and water flow (inlets, outlets, ditches, pumps, etc.):

Project Name and/or Number:

Attach a map of the existing aquatic resources, associated delineation report, and any documentation of regulatory review or approval. Discuss as necessary:

For actions involving construction activities, attach construction plans and specifications with all relevant details. Discuss and provide documentation of a hydrologic and hydraulic analysis of the site to define existing conditions, predict project outcomes, identify specific project performance standards and avoid adverse offsite impacts. Plans and specifications should be prepared by a licensed engineer following standard engineering practices. Discuss anticipated construction sequence and timing:

For projects involving vegetation restoration, provide a vegetation establishment plan that includes information on site preparation, seed mixes and plant materials, seeding/planting plan (attach seeding/planting zone map), planting/seeding methods, vegetation maintenance, and an anticipated schedule of activities:

For projects involving construction or vegetation restoration, identify and discuss goals and specific outcomes that can be determined for credit allocation. Provide a proposed credit allocation table tied to outcomes:

Provide a five-year monitoring plan to address project outcomes and credit allocation:

Discuss and provide evidence of ownership or rights to conduct wetland replacement/mitigation on each site:

Quantify all proposed wetland credits and compare to wetland impacts to identify a proposed wetland replacement ratio. Discuss how this replacement ratio is consistent with Corps and WCA requirements:

By signature below, the applicant attests to the following (only required if application involves project-specific/permittee responsible replacement):

- All proposed replacement wetlands were not:
 - Previously restored or created under a prior approved replacement plan or permit
 - Drained or filled under an exemption during the previous 10 years
 - Restored with financial assistance from public conservation programs
 - Restored using private funds, other than landowner funds, unless the funds are paid back with interest to the individual or organization that funded the restoration and the individual or organization notifies the local government unit in writing that the restored wetland may be considered for replacement.
- The wetland will be replaced before or concurrent with the actual draining or filling of a wetland.
- An irrevocable bank letter of credit, performance bond, or other acceptable security will be provided to guarantee successful completion of the wetland replacement.
- Within 30 days of either receiving approval of this application or beginning work on the project, I will record the Declaration of Restrictions and Covenants on the deed for the property on which the replacement wetland(s) will be located and submit proof of such recording to the LGU and the Corps.

Applicant or Representative:

Title:

Signature: _____

Date:

Attachment E

Local Road Replacement Program Qualification

Complete this part *if* you are a local road authority (county highway department, city transportation department, etc.) seeking verification that your project (or a portion of your project) qualifies for the MN Local Government Road Wetland Replacement Program (LGRWRP). If portions of your project are not eligible for the LGRWRP, then Attachment D should be completed and attached to your application.

Discuss how your project is a repair, rehabilitation, reconstruction, or replacement of a currently serviceable road to meet state/federal design or safety standards/requirements. Applicants should identify the specific road deficiencies and how the project will rectify them. Attach supporting documents and information as applicable:

Provide a map, plan, and/or aerial photograph accurately depicting wetland boundaries within the project area. Attach associated delineation/determination report or otherwise explain the method(s) used to identify and delineate wetlands. Also attach and discuss any type of review or approval of wetland boundaries or other aspects of the project by a member or members of the local Technical Evaluation Panel (TEP) or Corps of Engineers:

In the table below, identify only the wetland impacts from Part 4 that the road authority has determined should qualify for the LGRWRP.

Wetland Impact ID (as noted on overhead view)	Type of Impact (fill, excavate, drain)	Size of Impact (square feet or acres to 0.01)	Existing Plant Community Type(s) in Impact Area ¹	County, Major Watershed #, and Bank Service Area # of Impact ²

¹Use *Wetland Plants and Plant Community Types of Minnesota and Wisconsin* 3rd Ed. as modified in MN Rules 8420.0405 Subp. 2.

²Refer to Major Watershed and Bank Service Area maps in MN Rules 8420.0522 Subp. 7.

Discuss the feasibility of providing onsite compensatory mitigation/replacement for important site-specific wetland functions:

Please note that under the MN Wetland Conservation Act, projects with less than 10,000 square feet of wetland impact are allowed to commence prior to submission of this notification so long as the notification is submitted within 30 days of the impact. The Clean Water Act has no such provision and requires that permits be obtained prior to any regulated discharges into water of the United States. To avoid potential unauthorized activities, road authorities must, at a minimum, provide a complete application to the Corps and receive a permit prior to commencing work.

By signature below, the road authority attests that they have followed the process in MN Rules 8420.0544 and have determined that the wetland impacts identified in Part 4 are eligible for the MN Local Government Road Wetland Replacement Program.

Road Authority Representative:

Title:

Signature: _____

Date:

Technical Evaluation Panel Concurrence:

Project Name and/or Number:

TEP member:

Representing:

Concur with road authority's determination of qualification for the local road wetland replacement program? Yes No

Signature: _____

Date:

TEP member:

Representing:

Concur with road authority's determination of qualification for the local road wetland replacement program? Yes No

Signature: _____

Date:

TEP member:

Representing:

Concur with road authority's determination of qualification for the local road wetland replacement program? Yes No

Signature: _____

Date:

TEP member:

Representing:

Concur with road authority's determination of qualification for the local road wetland replacement program? Yes No

Signature: _____

Date:

Upon approval and signature by the TEP, application must be sent to: **Wetland Bank Administration
Minnesota Board of Water & Soil Resources
520 Lafayette Road North
Saint Paul, MN 55155**

Minnesota Wetland Conservation Act Technical Evaluation Panel Form

This form can be used to document TEP findings and recommendations related to WCA decisions, determinations, enforcement and pre-application reviews.

Local Government Unit: Pennington SWCD	County: Pennington
Landowner/Applicant: Thief River Falls Golf Club	Agent/Representative(s): Torin McCormack/Jan Nordin
Project Name: TRF Golf Course – 18th Fairway	Project No. (if any):
Project Location: Thief River Falls Golf Club, 13697 188th St NE, Thief River Falls, MN 56701	

Purpose of TEP Findings/Recommendation - check all that apply and describe

<input type="checkbox"/> Pre-application review	<input checked="" type="checkbox"/> Application Review (related to WCA Decision)
<input type="checkbox"/> Local Government Road Wetland Replacement Program Eligibility	<input type="checkbox"/> WCA Determination Request
<input type="checkbox"/> Other (specify):	
<p>Describe: The Thief River Falls Golf Club submitted a complete Joint Application for Activities Affecting Water Resources in Minnesota along with a corresponding Wetland Delineation Report on October 20, 2021, requesting delineation concurrence.</p>	

Meeting Type – check all that apply and specify dates as applicable

<input type="checkbox"/> In-Person Meeting(s), Date(s):	<input checked="" type="checkbox"/> Electronic Exchanges (email, skype, etc.)
<input checked="" type="checkbox"/> Onsite Review(s), Date(s): November 4, 2021	<input type="checkbox"/> Other (specify):

Findings and Recommendations

<p>A complete Joint Application Form for Activities Affecting Water Resources in Minnesota along with a Wetland Delineation Report for the Thief River Falls Golf Club was received on October 20, 2021. Five wetlands were identified. Wetland #1 is .18 acres, Wetland #2 is .06 acres, Wetland #3 is .52 acres, Wetland #4 is approximately 2.11 acres, and Wetland #5 is .04 acres. A total of 2.91 acres of wetlands were delineated. Notice of Application was sent to TEP members and the applicant on October 28, 2021 with comments due November 18, 2021. No comments were received.</p> <p>On November 4, 2021, Larissa Fitzgerald (Penn. SWCD), Steve Hofstad (BWSR), Mike Flaagan (Penn. County), and Nick Olson (RLWD) met on-site with Torin McCormack (consultant) to review and discuss the wetland delineation boundaries. Steve questioned why the southeast area within the project limits was left out of the delineated wetland boundary since the vegetation was similar to other areas within the boundary. Torin explained it was left out due to the lack of hydrology but did note that could have been due to the drought year we had.</p> <p>A Zoom meeting was held with TEP members on November 30, 2021, to address any questions or comments on the wetland boundaries and delineation report. Steve’s concern with the southeast area that was left out of the delineation boundary was addressed. He thought the lack of hydrology could be due to the dam in the city of Thief River Falls manipulating the water levels. Another member of the TEP explained the hydrological impact of the dam in Thief River Falls. While the dam has an impact of the hydrology of the river, it has no impact on the wetland hydrology indicators. All delineated wetland areas were agreed on by the TEP. The TEP recommends the approval of the wetland delineation on the Thief River Falls Golf Course.</p>
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<input type="checkbox"/> Attachment(s) (specify):

DNR Protected Waters and Shoreland Protection Zone

Will the project/activity affect DNR public waters, DNR public waters wetlands or wetlands within the shoreland protection zone? Yes No If yes, DNR representative is a member of the TEP.

Signatures

<input checked="" type="checkbox"/> LGU TEP Member: Mike Flaagan	Agree with Findings & Recommendations: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Date:
<input checked="" type="checkbox"/> SWCD TEP Member: Larissa Fitzgerald	Agree with Findings & Recommendations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <i>Larissa Fitzgerald</i>	Date: 12-9-2021
<input checked="" type="checkbox"/> BWSR TEP Member: Steve Hofstad	Agree with Findings & Recommendations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <i>Steven C. Hofstad</i>	Date: 12/10/2021
<input checked="" type="checkbox"/> DNR TEP Member: Stephanie Klamm	Agree with Findings & Recommendations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <i>Stephanie Klamm</i>	Date: 12-10-2021

Wetland Delineation Report for:

Thief River Golf Club

18th Hole

Pennington County, Minnesota
Section 21 North Township (T153N, R43W)
October 20th, 2021



Prepared by:
Torin McCormack
40353 County Rd 2
Roseau, MN 56751

Thief River Golf Club Wetland Delineation

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Thief River Golf Club Wetland Delineation

1.0 Executive Summary

The Thief River Golf Club is looking to improve golfing access and use of the 18th hole fairway. Currently a large portion of the fairway is frequently flooded or saturated, resulting in limited use for golfers, hindering mowing and golf cart access. The club is exploring options to place fill in low lying areas within the fairway to improve use and maintenance. Prior to any proposed improvement the club was advised to acquire a wetland delineation within the 18th hole to determine the location and extent of jurisdictional wetlands within the scope of the 18th hole.

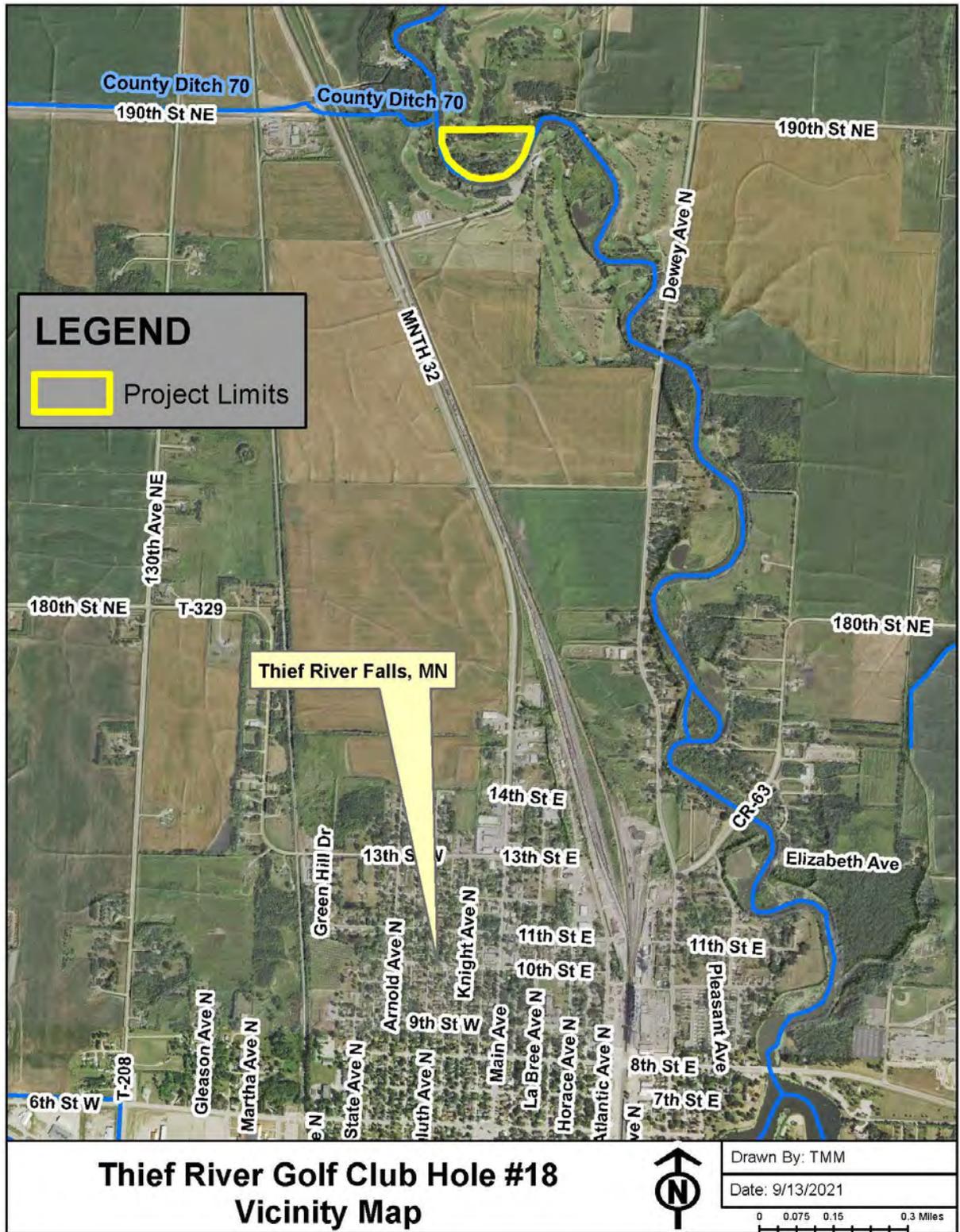
On August 27th 2021, a wetland delineation was conducted by Torin McCormack to determine potential wetland impacts posed by any future construction. Wetlands boundaries were delineated within the boundaries of the hole, transect points were recorded and photographs were taken. Wetland boundaries and transect locations were collected using a Trimble TSC7 series handheld unit with R10-2 receiver, data points collected in the field were uploaded in Trimble Business Center, then projected into ArcMap.

2.0 Introduction

The project is located 1 mile north the City of Thief River Falls, in Pennington County, Minnesota. The site lies along the Thief River, soils are formed of alluvial deposits. County soils data and National Wetland Inventory spatial data suggests a high probability of wetlands within the site. The wetland delineation was completed on August 27^h to identify jurisdictional wetlands within the property limits.

The wetland delineation was conducted to identify jurisdictional wetlands within the project footprint. Five wetlands were identified within the scope of investigation (See Site Map). Wetlands #1-#3 are located within or along the fairway, are dominated by lady's thumb and would be classified as Type 1 seasonal depressions. Wetland #4 extends along the shoreline of Thief River and consists of Type 2, Type 3 and Type 7 wetland communities. Wetland #5 is located south of the fairway near the bridge and would be classified as a Type 1 seasonal depression. Areas of upland consisted of manicured grass in the center of the project, white oak stand in the northern limits, in the southern limits the upland community consisted of white oak, box elder, black ash and glossy buckthorn.

Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation

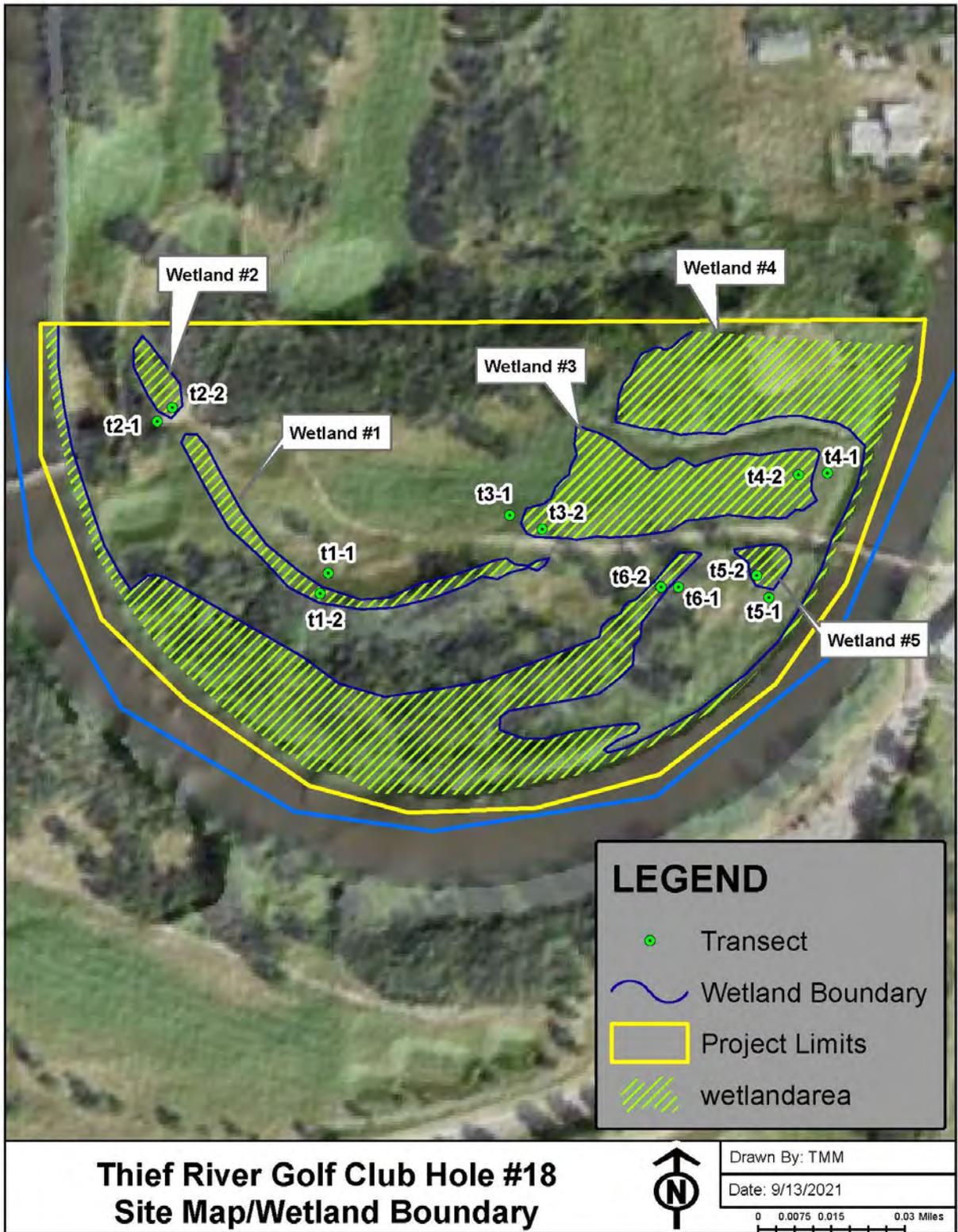
3.0 Methods

Prior to on-site delineation of wetland boundaries, aerial review of the site was conducted to determine sites likely supporting wetland communities. National Wetland Inventory Maps, Soil Survey Data and LiDAR data were also reviewed to determine areas that are likely wetland or potentially could have wetland characteristics.

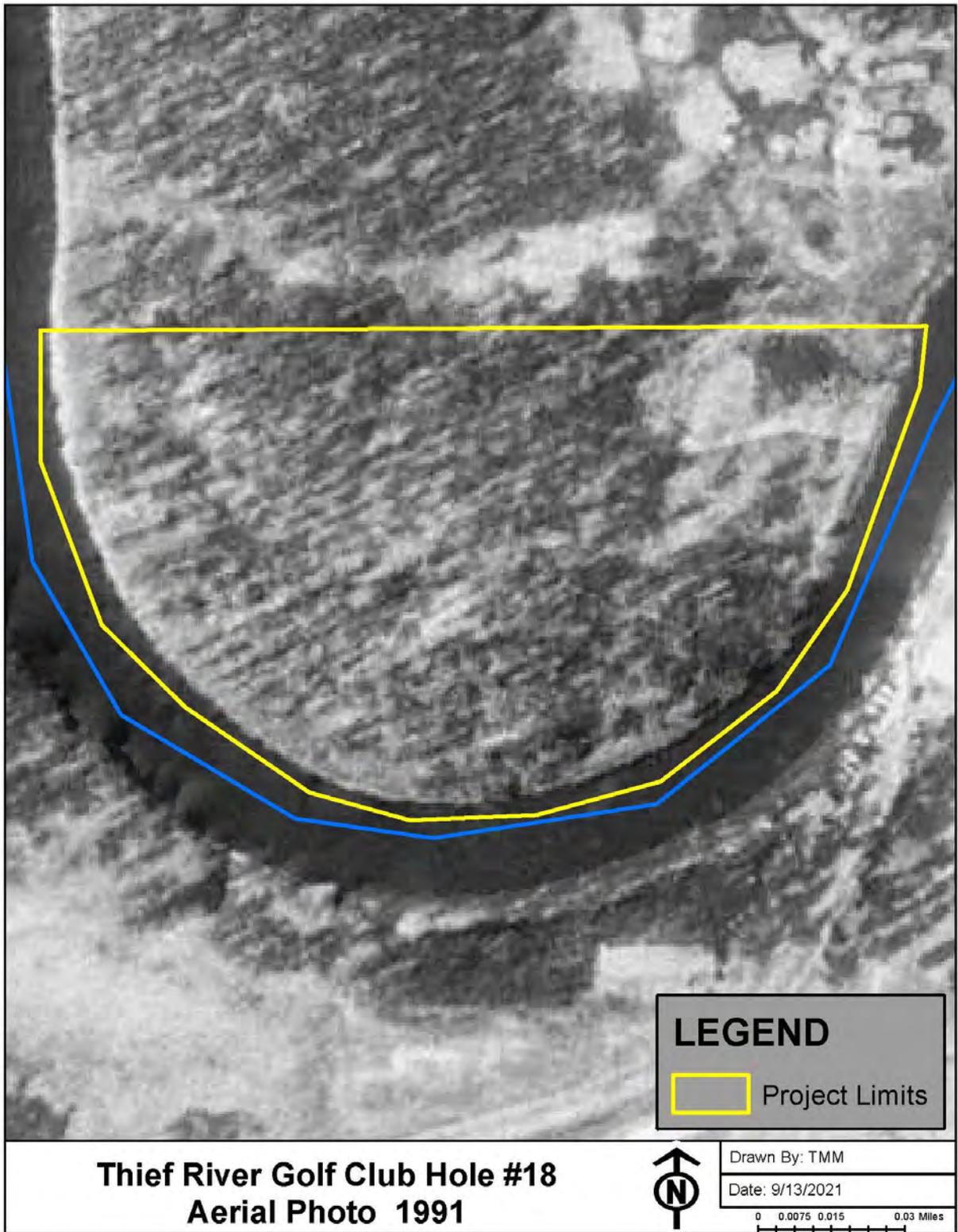
Wetlands were delineated in accordance with *1987 Corps of Engineers Wetland Determination Manual (1987)* and the *Regional Supplement: Great Plains Region 2.0 (2011)*. All areas deemed wetland were determined to meet hydrologic soil requirements, have adequate hydrology and supported hydrophytic dominant plant communities. Transects were taken within and outside of wetland boundaries to record soil, hydrology and vegetative features. Soil profiles were identified using a soil probe, the probe allows for accurate measurement of soil horizons and identification of hydric features while posing the least amount of impact to the transect location.

Wetland boundaries and transect locations were collected using a Trimble TSC7 series handheld unit with R10-2 receiver, data points collected in the field were corrected in Trimble Business Center, then projected into ArcMap.

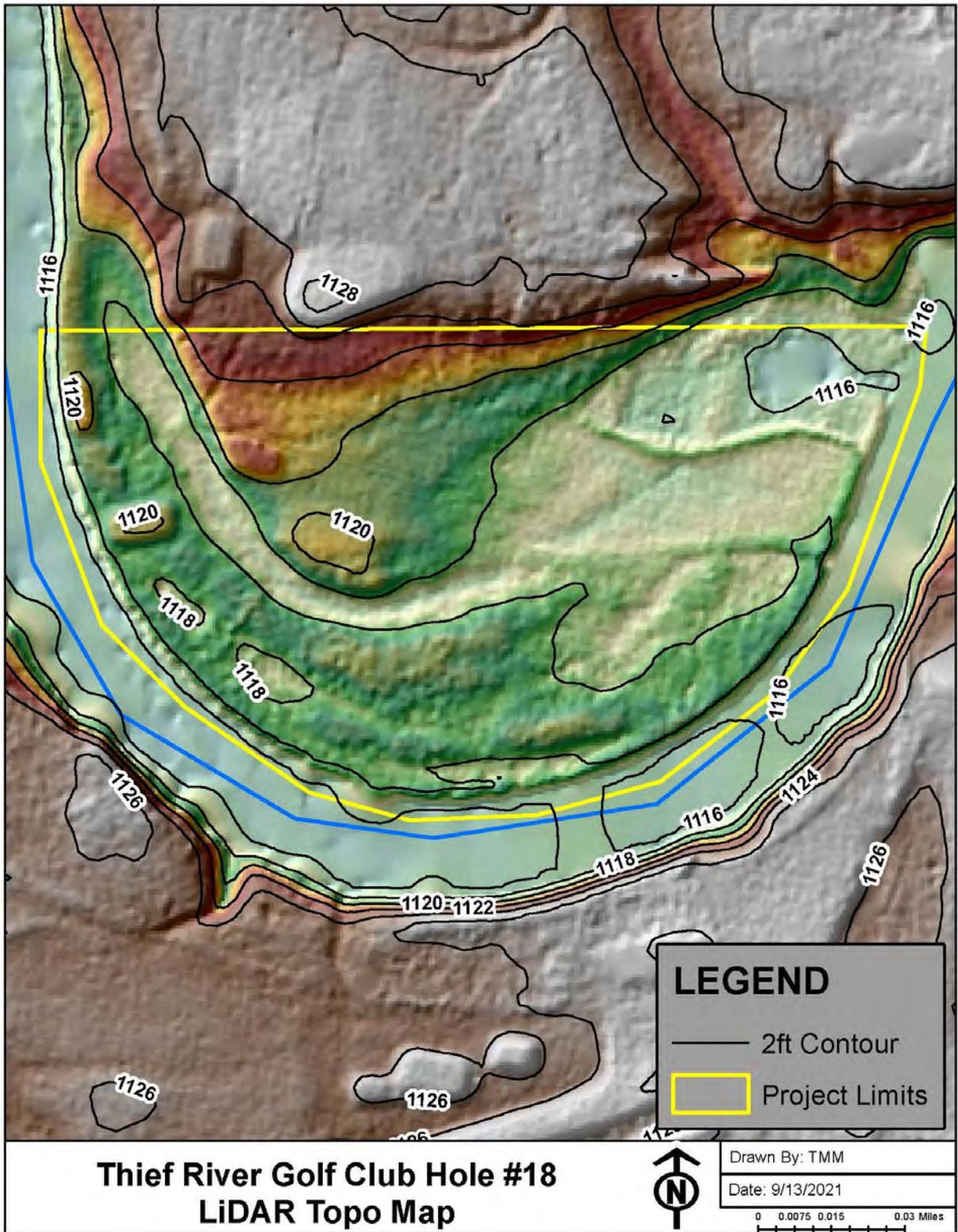
Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation

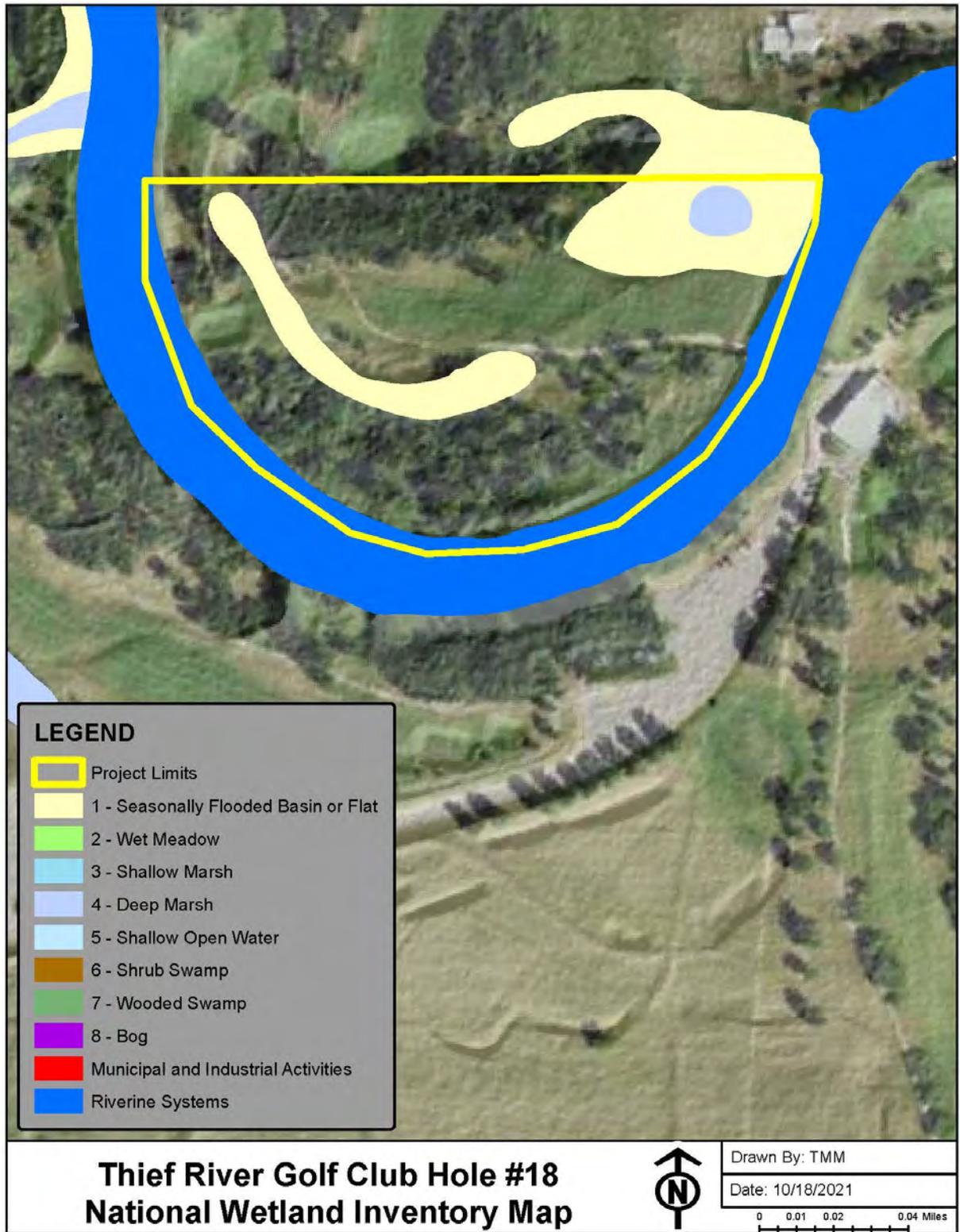
3.1 NWI Map Review

In accordance with the National Wetland Inventory dataset, there are 4 wetland communities within the project limits (See NWI Map on following page). The table below lists NWI identified wetlands within the site:

Cowardin Id	Number Within Site	Cowardin Description	Circular 39 Description
PEMC	1	Palustrine, Emergent, Seasonally Flooded	Type 3: Shallow Marsh
PEMC	2	Palustrine, Emergent, Seasonally Flooded	Type 1 : Seasonally Flooded Basin
R2UBH	1	Riverine, Lower Perennial, Unconsolidated Bottom	Type 5: Shallow Open Water

Table 1

Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation

3.2 Climatology Data

Average monthly precipitation data was retrieved from weather station located in Thief River Falls, MN. Monthly data for 2021 was compared with average monthly rainfall from the 1981-2010 periods (see table below). During 2021, the project area encountered below average rainfall. See table below for precipitation data:

Month	Average 1981-2010	2020	Variation (81-00) to 2020
January	0.61	0.33	-0.28
February	0.50	0.15	-0.35
March	0.89	0.08	-0.81
April	1.17	1.37	+0.2
May	2.97	0.95	-2.02
June	3.95	1.98	-1.97
July	3.4	0.36	-3.04
August	3.18	4.93	+1.75
September	2.66	-	-
October	2.01	-	-
November	0.97	-	-
December	0.74	-	-
Total	24.92	N/A	-

Table 2

3.3 Pennington County Soil Survey Data

Soils within project area have developed from alluvial deposits in swales and flats of flood plains, in accordance with the Web soil survey. Soils data can be found in the Soil Survey Map (See on following page), Soils mapped within the project scope are identified in the table below:

Musym Symbol	Soil Name/Description	Slope	Drainage Class	Hydric
I16F	Fluvaquents, Frequently Ponged	0-30	Very Poorly Drained	Yes
I9A	Clearwater Clay	0-1	Poorly Drained	Yes

Table 3

Thief River Golf Club Wetland Delineation



Thief River Golf Club Wetland Delineation

3.4 Hydrology

Hydrology for the project area is influenced by fluctuating water levels of the Thief River and precipitation events. Thief River influences hydrology to adjacent lands, as river levels rise surface water either backs into low lying areas in milder events, or flows over portions of the property during more higher intensity floods. Precipitation events provide hydrology either indirectly through river flooding, or directly as portions of the site are concave allowing for localized capture and storage of runoff.

4.0 Delineated Wetlands

Transect #1 This transect is located in the center of the property along Wetland #1. Transect T1-2 is located within a jurisdictional wetland and T1-1 is in the adjacent upland.



Vegetation at T1-1 consisted of Kentucky Bluegrass, Red Fescue and White Oak. Soils of the transect were 10YR2/2 Silt loam from 0-9 inches, 10YR3/2 Silt loam from 9-20 inches, 10YR4/2 Silt Loam from 20-29 inches.

Thief River Golf Club Wetland Delineation



T1-2 was vegetated with Kentucky Bluegrass, Common Plantain, Lady's Thumb, Wild Millet, American Basswood and White Oak. Soils within this wetland community were comprised of 10YR2/1 colored Silt Loam from 0-4 inches, 10YR3/1,4/1,5/1 Silty Clay Loam with 10YR5/6 iron concentrations from 4-13 inches and depleted 4/N Silty Clay Loam from 13-24 inches.

Thief River Golf Club Wetland Delineation

Transect #2 This transect is located in the western portion of the property, defining Wetland #2. Transect T2-2 is located within a jurisdictional wetland with T2-1 in the adjacent upland.



Transect T2-1 found Kentucky Bluegrass, American Basswood and White Oak. Soils were comprised of 10YR2/1 silt loam from 0-10 inches, 10YR3/2 Silt Loam from 10-19 inches, 10YR4/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 19-23 inches and 10YR6/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 23-29 inches.

Thief River Golf Club Wetland Delineation



T2-2 was vegetated with Lady's Thumb, Wild Millet, Kentucky Bluegrass, Box Elder, American Basswood and White Oak. Soils within this wetland community were comprised of 10YR2/1 colored Silty Clay Loam from 0-6 inches, 10YR6/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 6-14 inches, 5/N colored Silty Clay Loam with 10YR5/6 iron concentration from 14-20 inches.

Thief River Golf Club Wetland Delineation

Transect #3 This transect is located in the eastern portion of the property, defining Wetland #3. Transect T3-2 is located within a jurisdictional wetland with T3-1 in the adjacent upland.



Transect T3-1 found Kentucky Bluegrass and Red Fescue. Soils were comprised of 10YR2/2 Silty Clay Loam from 0-3 inches, 10YR3/1 Silty Clay Loam from 3-8 inches, 10YR4/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 8-14 inches and 10YR5/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 14-23 inches.

Thief River Golf Club Wetland Delineation



T3-2 was vegetated with Lady's Thumb and Kentucky Bluegrass. Soils within this wetland community were comprised of 10YR2/2 colored Silty Clay Loam from 0-2 inches, 10YR2/1 colored Silty Clay Loam from 2-8 inches, 10YR4/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 8-16 inches, 2.5/N colored Silty Clay Loam with 10YR5/6 iron concentration from 16-26 inches.

Thief River Golf Club Wetland Delineation

Transect #4 This transect is located in the eastern side of wetland #3. Transect T4-2 is located within a jurisdictional wetland with T4-1 in the adjacent upland.



Transect T4-1 found Kentucky Bluegrass, Red Fescue and Lady's Thumb. Soils were comprised of 10YR3/2 Silty Clay Loam from 0-4 inches, 10YR3/1 Silty Clay Loam from 4-9 inches, 10YR4/1 colored Silty Clay Loam from 9-12 inches and 10YR7/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 12-19 inches.

Thief River Golf Club Wetland Delineation



T4-2 was vegetated with Lady's Thumb and Kentucky Bluegrass. Soils within this wetland community were comprised of 10YR3/2 colored Silty Clay Loam from 0-3 inches, 10YR3/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 3-9 inches, 10YR5/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 9-14 inches, 10YR7/1 colored Silty Clay Loam with 10YR5/6 iron concentration from 14-19 inches.

Thief River Golf Club Wetland Delineation

Transect #5 This transect is located in the eastern portion of the property, defining Wetland #5. Transect T2-2 is located within a jurisdictional wetland with T2-1 in the adjacent upland.



Transect T5-1 found Kentucky Bluegrass and Black Willow. Soils were comprised of 10YR3/2 Silty Clay Loam from 0-3 inches, 10YR3/1 Silty Clay Loam from 3-10 inches, 10YR4/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 10-14 inches.

Thief River Golf Club Wetland Delineation



T5-2 was vegetated with Lady's Thumb, Black Willow and Kentucky Bluegrass. Soils within this wetland community were comprised of 10YR3/2 colored Silty Clay Loam from 0-3 inches, 10YR3/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 3-10 inches, 10YR4/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 10-17 inches.

Thief River Golf Club Wetland Delineation

Transect #6 This transect is located in the center of the property, defining Wetland #4. Transect T6-2 is located within a jurisdictional wetland with T6-1 in the adjacent upland.



Transect T6-1 found Kentucky Bluegrass, Red Fescue, Black Ash and Black Willow. Soils were comprised of 10YR2/1 Silty Clay Loam from 0-4 inches, 10YR3/2 Silty Clay Loam from 4-13 inches, 10YR5/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 13-18 inches, and 10YR6/1 colored Silty Clay Loams with 10YR5/6 iron concentrations from 18-25 inches.

Thief River Golf Club Wetland Delineation



T6-2 was vegetated with Lady's Thumb, Kentucky Bluegrass, Barnyard Grass and Black Ash. Soils within this wetland community were comprised of 10YR2/1 colored Silty Clay Loam from 0-3 inches, 10YR5/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 3-9 inches, and 10YR7/1 colored Silty Clay Loam with 10YR5/6 iron concentrations from 9-17 inches.

Thief River Golf Club Wetland Delineation

5.0 Conclusions

Five wetlands were identified within the project limits. Wetland #1 (T1-2) is 0.18 acres and dominated by Lady's Thumb, Kentucky Bluegrass, Common Plantain, White Oak and American Basswood. Wetland #2 (T2-2) is 0.06 acres and dominated by Lady's Thumb, Kentucky Bluegrass, White Oak, Box Elder and American Basswood. Wetland #3 (T3-2,T4-2) is 0.52 acres and dominated Lady's Thumb and Kentucky Bluegrass. Wetland #4 (T6-2) is approximately 2.11 acres within the project footprint and dominated by Black Ash, Lady's Thumb and Kentucky Bluegrass. Wetland #5 (T5-2) is 0.04 acres and is dominated by Lady's Thumb, Kentucky Bluegrass and Black Willow.

Thief River Golf Club Wetland Delineation

7.0 References

Cowardin, L.M., V. Carter, F.C. Golet, and E.T. LaRoe. 1979. *Classification of wetlands and deepwater habitats of the United States*. United States Department of Interior, Fish and Wildlife Service. FWS/OBS-79/31. 103 p.

U.S. Army Corps of Engineers. 1987. Corps of Engineers Wetlands Delineation Manual. Technical Report Y-87-1, U.S. Army Corps of Engineers Waterways Experiment Station, Vicksburg, MS, 100 pp. and appendices.

U.S. Army Corps of Engineers. 2011. Regional Supplement to the Corps of Engineers Wetland Delineation Manual: Midwest Region (Version 2.0), ed. J. S. Wakeley, R. W. Lichvar, C.V. Noble and J. F. Berkowitz. ERDC/EL TR-12-1. Vicksburg, MS: U.S. Army Engineer Research and Development Center.

U.S. Department of Agriculture, NRCS. Web Soil Survey for Roseau County, Minnesota. <http://websoilsurvey.nrcs.usda.gov/app/>

U.S. Fish and Wildlife Service. 1980. *National Wetlands Inventory*, Washington, D.C.

P. R. McMiller, et al. *Soil Survey Roseau County Minnesota*. United States Department of Agriculture Bureau of Plant Industry. Series 1936 No. 11 January 1942.

Figure 7
COE Data Forms

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T1-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Swale Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1505 Long: -96.1843 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Wetland Hydrology Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Quercus alba</u>	<u>5</u>	<u>Yes</u>	<u>FACU</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>3</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>33.3%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
<u>5</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species _____ x 2 = _____ FAC species <u>40</u> x 3 = <u>120</u> FACU species <u>65</u> x 4 = <u>260</u> UPL species _____ x 5 = _____ Column Totals: <u>105</u> (A) <u>380</u> (B) Prevalence Index = B/A = <u>3.62</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Poa pratensis</u>	<u>60</u>	<u>Yes</u>	<u>FACU</u>	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain)
2. <u>Festuca rubra</u>	<u>40</u>	<u>Yes</u>	<u>FAC</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
_____ = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T1-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Swale Local relief (concave, convex, none): CONCAVE Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1505 Long: -96.1843 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: Seasonally Flooded

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks: <u>Vegetation indicates non-wetland, oxidized rhizospheres on living roots near surface indicate prolonged inundation.</u>	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Quercus alba</u>	<u>5</u>	<u>Yes</u>	<u>FACU</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>2</u> (A) Total Number of Dominant Species Across All Strata: <u>5</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>40%</u> (A/B)
2. <u>Tilia americana</u>	<u>10</u>	<u>Yes</u>	<u>FACU</u>	
3. _____				
4. _____				
<u>15</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>30</u> x 2 = <u>60</u> FAC species <u>30</u> x 3 = <u>90</u> FACU species <u>55</u> x 4 = <u>220</u> UPL species _____ x 5 = _____ Column Totals: <u>115</u> (A) <u>370</u> (B) Prevalence Index = B/A = <u>3.21</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain) ¹ Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
1. <u>Poa pratensis</u>	<u>40</u>	<u>Yes</u>	<u>FACU</u>	
2. <u>Persicaria maculosa</u>	<u>30</u>	<u>Yes</u>	<u>FACW</u>	
3. <u>Echinochloa crus-galli</u>	<u>10</u>	<u>No</u>	<u>FAC</u>	
4. <u>Plantago major</u>	<u>20</u>	<u>Yes</u>	<u>FAC</u>	
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1. _____				
2. _____				
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks: _____				

SOIL

Sampling Point: T1-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-4	10YR 2/1	100					SICL	
4-13	10YR 4/1	90	10YR 5/6	10	C	M	SICL	
13-24	N 4/	100					SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)		Indicators for Problematic Hydric Soils ³ :
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	(LRR H outside of MLRA 72 & 73)
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)
<input checked="" type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	(MLRA 72 & 73 of LRR H)	

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Remarks:

HYDROLOGY

Wetland Hydrology Indicators:	
Primary Indicators (minimum of one required; check all that apply)	Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	(where tilled)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Iron Deposits (B5)	<input checked="" type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)	<input type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Water-Stained Leaves (B9)	<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T2-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.151 Long: -96.185 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: Seasonally Flooded Basin

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Wetland Hydrology Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Quercus alba</u>	<u>10</u>	<u>Yes</u>	<u>FACU</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>4</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>25%</u> (A/B)
2. <u>Tilia americana</u>	<u>10</u>	<u>Yes</u>	<u>FACU</u>	
3. _____				
4. _____				
<u>20</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species _____ x 2 = _____ FAC species <u>20</u> x 3 = <u>60</u> FACU species <u>100</u> x 4 = <u>400</u> UPL species _____ x 5 = _____ Column Totals: <u>120</u> (A) <u>460</u> (B) Prevalence Index = B/A = <u>3.83</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain) ¹ Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
1. <u>Poa pratensis</u>	<u>80</u>	<u>Yes</u>	<u>FACU</u>	
2. <u>Festuca rubra</u>	<u>20</u>	<u>Yes</u>	<u>FAC</u>	
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1. _____				
2. _____				
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks:				

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T2-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Swale Local relief (concave, convex, none): CONCAVE Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1511 Long: -96.185 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: Seasonally Flooded

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Quercus alba</u>	<u>5</u>	<u>Yes</u>	<u>FACU</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>2</u> (A) Total Number of Dominant Species Across All Strata: <u>5</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>40%</u> (A/B)
2. <u>Tilia americana</u>	<u>10</u>	<u>Yes</u>	<u>FACU</u>	
3. <u>Acer negundo</u>	<u>5</u>	<u>Yes</u>	<u>FAC</u>	
4. _____	<u>20</u>			Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>60</u> x 2 = <u>120</u> FAC species <u>15</u> x 3 = <u>45</u> FACU species <u>45</u> x 4 = <u>180</u> UPL species _____ x 5 = _____ Column Totals: <u>120</u> (A) <u>345</u> (B) Prevalence Index = B/A = <u>2.875</u>
= Total Cover				
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
= Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Poa pratensis</u>	<u>30</u>	<u>Yes</u>	<u>FACU</u>	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input checked="" type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain)
2. <u>Persicaria maculosa</u>	<u>60</u>	<u>Yes</u>	<u>FACW</u>	
3. <u>Echinochloa crus-galli</u>	<u>10</u>	<u>No</u>	<u>FAC</u>	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
= Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
= Total Cover				
% Bare Ground in Herb Stratum _____				

Remarks:

SOIL

Sampling Point: T2-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-6	10YR 2/1	100					SICL	
6-14	10YR 6/1	90	10YR 5/6	10	C	M	SICL	
14-20	N 5/	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)			Indicators for Problematic Hydric Soils ³ :		
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)			
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)			
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)			
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)			
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	<input type="checkbox"/> (LRR H outside of MLRA 72 & 73)			
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)			
<input checked="" type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)			
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)			
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)			
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.			
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	<input type="checkbox"/> (MLRA 72 & 73 of LRR H)				

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Remarks:

HYDROLOGY

Wetland Hydrology Indicators:		
Primary Indicators (minimum of one required; check all that apply)		Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Salt Crust (B11)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Aquatic Invertebrates (B13)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Hydrogen Sulfide Odor (C1)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Dry-Season Water Table (C2)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)	<input type="checkbox"/> (where tilled)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> (where not tilled)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Presence of Reduced Iron (C4)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Iron Deposits (B5)	<input type="checkbox"/> Thin Muck Surface (C7)	<input checked="" type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)	<input type="checkbox"/> Other (Explain in Remarks)	<input checked="" type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Water-Stained Leaves (B9)		<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T3-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1508 Long: -96.1835 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>2</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>50%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
_____ = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species _____ x 2 = _____ FAC species <u>40</u> x 3 = <u>120</u> FACU species <u>60</u> x 4 = <u>240</u> UPL species _____ x 5 = _____ Column Totals: <u>100</u> (A) <u>360</u> (B) Prevalence Index = B/A = <u>3.6</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Poa pratensis</u>	<u>60</u>	<u>Yes</u>	<u>FACU</u>	
2. <u>Festuca rubra</u>	<u>40</u>	<u>Yes</u>	<u>FAC</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks:				

Hydrophytic Vegetation Indicators:
 1 - Rapid Test for Hydrophytic Vegetation
 2 - Dominance Test is >50%
 3 - Prevalence Index is ≤3.0¹
 4 - Morphological Adaptations¹ (Provide supporting data in Remarks or on a separate sheet)
 Problematic Hydrophytic Vegetation¹ (Explain)

¹Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

Hydrophytic Vegetation Present? Yes No

SOIL

Sampling Point: T3-1

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-3	10YR 2/2	100					SICL	
3-8	10YR 3/1	100					SICL	
8-14	10YR 4/1	90	10YR 5/6	10	C	M	SICL	
14-23	10YR 5/1	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)		Indicators for Problematic Hydric Soils ³ :
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	(LRR H outside of MLRA 72 & 73)
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)
<input type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	(MLRA 72 & 73 of LRR H)	

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Remarks:

HYDROLOGY

Wetland Hydrology Indicators:	
Primary Indicators (minimum of one required; check all that apply)	Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	(where tilled)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Iron Deposits (B5)	<input type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)	<input type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Water-Stained Leaves (B9)	<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)
<input type="checkbox"/> Salt Crust (B11)	
<input type="checkbox"/> Aquatic Invertebrates (B13)	
<input type="checkbox"/> Hydrogen Sulfide Odor (C1)	
<input type="checkbox"/> Dry-Season Water Table (C2)	
<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)	
(where not tilled)	
<input type="checkbox"/> Presence of Reduced Iron (C4)	
<input type="checkbox"/> Thin Muck Surface (C7)	
<input type="checkbox"/> Other (Explain in Remarks)	

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes _____ No <input checked="" type="checkbox"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T3-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): concave Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1507 Long: -96.1833 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>2</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>50%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
_____ = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>60</u> x 2 = <u>120</u> FAC species _____ x 3 = _____ FACU species <u>40</u> x 4 = <u>160</u> UPL species _____ x 5 = _____ Column Totals: <u>100</u> (A) <u>280</u> (B) Prevalence Index = B/A = <u>2.8</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Persicaria maculosa</u>	<u>60</u>	<u>Yes</u>	<u>FACW</u>	
2. <u>Poa pratensis</u>	<u>40</u>	<u>Yes</u>	<u>FACU</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
_____ = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks:				

Hydrophytic Vegetation Indicators:
 1 - Rapid Test for Hydrophytic Vegetation
 2 - Dominance Test is >50%
 3 - Prevalence Index is ≤3.0¹
 4 - Morphological Adaptations¹ (Provide supporting data in Remarks or on a separate sheet)
 Problematic Hydrophytic Vegetation¹ (Explain)

¹Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

Hydrophytic Vegetation Present? Yes No

SOIL

Sampling Point: T3-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-2	10YR 2/2	100					SICL	
2-8	10YR 2/1	100					SICL	
8-16	10YR 4/1	90	10YR 5/6	10	C	M	SICL	
16-26	N 2.5/	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)		Indicators for Problematic Hydric Soils ³ :
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	(LRR H outside of MLRA 72 & 73)
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)
<input type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	(MLRA 72 & 73 of LRR H)	

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Remarks: _____

HYDROLOGY

Wetland Hydrology Indicators:	
Primary Indicators (minimum of one required; check all that apply)	Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	(where tilled)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Iron Deposits (B5)	<input checked="" type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)	<input checked="" type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Water-Stained Leaves (B9)	<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available: _____

Remarks: _____

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T4-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1509 Long: -96.1821 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>2</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>50%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
_____ = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>10</u> x 2 = <u>20</u> FAC species <u>40</u> x 3 = <u>120</u> FACU species <u>50</u> x 4 = <u>200</u> UPL species _____ x 5 = _____ Column Totals: <u>100</u> (A) <u>340</u> (B) Prevalence Index = B/A = <u>3.4</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Poa pratensis</u>	<u>50</u>	<u>Yes</u>	<u>FACU</u>	
2. <u>Festuca rubra</u>	<u>40</u>	<u>Yes</u>	<u>FAC</u>	
3. <u>Persicaria maculosa</u>	<u>10</u>	<u>No</u>	<u>FACW</u>	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks:				

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T4-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): concave Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1509 Long: -96.1822 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
_____ = Total Cover				
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Persicaria maculosa</u>	<u>90</u>	<u>Yes</u>	<u>FACW</u>	
2. <u>Poa pratensis</u>	<u>10</u>	<u>No</u>	<u>FACU</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
_____ = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				

Dominance Test worksheet:
 Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): 1 (A)
 Total Number of Dominant Species Across All Strata: 1 (B)
 Percent of Dominant Species That Are OBL, FACW, or FAC: 100% (A/B)

Prevalence Index worksheet:
 Total % Cover of: _____ Multiply by: _____
 OBL species _____ x 1 = _____
 FACW species 90 x 2 = 180
 FAC species _____ x 3 = _____
 FACU species 10 x 4 = 40
 UPL species _____ x 5 = _____
 Column Totals: 100 (A) 220 (B)
 Prevalence Index = B/A = 2.2

Hydrophytic Vegetation Indicators:
 ___ 1 - Rapid Test for Hydrophytic Vegetation
 2 - Dominance Test is >50%
 3 - Prevalence Index is ≤3.0¹
 ___ 4 - Morphological Adaptations¹ (Provide supporting data in Remarks or on a separate sheet)
 ___ Problematic Hydrophytic Vegetation¹ (Explain)

¹Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

Hydrophytic Vegetation Present? Yes No

Remarks:

SOIL

Sampling Point: T4-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-3	10YR 3/2	100					SICL	
3-9	10YR 3/1	100					SICL	
9-14	10YR 5/1	90	10YR 5/6	10	C	M	SICL	
14-19	10YR 7/1	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)			Indicators for Problematic Hydric Soils ³ :		
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)			
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)			
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)			
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)			
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	<input type="checkbox"/> (LRR H outside of MLRA 72 & 73)			
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)			
<input type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)			
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)			
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)			
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.			
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	<input type="checkbox"/> (MLRA 72 & 73 of LRR H)				

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Remarks:

HYDROLOGY

Wetland Hydrology Indicators:		
Primary Indicators (minimum of one required; check all that apply)		Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Salt Crust (B11)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Aquatic Invertebrates (B13)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Hydrogen Sulfide Odor (C1)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Dry-Season Water Table (C2)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	<input checked="" type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3) (where not tilled)	<input type="checkbox"/> (where tilled)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Presence of Reduced Iron (C4)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Thin Muck Surface (C7)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Iron Deposits (B5)	<input type="checkbox"/> Other (Explain in Remarks)	<input checked="" type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)		<input checked="" type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Water-Stained Leaves (B9)		<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T5-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Depression Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1506 Long: -96.1823 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Wetland Hydrology Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Salix nigra</u>	<u>10</u>	<u>Yes</u>	<u>FACW</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>1</u> (A) Total Number of Dominant Species Across All Strata: <u>2</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>50%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
<u>10</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>10</u> x 2 = <u>20</u> FAC species _____ x 3 = _____ FACU species <u>90</u> x 4 = <u>360</u> UPL species _____ x 5 = _____ Column Totals: <u>100</u> (A) <u>380</u> (B) Prevalence Index = B/A = <u>3.8</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)	_____	_____	_____	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)	_____	_____	_____	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain) ¹ Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
1. <u>Poa pratensis</u>	<u>90</u>	<u>Yes</u>	<u>FACU</u>	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>90</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)	_____	_____	_____	Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	% Bare Ground in Herb Stratum _____
_____ = Total Cover				
Remarks:				

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T5-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Terrace Local relief (concave, convex, none): CONCAVE Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1506 Long: -96.1824 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Salix nigra</u>	<u>20</u>	<u>Yes</u>	<u>FACW</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>2</u> (A) Total Number of Dominant Species Across All Strata: <u>3</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>66.7%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
<u>20</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>60</u> x 2 = <u>120</u> FAC species _____ x 3 = _____ FACU species <u>60</u> x 4 = <u>240</u> UPL species _____ x 5 = _____ Column Totals: <u>120</u> (A) <u>360</u> (B) Prevalence Index = B/A = <u>3.0</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Persicaria maculosa</u>	<u>40</u>	<u>Yes</u>	<u>FACW</u>	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input checked="" type="checkbox"/> 2 - Dominance Test is >50% <input checked="" type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain)
2. <u>Poa pratensis</u>	<u>60</u>	<u>Yes</u>	<u>FACU</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				

Remarks:

SOIL

Sampling Point: T5-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-3	10YR 3/2	100					SICL	
3-10	10YR 3/1	100					SICL	
10-17	10YR 4/1	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)			Indicators for Problematic Hydric Soils ³ :		
<input type="checkbox"/> Histosol (A1)	<input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> 1 cm Muck (A9) (LRR I, J)			
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Sandy Redox (S5)	<input type="checkbox"/> Coast Prairie Redox (A16) (LRR F, G, H)			
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Stripped Matrix (S6)	<input type="checkbox"/> Dark Surface (S7) (LRR G)			
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Loamy Mucky Mineral (F1)	<input type="checkbox"/> High Plains Depressions (F16)			
<input type="checkbox"/> Stratified Layers (A5) (LRR F)	<input type="checkbox"/> Loamy Gleyed Matrix (F2)	<input type="checkbox"/> (LRR H outside of MLRA 72 & 73)			
<input type="checkbox"/> 1 cm Muck (A9) (LRR F, G, H)	<input checked="" type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Reduced Vertic (F18)			
<input type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Red Parent Material (TF2)			
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Very Shallow Dark Surface (TF12)			
<input type="checkbox"/> Sandy Mucky Mineral (S1)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Other (Explain in Remarks)			
<input type="checkbox"/> 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)	<input type="checkbox"/> High Plains Depressions (F16)	³ Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.			
<input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) (LRR F)	<input type="checkbox"/> (MLRA 72 & 73 of LRR H)				

Restrictive Layer (if present): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

HYDROLOGY

Wetland Hydrology Indicators:		
Primary Indicators (minimum of one required; check all that apply)		Secondary Indicators (minimum of two required)
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Salt Crust (B11)	<input type="checkbox"/> Surface Soil Cracks (B6)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Aquatic Invertebrates (B13)	<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Hydrogen Sulfide Odor (C1)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Dry-Season Water Table (C2)	<input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)
<input type="checkbox"/> Sediment Deposits (B2)	<input checked="" type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3) (where not tilled)	<input type="checkbox"/> Crayfish Burrows (C8)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Presence of Reduced Iron (C4)	<input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Thin Muck Surface (C7)	<input checked="" type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Iron Deposits (B5)	<input type="checkbox"/> Other (Explain in Remarks)	<input checked="" type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)		<input type="checkbox"/> Frost-Heave Hummocks (D7) (LRR F)
<input type="checkbox"/> Water-Stained Leaves (B9)		

Field Observations: Surface Water Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Water Table Present? Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____ Saturation Present? (includes capillary fringe) Yes _____ No <input checked="" type="checkbox"/> Depth (inches): _____	Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:	
Remarks:	

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T6-1
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Depression Local relief (concave, convex, none): None Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1506 Long: -96.1827 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hydric Soil Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Wetland Hydrology Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Quercus alba</u>	<u>10</u>	<u>Yes</u>	<u>FACU</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>2</u> (A) Total Number of Dominant Species Across All Strata: <u>4</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>50%</u> (A/B)
2. <u>Fraxinus nigra</u>	<u>20</u>	<u>Yes</u>	<u>FACW</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
<u>30</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>20</u> x 2 = <u>40</u> FAC species <u>40</u> x 3 = <u>120</u> FACU species <u>70</u> x 4 = <u>280</u> UPL species _____ x 5 = _____ Column Totals: <u>130</u> (A) <u>440</u> (B) Prevalence Index = B/A = <u>3.38</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)				
1. <u>Poa pratensis</u>	<u>60</u>	<u>Yes</u>	<u>FACU</u>	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input type="checkbox"/> 2 - Dominance Test is >50% <input type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain) ¹ Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
2. <u>Festuca rubra</u>	<u>40</u>	<u>Yes</u>	<u>FAC</u>	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>90</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)				
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				

Remarks:

SOIL

Sampling Point: T6-1

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)

Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-4	10YR 2/1	100					SICL	
4-13	10YR 3/2	100					SICL	
13-18	10YR 5/1	90	10YR5/6	10	C	M	SICL	
18-25	10YR 6/1	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)

- Histosol (A1)
- Histic Epipedon (A2)
- Black Histic (A3)
- Hydrogen Sulfide (A4)
- Stratified Layers (A5) (LRR F)
- 1 cm Muck (A9) (LRR F, G, H)
- Depleted Below Dark Surface (A11)
- Thick Dark Surface (A12)
- Sandy Mucky Mineral (S1)
- 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)
- 5 cm Mucky Peat or Peat (S3) (LRR F)
- Sandy Gleyed Matrix (S4)
- Sandy Redox (S5)
- Stripped Matrix (S6)
- Loamy Mucky Mineral (F1)
- Loamy Gleyed Matrix (F2)
- Depleted Matrix (F3)
- Redox Dark Surface (F6)
- Depleted Dark Surface (F7)
- Redox Depressions (F8)
- High Plains Depressions (F16) (MLRA 72 & 73 of LRR H)

Indicators for Problematic Hydric Soils³:

- 1 cm Muck (A9) (LRR I, J)
- Coast Prairie Redox (A16) (LRR F, G, H)
- Dark Surface (S7) (LRR G)
- High Plains Depressions (F16) (LRR H outside of MLRA 72 & 73)
- Reduced Vertic (F18)
- Red Parent Material (TF2)
- Very Shallow Dark Surface (TF12)
- Other (Explain in Remarks)

³Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

Restrictive Layer (if present):

Type: _____
Depth (inches): _____

Hydric Soil Present? Yes _____ No X

Remarks:

HYDROLOGY

Wetland Hydrology Indicators:

Primary Indicators (minimum of one required; check all that apply)

- Surface Water (A1)
- High Water Table (A2)
- Saturation (A3)
- Water Marks (B1)
- Sediment Deposits (B2)
- Drift Deposits (B3)
- Algal Mat or Crust (B4)
- Iron Deposits (B5)
- Inundation Visible on Aerial Imagery (B7)
- Water-Stained Leaves (B9)
- Salt Crust (B11)
- Aquatic Invertebrates (B13)
- Hydrogen Sulfide Odor (C1)
- Dry-Season Water Table (C2)
- Oxidized Rhizospheres on Living Roots (C3) (where not tilled)
- Presence of Reduced Iron (C4)
- Thin Muck Surface (C7)
- Other (Explain in Remarks)

Secondary Indicators (minimum of two required)

- Surface Soil Cracks (B6)
- Sparsely Vegetated Concave Surface (B8)
- Drainage Patterns (B10)
- Oxidized Rhizospheres on Living Roots (C3) (where tilled)
- Crayfish Burrows (C8)
- Saturation Visible on Aerial Imagery (C9)
- Geomorphic Position (D2)
- FAC-Neutral Test (D5)
- Frost-Heave Hummocks (D7) (LRR F)

Field Observations:

Surface Water Present? Yes _____ No X Depth (inches): _____
 Water Table Present? Yes _____ No X Depth (inches): _____
 Saturation Present? Yes _____ No X Depth (inches): _____
 (includes capillary fringe)

Wetland Hydrology Present? Yes _____ No X

Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

WETLAND DETERMINATION DATA FORM – Great Plains Region

Project/Site: 18th Hole City/County: TRF / Pennington Sampling Date: 8/27/2021
 Applicant/Owner: Thief River Golf Club State: MN Sampling Point: T6-2
 Investigator(s): T. McCormack Section, Township, Range: Sec 21, T154N, R43W
 Landform (hillslope, terrace, etc.): Depression Local relief (concave, convex, none): none Slope (%): -
 Subregion (LRR): LRR F Lat: 48.1506 Long: -96.1828 Datum: NAD 83
 Soil Map Unit Name: I16F - Fluvaquents NWI classification: None

Are climatic / hydrologic conditions on the site typical for this time of year? Yes No (If no, explain in Remarks.)
 Are Vegetation , Soil , or Hydrology significantly disturbed? Are "Normal Circumstances" present? Yes No
 Are Vegetation , Soil , or Hydrology naturally problematic? (If needed, explain any answers in Remarks.)

SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Remarks:	

VEGETATION – Use scientific names of plants.

