

**Minnesota Board of Water and Soil Resources  
Wetland Conservation Act 2016 Annual Reporting Form**

**Use the tab key to navigate between fields.**

Local Government Unit (LGU): Koochiching County	Organization Type: County	County (or Counties if WMO) Koochiching
Name of Person Completing Report: Eric Olson	Title: Resource Conservationist	Contact Phone #: 218-283-1175
Your Employer Name (if submitting report on behalf of an LGU): Koochiching SWCD		

Does your LGU receive WCA funding from the Natural Resources Block Grant (NRBG)? Yes, directly from BWSR

**NOTE:** Completion of this report is required for all WCA LGUs. It must be received by the BWSR St. Paul office on or before **February 1, 2017**. See the accompanying instructions for details.

- Number of landowner contacts in which wetland related technical assistance was provided during the calendar year: *75 (Please provide your best estimate.)*
- Number of applications that were:

<b>Type of Application:</b>	<b># Approved</b>	<b># Denied</b>	<b># Withdrawn</b>
A. Boundary or Type	0	0	0
B. No-Loss	3	0	0
C. Exemption	2	0	0
D. Sequencing	0	0	0
E. Replacement Plan*	0	0	0

\*Do not include local road authority notifications for projects that qualify for replacement under the BWSR Local Government Roads Wetland Replacement Program according to MN Rule 8420.0544.

- Number of exemptions approved and square feet of wetland impact for each category from MN Rule 8420.0420 (provide best estimate for impacts that are not easily quantified):

<b>Type of Exemption:</b>	<b>Number of Approved Exemptions</b>	<b>Sq. Ft. of Wetland Permanently Impacted</b>
Subp. 2. Agricultural Activities	0	0.00
Subp. 3. Drainage	0	0.00
Subp. 4. Federal approvals	0	0.00
Subp. 5. Restored wetlands	0	0.00
Subp. 6. Utilities	<b>1</b>	<b>7,057</b>
Subp. 7. Forestry	0	0.00
Subp. 8. De minimis	0	0.00
Subp. 9. Wildlife habitat	<b>1</b>	<b>4,500</b>

Subp. 2g. Agricultural wetland bank exemption	0	0.00
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\*See WCA reporting instructions.

4. Number of replacement plans **approved** that replace impacts by the following methods:

A.	Wetland Banking:	0
B.	Project-Specific Replacement:	0
C.	Combination of Wetland Banking and Project-Specific Replacement:	0

5. Square feet of wetland to be **impacted** via an approved replacement plan: 0

6. For approved replacement plans, list project-specific replacement only\* in square feet and corresponding credit amounts as approved in the following categories from MN Rule 8420.0526:

<b>Action Eligible for Credit:</b>	<b>Square Feet</b>	<b>Repl. Credit</b>
Subp. 2. Upland buffer areas.	0	0.00
Subp. 3. Restoration of completely drained or filled wetland areas.	0	0.00
Subp. 4. Restoration of partially drained or filled wetland areas.	0	0.00
Subp. 5. Vegetative restoration of farmed wetlands.	0	0.00
Subp. 6. Protection of wetlands previously restored via conservation easements.	0	0.00
Subp. 7. Wetland creations.	0	0.00
Subp. 8. Restoration and protection of exceptional natural resource value.	0	0.00
Subp. 9. Preservation of wetlands owned by the state or a local unit of government	0	0.00

\*For question 6, report project-specific replacement only. Replacement via banking is accounted for via BWSR's banking database.

7. For project-specific replacement wetlands, list the number of each completed or received:

A. Construction Sites Inspected	B. Corrective Actions Ordered	C. Monitoring Reports Received	D. Findings of Satisfactory Replacement
0	0	0	0

8. Number of **potential WCA violation sites** investigated: 2

9. Number of **enforcement actions** that were taken under local ordinances and/or that did not result in DNR-issued cease and desist, restoration, or replacement orders (including informal resolution of violations): 0

10. Number of **local appeals** heard: 0

11. Does the LGU have a MN WDCP **certified delineator** available (excluding BWSR or SWCD)?

On staff:

On call (i.e. consultant):

Not at all:

12. **Optional:** Please provide information regarding unusual circumstances, time spent on enforcement or major violations, banking application reviews, known exempt activity for which a formal decision was not made, additional detail or clarification of above data, or any other information or comments you would like to share. Enter text here (2,500 character max)

13. For LGU staff responsible for implementing WCA, please provide the following for WCA/wetland training attended this reporting year (attach additional if necessary). The University of Minnesota Wetland Delineator Certification Program webpage has a list of pre-approved continuing education programs offered in 2016. Please indicate training session in full days or indicate the number of actual hours.

	Session Title	Training Sponsor	Employee Name	Employee Title	From Date	To Date	Total # of Days	Total # of Hours
					Use format <i>m/d/yyyy</i>			
1	Delineations	BWSR	Eric Olson	Resource Conservationist	10/24/2016	10/24/2016	1	1.5
2	Section 404 Clean Water Act	BWSR	Eric Olson	Resource Conservationist	10/24/2016	10/24/2016	1	1.5
3	WCA in the Real World: Has Sequencing Been Met?	BWSR	Eric Olson	Resource Conservationist	10/25/2016	10/25/2016	1	1.5
4	Decisions, Decisions, Decisions! Exploring the WCA NOD	BWSR	Eric Olson	Resource Conservationist	10/25/2016	10/25/2016	1	1.5
5	Soils & Plant Lab 1	BWSR	Eric Olson	Resource Conservationist	10/25/2016	10/25/2016	1	1.5
6	Soils & Plant Lab 2	BWSR	Eric Olson	Resource Conservationist	10/25/2016	10/25/2016	1	1.5
7	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
8	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
9	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
10	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
11	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
12	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
13	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
14	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
15	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
16	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
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24	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
25	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours