DO NOT STAPLE OR BIND APPLICATION – CLIP OR RUBBER BAND ONLY

OFFICE USE ONLY:
LEAK # 858 PHASE 2
ENTERED 10/28/97 JC

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

State of Minnesota
OCT 28 1997
Dept. of Commerce

SUPPLEMENTAL

APPLICATION FOR REIMBURSEMENT

I. APPLICANT INFORMATION

☐ Check if new address or phone number

Back NOV 20 1997 LLH

Name Conoco Inc.

Mailing Address P.O. Box 2197

City Houston State TX Zip 77252-2197

Contact Person (if different from above "Name") Mr. Keith Coffman

Day Phone (281) 293-5683 Fax (281) 293-3305

II. LEAK SITE INFORMATION

858 **Petrofund Leak Number** Laura Hysjulien **MPCA Project Manager**

Tank Facility Name Former Conoco Site #23034

Address 1126 Robert Street

City West St. Paul MN Zip 55101

III. ASSIGNMENT CERTIFICATION AND/OR TERMINATION

CHECK ALL THAT APPLY:

☐ Petrofund Assignment Agreement for this application has been executed (*attach original of new assignment form*)

☒ Assignment form is already on file with the Department of Commerce.

List Assignees: DAHL & Associates, Inc.

4390 McMenemy Road, St. Paul, MN 55127

☐ Assignment agreement from previous application has been terminated *(attach original of termination form)*

☐ Not applicable

IV. APPLICATION PHASE

Check appropriate box and complete the information requested for the box checked (*See Application Guide for further information*)

☐ **Phase 1** **Soil Corrective Action Costs or Remedial Investigation Costs**

Date of MPCA soil treatment letter (*attach copy*)

☒ **Phase 2** **Installation Costs of MPCA-approved Soil or Groundwater Comprehensive Corrective Action Design System (CCAP/CAD) or Groundwater Monitoring and System Maintenance Costs**

Date of CCAP/CAD approval letter (*attach copy*)

N/A Date of MPCA site closure letter (*attach copy*)

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

V. TYPE OF REMEDIATION /STEM

Please check the type of soil or groundwater remediation system used at this site or projected for it.

Soil Remediation Technologies	Groundwater Remediation Technologies
☐ Biopiles ☐ Bioventing ☐ Incineration ☐ Landfarming	☒ Air Sparging ☐ Biosparging ☐ Dual phase extraction
☐ Low-temperature thermal desorption ☒ Soil vapor extraction	☒ In-situ groundwater bioremediation ☐ Natural attenuation
☐ Soil washing ☐ Natural attenuation	

VI. COMPETITIVE BIDDING

List all written bids/proposals obtained to perform corrective action at this leak site *(attach additional sheets if necessary).*
Attach copies of all signed and dated bids/proposals that have not been submitted previously.

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	☒	N/A - DAHL Pre-existing Contract (See previous applications on file at the Petrofund)			
	☐				
	☐				
Contractors	☒	Legend (See attached Fee Schedule)		1997	Lab Analysis
	☐	MAS (See attached Fee Schedule)		1997	Lab Analysis
	☐				
	☐				

*If lowest bid/proposal was not selected, explain that decision on a separate sheet .

VII. ELIGIBLE COSTS

06/04/97 to 10/07/97 Dates of work covered by invoices submitted with this application

☐ Yes ☒ No Does this application contain costs listed as ineligible under Minn. Rule 2890.0071? *(see Application Guide)*

☐ Yes ☒ No Are any of the costs included in this application in dispute? If so, describe the disputed issue(s) on a separate sheet.

☒ Yes ☐ No Are ongoing corrective action costs expected at this site? If so, explain briefly below.

Type of Work	Approximate Cost
Operation and Maintenance	$ 33,000/year
	$
	$

Please provide a chronological description (including dates) of the clean-up activities covered on this application, including any special circumstances *(attach additional sheets if necessary)*:

Clean-up activities include ongoing operation and maintenance at the site.

☐ Yes ☒ No Has the applicant made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? If so, attach a separate sheet identifying all third parties and provide a copy of all correspondence between the applicant and third parties.

☐ Yes ☒ No Is the applicant aware of any action the applicant committed or of any action committed by a consultant or contractor which may have caused or aggravated the contamination at this site? If so, please explain:

—

VIII. CONSULTANTS/CONTRACTORS

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this site and **whose work is covered by invoices included in this application** *(See Application Guide.)*

Describe below any relationship, financial or otherwise, between the applicant and anyone who performed work at this site:_

Land Farmer/Compost Site or Thermal Treatment Facility

_____ Petrofund Registration Number County _____

Name of individual or firm: _____

Mailing Address: _____
(City) (State) (Zip)

Contact Person: _____ Day phone #: ( )

Consultants/Contractors *(ATTACH ADDITIONAL PAGES IF NECESSARY)*

1009 Petrofund Registration Number

Name of individual or firm: DAHL & Associates, Inc.

Mailing Address: 4390 McMenemy Road, St. Paul, MN 55127
(City) (State) (Zip)

Contact Person: Pam Ehlen Day phone #: (612) 490-3785

1259 Petrofund Registration Number

Name of individual or firm: Legend Technical Services, Inc.

Mailing Address: 775 Vandalia Street, St. Paul, MN 55114
(City) (State) (Zip)

Contact Person: Accounts Payable Day phone #: (612) 642-1150

1408 Petrofund Registration Number

Name of individual or firm: Midwest Analytical Services

Mailing Address: 330 South Cleveland Street, P.O. Box 349, Cambridge, MN 55008
(City) (State) (Zip)

Contact Person: Accounts Payable Day phone #: (612) 444-9270

IX. ATTACHMENTS

The following attachments are included *(see Application Guide)*:

Either A or B must be included:

- ☐ **ATTACHMENT A** Standardized Invoice Summary
- ☒ **ATTACHMENT B** Itemized Cost Worksheet

Check all that apply:

- ☐ **ATTACHMENT C** Tank Removal Reimbursement Worksheet
- ☐ **ATTACHMENT D** Small Gasoline Retailer Form
- ☐ **ATTACHMENT E** Combined Leaksite Costs Over $250,000

XII. CERTIFICATION PAG *(see Application Guide.)*

APPLICANT SIGNATURE and NOTARIZATION *(SIGNATURE AND NOTARIZATION REQUIRED)*

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

I certify that if I have submitted invoices for costs that I have incurred but that remain unpaid, I will pay these invoices within 30 days of receipt of reimbursement from the Board. I understand that if I fail to do so, the Board may demand return of all or any portion of reimbursement paid to me and that if I fail to comply with the Board's demand, then the Board may recover the reimbursement, plus administrative and legal expenses in a civil action in District Court. I understand that I may also be subject to a civil penalty."

I further certify that I am authorized to sign and submit this application on behalf of Conoco Inc.

Corporation / Partnership / Municipality / Public Agency

NOTARY PUBLIC STATE OF TEXAS
C. IASILLI
Notary Public, State of Texas
My Commission Expires
AUG. 19, 2001

NOTARIZATION

Signature B.K. Coffman

Subscribed and sworn to before me this 21 day

Name (print/type) Keith Coffman

of October, 1997.

Title Project Manager

Notary Public C. Iasilli

Date signed 10/21/97

My commission expires 8-19-01

CONSULTANT SIGNATURE *(SIGNATURE REQUIRED)**

I, Mike Watson (Individual name), confirm that all costs claimed by DAHL & Associates, Inc. (Consultant company) as a part of this application are a true and accurate account of services performed. I further confirm that no costs submitted for inclusion on this application by my consulting company are ineligible as listed in Minn. Rule 2890.0071, A. through N.

Michael P. Watson / Senior Project Manager 10-27-97

Consultant Signature Title Date

***Duplicate this section if more than one consultant signature is required.**

APPLICATION PREPARER'S SIGNATURE *(SIGNATURE REQUIRED)*

Pam Ehlen

(Preparer's name)

Pamela M. Ehlen / Reimb. Coordinator 10-24-97

Preparer's Signature Title Date

* **NOTE: SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.**

Please send this application and accompanying documents to:

MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND
133 EAST SEVENTH STREET
ST. PAUL, MN 55101-2333
(612) 297-1119, (612) 297-4203

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

ATTACHMENT B
ITEMIZED COST WORKSHEETS

Please note: This form should not be used if you entered into a contract on or after October 6, 1995.

This attachment must accompany your application if you entered into a contract on or before October 5, 1995 and the costs you are submitting for reimbursement have not been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. **If you entered into a contract on or after October 6, 1995, you must submit Attachment A with your application.**

Enter the total of each itemized cost worksheet on the corresponding line in the box below. Add these numbers together, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

XII. ITEMIZED COST WORKSHEET

A $ _____ B $ 155.00 C $ _____ D $ _____ E $ 719.48 F $ _____

G $ _____ H $ _____ I $ _____ J $ 10,049.61 K $ 12.40

TOTAL ELIGIBLE COSTS.....		$10,936.49
Insurance Reimbursement (subtract)	- (	$0.00)
	=	$10,936.49
	X 90%*	
TOTAL REIMBURSEMENT REQUEST	=	$9,842.84

* If a different reimbursement rate applies, calculate at that rate. See Application Guide.

Please note the following before completing the eligible cost worksheets:

* Invoices must be submitted for each cost listed on the itemized worksheets.
* In the "Description" column, enter a word or phrase that specifically describes the work performed. Employee title alone will not suffice.
* Please attach a copy of a site map that shows the former tank basin, the excavation area, and any on-site structures. If new tanks were installed, the map also should show their sizes and location(s).

A. SOIL BORINGS/MONITORING WELLS - ETC.

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
					$0.00
				Total	$0.00

B. LABORATORY TESTS AND ANALYSIS

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Organic Vapor Analysis	DAHL/Legend	24668	1.00	50.00	$50.00
DRO	DAHL/MAS	24668	1.00	35.00	$35.00
					$0.00
					$0.00
				Total	$85.00

C. EXCAVATION

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
				Total	$0.00

D. SOIL DISPOSAL

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
				Total	$0.00

E. WATER TREATMENT

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Energy Expense	DAHL & Associates, Inc.	24203	1.00	186.85	$186.85
Energy Expense		24203	1.00	119.16	$119.16
Energy Expense		24203	1.00	125.97	$125.97
Energy Expense		24203	1.00	117.23	$117.23
Energy Expense		24203	1.00	170.27	$170.27
				Total	$719.48

F. TRUCKING

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
					$0.00
				Total	$0.00

G. EMERGENCY and TEMPORARY HAZARD CONTROL (See Application Guide.)

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
					$0.00
				Total	$0.00

H. SITE RESTORATION and CLOSURE

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
					$0.00
				Total	$0.00

I. OTHER CLEAN-UP COSTS OR INTEREST (see Application Guide)

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
					$0.00
					$0.00
					$0.00
					$0.00
				Total	$0.00