Tree Stratum (Plot size: <u>30ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. <u>Fraxinus nigra</u>	<u>20</u>	<u>Yes</u>	<u>FACW</u>	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC (excluding FAC-): <u>2</u> (A) Total Number of Dominant Species Across All Strata: <u>3</u> (B) Percent of Dominant Species That Are OBL, FACW, or FAC: <u>66.7%</u> (A/B)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
<u>20</u> = Total Cover				Prevalence Index worksheet: Total % Cover of: _____ Multiply by: _____ OBL species _____ x 1 = _____ FACW species <u>80</u> x 2 = <u>160</u> FAC species <u>5</u> x 3 = <u>15</u> FACU species <u>20</u> x 4 = <u>80</u> UPL species _____ x 5 = _____ Column Totals: <u>105</u> (A) <u>255</u> (B) Prevalence Index = B/A = <u>2.43</u>
Sapling/Shrub Stratum (Plot size: <u>15ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
_____ = Total Cover				
Herb Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Indicators: <input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation <input checked="" type="checkbox"/> 2 - Dominance Test is >50% <input checked="" type="checkbox"/> 3 - Prevalence Index is ≤3.0 ¹ <input type="checkbox"/> 4 - Morphological Adaptations ¹ (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation ¹ (Explain) ¹ Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
1. <u>Persicaria maculosa</u>	<u>60</u>	<u>Yes</u>	<u>FACW</u>	
2. <u>Poa pratensis</u>	<u>20</u>	<u>Yes</u>	<u>FACU</u>	
3. <u>Echinochloa crus-galli</u>	<u>5</u>	<u>No</u>	<u>FAC</u>	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
<u>100</u> = Total Cover				
Woody Vine Stratum (Plot size: <u>5ft</u>)	Absolute % Cover	Dominant Species?	Indicator Status	Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	_____
_____ = Total Cover				
% Bare Ground in Herb Stratum _____				
Remarks:				

SOIL

Sampling Point: T6-2

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)

Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		
0-3	10YR 2/1	100					SICL	
3-9	10YR 5/1	90	10YR 5/6	10	C	M	SICL	
9-17	10YR 4/1	90	10YR 5/6	10	C	M	SICL	

¹Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. ²Location: PL=Pore Lining, M=Matrix.

Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)

- Histosol (A1)
- Histic Epipedon (A2)
- Black Histic (A3)
- Hydrogen Sulfide (A4)
- Stratified Layers (A5) (LRR F)
- 1 cm Muck (A9) (LRR F, G, H)
- Depleted Below Dark Surface (A11)
- Thick Dark Surface (A12)
- Sandy Mucky Mineral (S1)
- 2.5 cm Mucky Peat or Peat (S2) (LRR G, H)
- 5 cm Mucky Peat or Peat (S3) (LRR F)
- Sandy Gleyed Matrix (S4)
- Sandy Redox (S5)
- Stripped Matrix (S6)
- Loamy Mucky Mineral (F1)
- Loamy Gleyed Matrix (F2)
- Depleted Matrix (F3)
- Redox Dark Surface (F6)
- Depleted Dark Surface (F7)
- Redox Depressions (F8)
- High Plains Depressions (F16)

Indicators for Problematic Hydric Soils³:

- 1 cm Muck (A9) (LRR I, J)
- Coast Prairie Redox (A16) (LRR F, G, H)
- Dark Surface (S7) (LRR G)
- High Plains Depressions (F16)
- (LRR H outside of MLRA 72 & 73)
- Reduced Vertic (F18)
- Red Parent Material (TF2)
- Very Shallow Dark Surface (TF12)
- Other (Explain in Remarks)

³Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

Restrictive Layer (if present):

Type: _____
Depth (inches): _____

Hydric Soil Present? Yes No

Remarks:

HYDROLOGY

Wetland Hydrology Indicators:

Primary Indicators (minimum of one required; check all that apply)

- Surface Water (A1)
- High Water Table (A2)
- Saturation (A3)
- Water Marks (B1)
- Sediment Deposits (B2)
- Drift Deposits (B3)
- Algal Mat or Crust (B4)
- Iron Deposits (B5)
- Inundation Visible on Aerial Imagery (B7)
- Water-Stained Leaves (B9)
- Salt Crust (B11)
- Aquatic Invertebrates (B13)
- Hydrogen Sulfide Odor (C1)
- Dry-Season Water Table (C2)
- Oxidized Rhizospheres on Living Roots (C3) (where not tilled)
- Presence of Reduced Iron (C4)
- Thin Muck Surface (C7)
- Other (Explain in Remarks)

Secondary Indicators (minimum of two required)

- Surface Soil Cracks (B6)
- Sparsely Vegetated Concave Surface (B8)
- Drainage Patterns (B10)
- Oxidized Rhizospheres on Living Roots (C3) (where tilled)
- Crayfish Burrows (C8)
- Saturation Visible on Aerial Imagery (C9)
- Geomorphic Position (D2)
- FAC-Neutral Test (D5)
- Frost-Heave Hummocks (D7) (LRR F)

Field Observations:

Surface Water Present? Yes _____ No Depth (inches): _____
 Water Table Present? Yes _____ No Depth (inches): _____
 Saturation Present? (includes capillary fringe) Yes _____ No Depth (inches): _____

Wetland Hydrology Present? Yes No

Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

Minnesota Wetland Conservation Act Notice of Decision

Local Government Unit: Pennington SWCD	County: Pennington
Applicant Name: Thief River Falls Golf Club	Applicant Representative:
Project Name: TRF Golf Course – 18th Fairway	LGU Project No. (if any):
Date Complete Application Received by LGU: October 20, 2021	
Date of LGU Decision: December 14, 2021	
Date this Notice was Sent:	

WCA Decision Type - check all that apply

<input checked="" type="checkbox"/> Wetland Boundary/Type <input type="checkbox"/> Sequencing <input type="checkbox"/> Replacement Plan <input type="checkbox"/> Bank Plan (not credit purchase)	
<input type="checkbox"/> No-Loss (8420.0415) <input type="checkbox"/> Exemption (8420.0420)	
Part: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H	Subpart: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Replacement Plan Impacts (replacement plan decisions only)

Total WCA Wetland Impact Area: N/A
Wetland Replacement Type: <input type="checkbox"/> Project Specific Credits: <input type="checkbox"/> Bank Credits:
Bank Account Number(s):

Technical Evaluation Panel Findings and Recommendations (attach if any)

<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve w/Conditions <input type="checkbox"/> Deny <input type="checkbox"/> No TEP Recommendation
--

LGU Decision

<input type="checkbox"/> Approved with Conditions (specify below) ¹ <input checked="" type="checkbox"/> Approved ¹ <input type="checkbox"/> Denied List Conditions: None
After evaluation of all the information provided, the LGU concurs with TEP findings and recommendations and approves the wetland delineation at the Thief River Falls Golf Course.
Decision-Maker for this Application: <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Governing Board/Council <input type="checkbox"/> Other:
Decision is valid for: <input checked="" type="checkbox"/> 5 years (default) <input type="checkbox"/> Other (specify):

¹ *Wetland Replacement Plan approval is not valid until BWSR confirms the withdrawal of any required wetland bank credits. For project-specific replacement a financial assurance per MN Rule 8420.0522, Subp. 9 and evidence that all required forms have been recorded on the title of the property on which the replacement wetland is located must be provided to the LGU for the approval to be valid.*

LGU Findings – Attach document(s) and/or insert narrative providing the basis for the LGU decision¹.

<input checked="" type="checkbox"/> Attachment(s) (specify): Technical Evaluation Panel Form <input type="checkbox"/> Summary:

¹ *Findings must consider any TEP recommendations.*

Attached Project Documents

<input checked="" type="checkbox"/> Site Location Map <input checked="" type="checkbox"/> Project Plan(s)/Descriptions/Reports (specify): TRF Golf Club Wetland Delineation Report
--

Appeals of LGU Decisions

If you wish to appeal this decision, you must provide a written request within 30 calendar days of the date you received the notice. All appeals must be submitted to the Board of Water and Soil Resources Executive Director along with a check payable to BWSR for \$500 *unless* the LGU has adopted a local appeal process as identified below. The check must be sent by mail and the written request to appeal can be submitted by mail or e-mail. The appeal should include a copy of this notice, name and contact information of appellant(s) and their representatives (if applicable), a statement clarifying the intent to appeal and supporting information as to why the decision is in error. Send to:

Appeals & Regulatory Compliance Coordinator
Minnesota Board of Water & Soils Resources
520 Lafayette Road North
St. Paul, MN 55155
travis.germundson@state.mn.us

Does the LGU have a local appeal process applicable to this decision?

- Yes¹ No

¹If yes, all appeals must first be considered via the local appeals process.

Local Appeals Submittal Requirements (LGU must describe how to appeal, submittal requirements, fees, etc. as applicable)

Notice Distribution (include name)

Required on all notices:

<input checked="" type="checkbox"/> SWCD TEP Member: Larissa Fitzgerald	<input checked="" type="checkbox"/> BWSR TEP Member: Steve Hofstad
<input checked="" type="checkbox"/> LGU TEP Member (if different than LGU contact): Mike Flaagan	
<input checked="" type="checkbox"/> DNR Representative: Stephanie Klamm	
<input checked="" type="checkbox"/> Watershed District or Watershed Mgmt. Org.: Red Lake Watershed District (Myron Jesme)	
<input checked="" type="checkbox"/> Applicant: Jan Nordin, Club President	<input checked="" type="checkbox"/> Agent/Consultant: Torin McCormack

Optional or As Applicable:

<input checked="" type="checkbox"/> Corps of Engineers: Larry Puchalski	
<input type="checkbox"/> BWSR Wetland Mitigation Coordinator (required for bank plan applications only):	
<input type="checkbox"/> Members of the Public (notice only):	<input type="checkbox"/> Other:

Signature:	Date:
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This notice and accompanying application materials may be sent electronically or by mail. The LGU may opt to send a summary of the application to members of the public upon request per 8420.0255, Subp. 3.



December 13, 2021

Pennington County Auditors Office

Color laserjet printer for Jesse

PREPARED BY:

Mark Westacott

Senior Sales Account Executive

readitech.com

800.279.4796

Grand Forks

2600 Demers Avenue
Suite 104B
Grand Forks, ND 58201

Fargo

4870 Rocking Horse Circle S
Fargo, ND 58104



Pennington County Auditors Office - Color laserjet printer for Jesse

Hardware

Item ID	Description	Price	Qty	Ext. Price
8RV387	HP LaserJet Enterprise M455dn Desktop Laser Printer - Color - 27 ppm Mono / 27 ppm Color - 600 x 600 dpi Print - Automatic Duplex Print - 300 Sheets Input - Ethernet - 55000 Pages Duty Cycle	\$604.00	1	\$604.00
2DP218	HP LaserJet 550-Sheet Feeder Tray - Plain Paper	\$210.00	1	\$210.00
			Subtotal:	\$814.00

Pennington County Auditors Office - Color laserjet printer for Jesse

Prepared by:

Readitech
Mark Westacott
218-779-1692
mwestacott@readitech.com

Prepared for:

Pennington County Auditors Office
101 MAIN AV N PO BOX 616
THIEF RIVER FAL, MN 56701
Jennifer Herzberg
jmherzberg@co.pennington.mn.us
(218) 683-7000

Quote Information:

Quote #: 004459
Version: 1
Delivery Date: 12/13/2021
Expiration Date: 01/12/2022

Quote Summary

Description	Amount
Hardware	\$814.00
Total:	\$814.00

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

Signature

Date



HP Color LaserJet Enterprise M455 series

HP's entry-level Enterprise-class color printer with speeds up to 28 ppm⁹ and strongest security.¹

This printer uses dynamic security, which may be updated periodically by firmware updates. The printer is intended to be used solely with cartridges using an original HP chip. Cartridges using a non-HP chip may not function or may cease to function. More at: www.hp.com/learn/ds



HP Color LaserJet Enterprise M455dn

Easy to use, simple to manage

- HP FutureSmart firmware can be updated with the latest features² to optimize your investment for years to come.
- Centralize control of your printing environment with HP Web Jetadmin—and help build business efficiency.³
- Easily enable workflows across your fleet with a consistent user experience and intuitive, tablet-like icons.
- Set up this printer fast, and easily manage device settings to help increase efficiency.

The world's most secure printing¹

- The operating code (BIOS) is automatically checked during startup and repairs itself if compromised.
- Common Criteria certified⁴ to continually monitor memory activity to detect and stop attacks in real time.
- Firmware is automatically checked during startup to determine if it's authentic code—digitally signed by HP.
- The printer's outgoing network connections are inspected to stop suspicious requests and thwart malware.

Enhanced productivity to empower work teams

- Give workgroups what they need to succeed with hundreds of HP and third-party solutions and card reader support.
- Help ensure the security of confidential information with PIN/Pull printing to retrieve print jobs.
- Stay connected with an optional accessory for wireless,⁶ Bluetooth® Low Energy, and NFC touch-to-print.
- Print directly from the 2.7-inch (6.9 cm) color display.

Sustainability is smart business

- Help save paper right out of the box. Two-sided (duplex) printing is set at default for automatic savings.⁷
- Help reduce wasted paper and toner by only printing jobs that are truly needed, using HP Roam for Business.⁸
- Save energy without sacrificing performance—this printer is ENERGY STAR® and Blue Angel certified.
- Remove barriers and help meet compliance and accessibility standards with the HP Accessibility Kit (which includes Braille overlay and tactile adhesives, an HP Access Handle, and BigKeys LX Keyboard) and compatibility with HP Accessibility Assistant.

