



Minnesota Pollution Control Agency

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



Leaksite Ownership Form

Petroleum Remediation Program

Doc Type: Standard Letter

Instructions: Please complete this form and return it in the envelope provided within 30 days of receipt.

Site ID#: LS0020296

Property ownership

Do you own the property where the tank is/was located? Yes No

If no, list current property owner: Kwik Trip, Inc. Individual Corporation

If the tanks have been removed from the site, who was the property owner at the time of tank removal?

Property owner at time of removal: Inter City Oil Co., Inc. Individual Corporation

Corporation name (if applicable): _____

Mailing address: Po Box 3048

City: Duluth State: MN Zip code: 55803

Phone: 218-728-3641 E-mail: _____

Tank ownership

If the tank owner is different from the property owner, please list tank owner name: _____

Explain: _____

If the tanks have been removed from the site, who was the tank owner at the time of tank removal?

Tank owner at time of removal: Inter City Oil Co., Inc. Individual Corporation

Corporation name (if applicable): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Tank operator

If a separate party operates the tank, please complete the following:

Tank operator: _____ Individual Corporation

Corporation name (if applicable): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Environmental consultant

If you are working with an environmental consultant, please provide the following:

Consultant company name: Millsop Associates Contact name: Mark Millsop

Is the property undergoing development or a property transfer? Yes No

Intent to proceed

Do you intend to proceed with the necessary investigation and potential corrective action as described in the attached letter?

Yes No If no, please describe why: However, the levels detected during tank removal did not exceed levels shown during the investigation of the

Print name: Kelly Johnson Signature: Kelly Johnson Date: 1/14/17 previous release.

Mailing address: PO Box 3048 City: Duluth State: MN Zip code: 55803 ??

Phone: 218-728-3641 E-mail: _____