J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Mileage	DAHL & Associates, Inc.	24203	32.00	0.35	$11.20
Magnehelic Gauge Set			1.00	10.00	$10.00
Locks, Master Series 2121			1.00	11.00	$11.00
Dissolved Oxygen Meter			1.00	20.00	$20.00
Headspace Supplies			1.50	41.00	$61.50
1/3 HP Vacuum Pump			1.00	15.00	$15.00
Well Sampling Equipment			2.00	50.00	$100.00
128 Flame Ionization Detector			1.00	115.00	$115.00
GW Data Analysis/Project Management			1.50	30.00	$45.00
Data Collection/Load/Download Equip			5.25	41.00	$215.25
Administrative			0.75	50.00	$37.50
Data Collection			1.00	54.00	$54.00
Site Inspection/GW Data Analysis			1.00	74.00	$74.00
GW Data Analysis/Project Management			5.00	86.00	$430.00
Project Direction/Other Contact			1.75	92.00	$161.00
Telephone Expense			1.00	61.51	$61.51
Mileage		24426	57.00	0.35	$19.95
Disposable Check Valve Bailers			2.00	9.00	$18.00
1/3 HP Vacuum Pump			1.00	15.00	$15.00
Dissolved Oxygen Meter			1.00	20.00	$20.00
12 V Air Sampling Pump & Tube			1.00	40.00	$40.00
Well Sampling Equipment			1.00	50.00	$50.00
108 Flame Ionization Detector			1.00	115.00	$115.00
Documentation/GW Data Analysis			1.00	30.00	$30.00
Air Quality Samples/Water Quality Sample			8.75	41.00	$358.75
Draft Water Flow Direction			2.00	42.00	$84.00
Sampling/Monitor			3.00	52.00	$156.00
Data Collection			1.25	54.00	$67.50
Work Plan			0.75	74.00	$55.50
Project Management/Sampling/Monitor			8.00	86.00	$688.00
Project Direction			1.50	92.00	$138.00
Telephone Expense			1.00	61.48	$61.48
Mileage		24668	48.00	0.35	$16.80
Disposable Check Valve Bailers			2.00	9.00	$18.00
Magnehelic Gauge Set			1.00	10.00	$10.00
Well Sampling Equipment			2.00	50.00	$100.00
128 Flame Ionization Detector			3.00	115.00	$345.00
GW Data Analysis/Project Management			2.50	30.00	$75.00
Mobilization/Water Quality Sample			7.50	41.00	$307.50
Mobilization/Data Collection			9.50	52.00	$494.00

Recovery System Data/Water Discharge	DAH[illegible]Associates, Inc.	24668	[illegible]	74.00	$185.00
Project Management/Sampling/Monitor			4.00	86.00	$344.00
Project Direction			2.25	92.00	$207.00
Telephone Expense			1.00	61.97	$61.97
Security Services			1.00	276.05	$276.05
Mileage		24922	70.00	0.35	$24.50
Disposable Check Valve Bailers			2.00	9.00	$18.00
Well Sampling Equipment			4.00	50.00	$200.00
GW Data Analysis/Documentation			1.50	30.00	$45.00
Water Quality Sample/Data Collection			5.00	41.00	$205.00
Data Collection/Water Quality Sample			3.00	52.00	$156.00
Work Plan/Project Direction			1.00	74.00	$74.00
Project Management/Job Specific Meeting			5.00	86.00	$430.00
Project Direction/Other Contact			1.75	92.00	$161.00
Telephone Expense			1.00	61.83	$61.83
Mileage		25157	36.00	0.35	$12.60
Disposable Check Valve Bailers			3.00	9.00	$27.00
Well Sampling Equipment			3.00	50.00	$150.00
GW Data Analysis/Documentation			1.25	30.00	$37.50
Water Quality Sample/Data Collection			9.75	41.00	$399.75
Sampling/Monitor			0.25	54.00	$13.50
GW Data Analysis/Annual Status Report			21.50	74.00	$1,591.00
Project Direction/Project Management			5.00	86.00	$430.00
Project Direction			0.75	92.00	$69.00
Spa-50 System 50# Inspect/Fusible Link			1.00	102.64	$102.64
Telephone Expense			1.00	61.83	$61.83
					$0.00
				Total	$10,049.61

K. MARK-UP

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Laboratory Mark-Up	DAHL/Legend	24468	1.00	4.00	$4.00
Laboratory Mark-Up	DAHL/MAS	24468	1.00	8.40	$8.40
					$0.00
					$0.00
				Total	$12.40