¹ HP's most advanced embedded security features are available on HP Managed and Enterprise devices with HP FutureSmart firmware 4.5 or above. Claim based on HP review of 2019 published features of competitive in-class printers. Only HP offers a combination of security features to automatically detect, stop, and recover from attacks with a self-healing reboot, in alignment with NIST SP 800-193 guidelines for device cyber resiliency. For a list of compatible products, visit hp.com/go/PrintersThatProtect. For more information, visit hp.com/go/PrinterSecurityClaims.

² Some features enabled by future HP FutureSmart firmware upgrades may not be available on older devices, if for example, physical product characteristics limit the functionality of the new feature.

³ HP Web Jetadmin is free and available for download at hp.com/go/webjetadmin.

⁴ Third-party certification based on Common Criteria Information Technology Security Evaluation (ISO/IEC 15408 Standard requirements as of May 2019). Certification applicable to HP Managed and Enterprise devices running HP FutureSmart Firmware version 4.5.1 and later. For more information: <https://www.commoncriteriaportal.org/files/epfiles/Certification%20Report%20-%20HP%20Intrusion%20Detection.pdf>

⁵ Use of the HP Trusted Platform Module may require a firmware upgrade.

⁶ Wireless performance is dependent on physical environment and distance from access point and may be limited during active VPN connections.

⁷ Dependent upon country setup specifications.

⁸ To enable HP Roam, some devices may require firmware to be upgraded and an optional accessory to add Bluetooth® Low Energy (BLE) beaconing capabilities. Subscription may be required. For more information, visit hp.com/go/roam.

⁹ Measured using ISO/IEC 24734, excludes first set of test documents. For more information, see <http://www.hp.com/go/printerclaims>. Exact speed varies depending on the system configuration, software application, driver, and document complexity.

Product walkaround

1. 150-sheet output bin
2. Easy-access USB port¹
3. Front door, access to Original HP toner cartridges with JetIntelligence
4. Automatic two-sided printing (default)²
5. 50-sheet multipurpose input tray 1
6. 250-sheet input tray 2
7. 2.7" (6.9 cm) color graphics display
8. Convenient front on/off switch
9. Right door, access to print path
10. Hi-Speed USB 2.0 port for third-party devices
11. Hi-Speed USB 2.0 printing port
12. Gigabit Ethernet network port



Series at a glance



Model	HP Color LaserJet Enterprise M455dn
Product number	3PZ95A
Print speed (Letter/A4) ³	Up to 29/27 ppm
First page out (Letter/A4) ⁴	As fast as 9.3/9.5 seconds mono, 10.9/11.0 seconds color
Control panel	2.7" (6.9 cm) color graphics display
Memory	1.25 GB
Storage	4 GB eMMC
Automatic two-sided printing (default) ²	√
Input capacity (standard/maximum)	Up to 300/850 sheets
50-sheet input tray 1	√
250-sheet input tray 2	√
550-sheet input tray 3	Optional
Recommended monthly page volume (RMPV) ⁵	900 to 4,800 pages
Duty cycle	Up to 55,000 pages
Cartridge yields (black/color)	2,400/2,100 pages (A) or 7,500/6,000 pages (X)
Dual-band Wi-Fi with Bluetooth® Low Energy, Wi-Fi Direct ⁶	Optional
ENERGY STAR® qualified	√

¹ Automatic two-sided printing dependent upon country setup specifications.

² Measured using ISO/IEC 24734 Office Suite and Feature Tests, excludes first set of test documents. For more information, see hp.com/go/printerclaims. Exact speed varies depending on the system configuration, software application, driver, document complexity, media size, media orientation, and media type. HP High Speed may require firmware upgrade to enable.

³ First page out measured using ISO/IEC 17529. For more information see hp.com/go/printerclaims. Exact speed varies depending on the system configuration, software application, driver, and document complexity.

⁴ HP recommends that the number of pages per month of imaged output be within the stated range for optimum device performance, based on factors including supplies replacement intervals and device life over an extended warranty period.

⁵ Mobile device needs to be connected directly to the signal of a Wi-Fi Direct supported MFP or printer prior to printing. Depending on mobile device, an app or driver may also be required. Wi-Fi Direct is a registered trademark of Wi-Fi Alliance. For details, see hp.com/go/mobileprinting.

⁶ An administrator must enable the easy-access USB port before use.

HP Services

Downtime can have serious consequences, so HP provides support beyond the standard warranty. You benefit from reduced risk, maximized uptime, predictable service delivery and no unbudgeted repair costs. HP Care Pack Services provide a comprehensive suite of protection services designed to keep HP hardware and software up and running so employees can stay productive.

For carepack availability visit: hp.com/go/cpc

Top features

Set up work teams for success without adding more to your plate. Help people handle business wherever it happens while giving IT fleet-wide control it needs, using a compact printer built for simple use and management.

HP printers have the industry's strongest security¹ because they're always on guard, continually stopping threats while adapting to new ones. And only HP printers can automatically self-heal from attacks, so IT doesn't need to intervene.

Simplify collaboration and productivity with a streamlined printer that supports how people work today: fast, nimble, and connected. Print premium color documents businesses need to look professional, day in and day out.

Business is all about resource management, and finding efficiencies is everyone's responsibility. This compact color printer is designed for low energy use, to help people complete tasks quickly while conserving wherever possible.

Accessories

3JN69A	HP Jetdirect 3100w BLE/NFC/Wireless Accessory
4QL32A	HP Legic Secure USB Reader
8FP31A	HP Jetdirect LAN Accessory
CC543B	HP SmartCard NIPRNet Solution for US Government
CF404A	HP LaserJet 550-sheet Feeder Tray
X3D03A	HP Universal USB Proximity Card Reader
Y7C05A	HP HiP2 Keystroke Reader

Supplies

W2020A	HP 414A Black Original LaserJet Toner Cartridge (2,400 pages)
W2020X	HP 414X High Yield Black Original LaserJet Toner Cartridge (7,500 pages)
W2021A	HP 414A Cyan Original LaserJet Toner Cartridge (2,100 pages)
W2021X	HP 414X High Yield Cyan Original LaserJet Toner Cartridge (6,000 pages)
W2022A	HP 414A Yellow Original LaserJet Toner Cartridge (2,100 pages)
W2022X	HP 414X High Yield Yellow Original LaserJet Toner Cartridge (6,000 pages)
W2023A	HP 414A Magenta Original LaserJet Toner Cartridge (2,100 pages)
W2023X	HP 414X High Yield Magenta Original LaserJet Toner Cartridge (6,000 pages)

Solutions

Overview. The HP Solutions portfolio provides a broad array of solutions designed to work with many HP printers and MFPs. They can help improve productivity, safeguard your data, and drive down costs. Helping employees and your IT team work more efficiently.

Security. HP JetAdvantage Security Manager fleet security compliance and management; HP Access Control; HP JetAdvantage Secure Print; Card readers; Secure Encrypted Print (UPD)

Mobile and universal print. HP Universal Print Driver (UPD); HP Print for Chrome; HP Roam for Business; HP PrinterOn Enterprise; HP ePrint Management; HP Web JetAdmin; HP JetAdvantage Security Manager; HP JetAdvantage Insights

Services

U11W0E - HP 3y NBD CLJ Ent M455 SVC
U11W1E - HP 4y NBD CLJ Ent M455 SVC
U11W2E - HP 5y NBD CLJ Ent M455 SVC
U11W3E - HP 3y 4h 9x5 CLJ Ent M455 SVC
U11W4E - HP 4y 4h 9x5 CLJ Ent M455 SVC
U11W5E - HP 5y 4h 9x5 CLJ Ent M455 SVC
U11W6E - HP 3y 4h 13x5 CLJ Ent M455 SVC
U11W7E - HP 4y 4h 13x5 CLJ Ent M455 SVC
U11W8E - HP 5y 4h 13x5 CLJ Ent M455 SVC
U11W9E - HP 3y NBDOnsiteExch CLJ Ent M455 SVC
U11WBE - HP 4y NBDOnsiteExch CLJ Ent M455 SVC
U11WCE - HP 5y NBDOnsiteExch CLJ Ent M455 SVC
U11WDE - HP 3y ChnlPartsOnly CLJ Ent M455 SVC
U11WFE - HP 4y ChnlPartsOnly CLJ Ent M455 SVC
U11WGE - HP 5y ChnlPartsOnly CLJ Ent M455 SVC
U11WHPE - HP 1y PW NBD CLJ Ent M455 SVC
U11WJPE - HP 2y PW NBD CLJ Ent M455 SVC
U11WKPE - HP 1y PW 4h 9x5 CLJ Ent M455 SVC
U11WLPE - HP 2y PW 4h 9x5 CLJ Ent M455 SVC
U11WMPE - HP 1y PW 4h 13x5 CLJ Ent M455 SVC
U11WNPE - HP 2y PW 4h 13x5 CLJ Ent M455 SVC
U11WPPE - HP 1yPW NBDOnsiteExch CLJ Ent M455 SVC
U11WQPE - HP 1yPW ChnlPartsOnly CLJ Ent M455 SVC
U11WRPE - HP 2y PW ChnlPartsOnly CLJ Ent M455 SVC
U9JT3E - HP Inst SVC w/nw Department Printer



¹ HP's most advanced embedded security features are available on HP Managed and Enterprise devices with HP FutureSmart firmware 4.5 or above. Claim based on HP review of 2019 published features of competitive in-class printers. Only HP offers a combination of security features to automatically detect, stop, and recover from attacks with a self-healing reboot, in alignment with NIST SP 800-193 guidelines for device cyber resiliency. For a list of compatible products, visit hp.com/go/PrintersThatProtect. For more information, visit hp.com/go/PrinterSecurityClaims

² Some features enabled by future HP FutureSmart firmware upgrades may not be available on older devices, for example, physical product characteristics limit the functionality of the new feature.

³ HP Web JetAdmin is free and available for download at hp.com/go/webjetadmin

⁴ Third-party certification based on Common Criteria Information Technology Security Evaluation ISO/IEC 15408 Standard requirements as of May 2019. Certification applicable to HP Managed and Enterprise devices running HP FutureSmart Firmware version 4.5.1 and later. For more information, <https://www.commoncriteriaportal.org/files/epfiles/Certification%20Report%20-%20HP%20Intrusion%20Detection.pdf>

⁵ Use of the HP Trusted Platform Module may require a firmware upgrade.

⁶ Wireless performance is dependent on physical environment and distance from access point and may be limited during active VPN connections.

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⁸ To enable HP Roam, some devices may require firmware to be upgraded and an optional accessory to add Bluetooth® Low Energy (BLE) beaconing capabilities. Subscription may be required. For more information, visit hp.com/go/roam

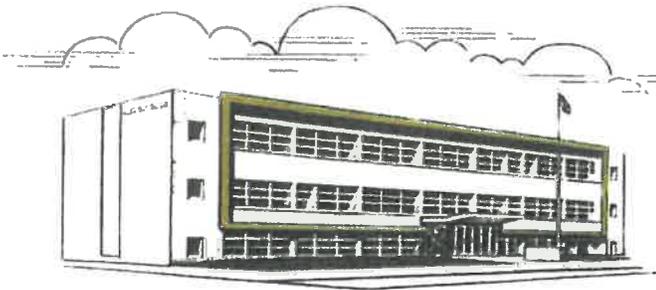
⁹ Measured using ISO/IEC 24734, excludes first set of test documents. For more information, see <http://www.hp.com/go/printerdaims>. Exact speed varies depending on the system configuration, software application, driver, and document complexity.

HP Color LaserJet Enterprise M455 series

Model	HP Color LaserJet Enterprise M455dn
Product number	3PZ95A
AIO functions	Print
Print	
Print speed¹, 10.9	First page out Letter: As fast as 9.3 sec; Black: As fast as 10.9 sec; Color: First page out A4: As fast as 9.5 sec; Black: As fast as 11.0 sec; Color: Letter: Up to 29 ppm; Black: Up to 29 ppm; Color: A4: Up to 27 ppm; Black: Up to 27 ppm; Color: Print speed (Landscape, A5): Up to 49 ppm; Black: Up to 49 ppm; Color:
Print resolution	Black (best): Up to 600 x 600 dpi; Black (normal): Up to 600 x 600 dpi; Color (best): Up to 600 x 600 dpi; Color (normal): Up to 600 x 600 dpi
Print technology	Laser; Print resolution technology: HP ImageREt 3600, Enhanced (600x600 dpi), Fine Lines (1200x1200 dpi), Quickview (300x300 dpi)
Print cartridges number	4 (1 each black, cyan, magenta, yellow)
Standard print languages	HP PCL 6, HP PCL 5, HP PostScript level 3 emulation, native PDF printing (v. 1.7), Apple AirPrint™
Printer smart software features	Print preview, duplex printing, print multiple pages per sheet (2, 4, 6, 9, 16), collation, watermarks, store print jobs, easy-access USB
Printer management / HP SureSupply	HP Printer Assistant, HP Web JetAdmin Software, HP JetAdvantage Security Manager, HP SNMP Proxy Agent (Part of HP WebJetAdmin), HP WS Pro Proxy Agent (Part of HP WebJetAdmin), Printer Administrator Resource Kit for HP Universal Print Driver (Driver Configuration Utility - Driver Deployment Utility - Managed Printing Administrator)
Connectivity	
Standard connectivity	2 Hi-Speed USB 2.0 Host; 1 Hi-Speed USB 2.0 Device; 1 Gigabit Ethernet 10/100/1000T network
Network capabilities	Yes, via HP Jetdirect Ethernet embedded print server (standard) which supports: 10Base-T, 100Base-Tx, 1000Base-T, 802.3az (EEE) support on Fast Ethernet and Gig Links; IPsec (standard); 802.11a/b/g/n wireless networking (Optional); second Ethernet port (Optional)
Wireless capability	Optional, enabled with purchase of a wireless hardware accessory. Dual band Wireless Station and Wi-Fi Direct functionality available with HP Jetdirect 3100w BLE/NFC/Wireless Accessory 3JN69A
Mobile printing capability²	HP ePrint; Apple AirPrint™; NFC touch-to-print (optional); Mopna™ Certified; Printer on Print; ROAM capable for easy printing; Wi-Fi® Direct printing
Memory	
Processor speed	800 MHz / Storage: 4 GB eMMC / Hard disk: Not applicable to this product
Duty cycle (monthly)	Letter: Up to 55,000 pages; A4: Up to 55,000 pages; Recommended monthly page volume: 900 to 4,800 Pages

HP Color LaserJet Enterprise M455 series

Model	HP Color LaserJet Enterprise M455dn
Product number	3P295A
Paper handling	
Input	50-sheet multipurpose tray, 250-sheet input tray, Up to 300 sheets Standard
Output	Standard: 150-sheet output bin, Up to 150 sheets Standard
Duplex Options	Automatic (default)
Envelope feeder	No
Standard paper trays	2
Media types	Paper (bond, brochure, colored, glossy, letterhead, photo, plain, preprinted, prepunched, recycled, rough), postcards, labels, envelopes
Media weight	Tray 1: 16 to 47 lb bond (up to 52 lb with HP Color laser glossy photo papers), Tray 2: 16 to 43 lb bond (up to 47 lb with postcards, up to 52 lb with HP Color laser glossy photo papers); optional Tray 3: 16 to 43 lb bond (up to 47 lb with postcards, up to 40 lb with HP Color laser glossy photo papers); Automatic duplexer: 16 to 43 lb
Media sizes	Tray 1: letter, legal, oficio, executive, statement, 4 x 6, 3 x 5, 5 x 7, 5 x 8, postcard (JIS), double postcard (JIS), 8.5 x 13, envelope (commercial No. 9, No. 10, Monarch), Custom: 3 x 5 to 8.5 x 14 in; Tray 2: letter, executive, statement, 4 x 6, 5 x 7, 5 x 8, double postcard (JIS), Custom: 3.9 x 5.8 to 8.5 x 14 in
Media Sizes Custom	Tray 1: 3 x 5 to 8.5 x 14 in; Tray 2: 3.9 x 5.8 to 8.5 x 14 in; Optional Tray 3: 3.9 x 5.8 to 8.5 x 14 in
Dimensions (w x d x h)	16.3 x 18.6 x 12 in; 413.6 x 472 x 304.4 mm; Maximum: 16.3 x 40.9 x 13 in (printer fully opened), 413.6 x 1038 x 330 mm (printer fully opened)
Weight	~41.7 lb ~18.9 kg
What's in the box²	HP Color LaserJet Enterprise M455dn printer, HP Black Original LaserJet Toner Cartridge (~2,400 pages), HP Cyan, Magenta, Yellow Original LaserJet Toner Cartridges (~2,100 pages each), Getting started Guide, 1 Power cord
Replacement cartridges⁵	HP 414A Black Original LaserJet Toner Cartridge (~2,400 pages) W2020A HP 414A Cyan Original LaserJet Toner Cartridge (~2,100 pages) W2021A HP 414A Yellow Original LaserJet Toner Cartridge (~2,100 pages) W2022A HP 414A Magenta Original LaserJet Toner Cartridge (~2,100 pages) W2023A HP 414X High Yield Black Original LaserJet Toner Cartridge (~7,500 pages) W2020X HP 414X High Yield Cyan Original LaserJet Toner Cartridge (~6,000 pages) W2021X HP 414X High Yield Yellow Original LaserJet Toner Cartridge (~6,000 pages) W2022X HP 414X High Yield Magenta Original LaserJet Toner Cartridge (~6,000 pages) W2023X
Warranty features	One-year, On-site Repair 24-hour / 7 day a week phone support
Energy star certified	Yes
Energy efficiency compliance¹	Blue Angel RAL-UZ 205; CECP; ENERGY STAR® certified; EPEAT® Silver
Control panel	2.7" Color Non-Touch Control Panel with 24 Keypad
Display	2.658" diagonal Color TFT-LCD back-lit (960 (H) x 240 (V))
Software included	No software solutions are included in the Box only on http://hp.com or http://123.hp.com
Fonts and typefaces	105 internal TrueType fonts scalable in HP PCL, 92 internal scalable fonts in HP PostScript Level 3 emulation (Euro symbol built-in), 1 internal Unicode Fonts (Andale Mono World Type), 2 Internal Windows Vista 8 Fonts (Calibri, Cambria), additional font solutions available via third-party flash memory cards: HP LaserJet Fonts and IPDS Emulation available at http://www.hp.com/go/laserjetfonts
Compatible operating systems	Windows Client OS (32/64-bit) - Win10, Win8.1, Win7 Ultimate, Mobile OS - iOS, Android, Mac - Apple® MacOS High Sierra v10.13, Apple® MacOS Mojave v10.14, Apple® MacOS Catalina v10.15, Discrete PCL6 Printer Driver-, For more information on the supported operating systems go to http://support.hp.com . Enter your product name and search, Click on User Guides and enter your product name and search for User Guide, Search for your (Product Name) - User Guide, Search for the Supported Operating Systems section, UPD PCL6 / PS Printer Drivers, Supported Operating systems, For more information on the supported operating systems see www.hp.com/go/upp
Compatible network operating systems	Windows Server 2008 R2 64-bit, Windows Server 2008 R2 64-bit (SP1), Windows Server 2012 64-bit, Windows Server 2012 R2 64-bit, Windows Server 2016 64-bit, Windows Server 2019 64-bit, Citrix XenApp & XenDesktop 7.6, Novell iPrint server, Citrix Ready Kit Certification - Up to Citrix Server 7.18 for more information see http://citrixready.citrix.com , Linux- For more information see http://developers.hp.com/hp-linux-imaging-and-printing , Unix- For more information see http://hp.com/go/linuxmodelscripts , Linux- For more information see http://developers.hp.com/hp-linux-imaging-and-printing , Unix- For more information see http://hp.com/go/linuxmodelscripts
Minimum system requirements	PC: 2 GB available hard disk space, Internet connection or USB port, Internet browser. For additional OS hardware requirements see microsoft.com . Mac: 2 GB available hard drive space, Internet connection or USB port, Internet browser. For additional OS hardware requirements see apple.com .
Power³	Power supply type: Internal (built-in) Power Supply. Power supply required: 110-volt input voltage: 110 to 127 VAC (+/- 10%) 60 Hz (+/- 3 Hz); 220-volt input voltage: 220 to 240 VAC (+/- 10%) 50/60Hz (+/- 3 Hz) (Not dual voltage, power supply varies by part number with # Option code identifier). Power consumption: 574 watts (active printing), 16.7 watts (ready), 1.1 watts (sleep), 0.08 watts (auto-off/manual-on), 0.08 watts (manual off)
Acoustics	Acoustic power emissions: 5.9 B(A) @ 27 dpm
Operating environment	Operating temperature range: 59 to 90.5°F. Recommended operating temperature: 59 to 80.6°F. Storage temperature range: -4 to 104°F. Operating humidity range: 30 to 70% RH. Recommended operating humidity range: 10 to 90% RH
Security management	Identity management: Kerberos authentication, LDAP authentication, T000 user PIN codes, Optional HP and 3rd party advanced authentication solutions (e.g., badge readers), Network: IPsec/Irreval with Certificate, Pre-shared Key, Kerberos authentication, Supports WJA-10 IPsec configuration Plug-in, 802.1X authentication (EAP-PEAP, EAP-TLS), SNMPv3, HTTPS, Certificates, Access Control List, Data Storage Encryption, Encrypted PDF & Email (uses FIPS40 validated cryptographic libraries from Microsoft), SSL/TLS (HTTPS), Encrypted Credentials, Device: HP Sure Start Secure Boot (BIOS Integrity Checking with self-healing capability), Intrusion Detection (Constant in-device monitoring for attacks), Whitelisting (loads only known good code, Embedded Trusted Platform Module, HP Connection Inspector, Security lock slot, USB port disablement, Security management: Compatible with HP JetAdvantage Security Manager, Device Security Syslog Messages processed and accessible in Arcsight and Solunk SIEMs



THIEF RIVER FALLS, MINNESOTA 56701

RESOLUTION

Authorizing county staff to execute all necessary documents to ensure County participation in the multistate settlements relating to opioid distributors and manufacturers, and in the Minnesota Opioids State-Subdivision Memorandum of Agreement, and declaring support for an amendment to Minn. Stat. § 256.043, subd. 3(d).

WHEREAS, the State of Minnesota and numerous Minnesota cities and counties are engaged in nationwide civil litigation against manufacturers and distributors of prescription opioids related to the opioid crisis; and,

WHEREAS, the Minnesota Attorney General has signed on to multistate settlement agreements with several pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen, as well as opioid manufacturer Johnson & Johnson, but those settlement agreements are still subject to sign-on by local governments and final agreement by the companies and approval by the courts; and,

WHEREAS, there is a deadline of January 2, 2022, for a sufficient threshold of Minnesota cities and counties to sign on to the above-referenced multistate settlement agreements, and failure to timely sign on may diminish the amount of funds received by not only that city or county but by all Minnesota cities and counties from the settlement funds; and,

WHEREAS, representatives of Minnesota's local governments, the Office of the Attorney General, and the State of Minnesota have reached agreement on the intrastate allocation of these settlement funds between the State, and the counties and cities, as well as the permissible uses of these funds, which will be memorialized in the Minnesota Opioids State-Subdivision Memorandum of Agreement (the "State-Subdivision Agreement"); and,

WHEREAS, during negotiations of the State-Subdivision Agreement, representatives of Minnesota's counties prioritized flexibility in how local governments may use settlement funds for opioids abatement and remediation and advocated for counties to receive settlement allocations directly rather than using the distribution mechanism detailed in Minn. Stat. § 256.043, subd. 3(d); and,

WHEREAS, in order to achieve the goals of flexibility and direct allocation, Minn. Stat. § 256.043, subd. 3(d), must be amended to remove a provision which would otherwise appropriate approximately 50 percent of the state's settlement allocation to county social service agencies for statutorily-prescribed use(s); and,

WHEREAS, the State-Subdivision Agreement creates an opportunity for local governments and the State to work collaboratively on a unified vision to deliver a robust abatement and remediation plan to address the opioid crisis in Minnesota; now, therefore,

BE IT RESOLVED, Pennington County supports and agrees to the State-Subdivision Agreement; and,

BE IT FURTHER RESOLVED, Pennington County supports and opts into the multistate settlements with McKesson, Cardinal Health, and AmerisourceBergen, and with Johnson & Johnson; and,

"Equal Opportunity Employer"

BE IT FURTHER RESOLVED, Pennington County authorizes county staff to execute all necessary documents to ensure County participation in the multistate settlements, including the Participation Agreement and accompanying Release, and in the State-Subdivision Agreement; and,

BE IT FURTHER RESOLVED, Pennington County, supports the amending of Minn. Stat. § 256.043, subd. 3(d), to remove a provision which would appropriate approximately 50 percent of the state's settlement allocation to county social service agencies via the existing Opiate Epidemic Response Fund distribution mechanism for statutorily-prescribed use(s).

**STATE OF MINNESOTA
COUNTY OF PENNINGTON**

I, Jennifer Herzberg, Auditor-Treasurer of Pennington County, do hereby certify that the above is a true and correct copy of a resolution moved by Commissioner _____, seconded by Commissioner _____, and upon vote was unanimously carried.

Date: December 14th, 2021

Jennifer Herzberg, Auditor-Treasurer
Pennington County

Minnesota Counties Intergovernmental Trust Certificate of

Excellence

Presented to

Dennington County

In recognition of an

OUTSTANDING LOSS RATIO UNDER 50%

PROPERTY AND CASUALTY
PLAN YEARS: 2016 – 2020



A handwritten signature in black ink, appearing to read 'Felix Schmiesing'.

Felix Schmiesing, Board Chair



A handwritten signature in black ink, appearing to read 'Robyn M. Sykes'.

Robyn M. Sykes, Executive Director

PRESENTED: *December 6, 2021*