MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

Application for Reimbursement

NOV

Dept. of Commerce

Site ID #: LEAK 00000858

PART I RESPONSIBLE PERSON

1. Name of "Responsible Person" or "Volunteer": (see application guide)

   Conoco, Inc.

2. Mailing Address: P.O. Box 4784

   Houston, TX 77210-4784

3. Phone: (713) 293-2867

4. The Responsible Person or Volunteer is a:

   Corporation XX Partnership ____

   Individual ____ Other ____

5. When was the Responsible Person the owner or operator of the tank?

   From 1955 to March 8, 1983

PART II ATTACHMENTS

Your application will be returned as incomplete unless it is accompanied by the following attachments: (see application guide)

1. The MPCA approval of the corrective action plan or closure letter.
2. Receipts or invoices for all costs listed in Part IV Eligible Costs.
3. A brief description of the inventory control methods used during the six months prior to the petroleum release. If you did not operate the tanks, please submit a letter so stating.

PART III TANK FACILITY

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:
   Formerly Conoco Store / Presently Rapid Oil Change
2. Tank Facility address: 1126 South Robert
3. Contact Person at Tank Facility: N/A
   Phone: (_____)
4. Date when petroleum release occurred or was detected: (see application guide) Prior to removal of tanks in 1983
5. Date when petroleum release was reported to the MPCA: December 1, 1988*
   *MPCA notified Conoco to proceed with investigation after detection of petroleum hydrocarbon contamination by present owner.
6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

Tank #	Capacity	Petroleum Product	"X" if removed
1	10,000	Regular	X (83')
2	5,000	Regular	X (83')
3	5,000	Premium	X (83')

7. What was the source of the release at this tank facility? (see application guide)
   UST and Associated piping.
8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? N/A, tanks removed in 1983
9. To the best of your knowledge, list all other persons who were owners or operators of the tank during or after the petroleum release:
   Ashland Oil Company purchased site in 1983.
10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes/no If yes, list name,address and phone:
    No

PART IV ELIGIBLE COSTS

1. For each "Eligible Cost" (see application guide) category given below, list all corrective actions taken, who performed the action, and the corresponding cost of the action. (Attach additional pages as necessary.)

   A. **Investigation and source identification** including, but not limited to collecting and analyzing soil samples, testing the groundwater, testing adjacent drinking water supplies, tank integrity testing, and engineering services.

Corrective Action	Performed By	Cost
Conducted a Remedial Investigation	Dahl & Assoc., Inc.	30,772.19

   B. **Preparation of a corrective action plan** in accordance with MPCA requirements.

Corrective Action	Performed By	Cost
Design a Corrective Action Plan	Dahl & Assoc., Inc.	5893.37

   C. **Cleanup of releases** including, but not limited to, removal, treatment, or disposal of surface and subsurface contamination and provision of a permanent alternative water supply. **Cleanup must be performed in accordance with a corrective action plan approved by the MPCA.**

Corrective Action	Performed By	Cost
Install Corrective Action Plan	Dahl & Assoc., Inc.	67.50

   Amount of contaminated soil excavated (cubic yards or tons): None

   Was it necessary for cleanup to excavate all of the soil? yes (no)

   What was the soil contamination concentration (total hydrocarbons)?

   400-1100 ppm

   Were soils contaminated at less than 10ppm as measured by a field instrument? yes (no)

If any costs were incurred on an emergency or temporary basis, complete Sections D and E below:

D. **Emergency response and initial site hazard mitigation.** Costs may include, but are not limited to those necessary to abate acute risks to human health, safety and the environment.

Corrective Action	Performed By	Cost
N/A		

E. **Temporary site hazard control measures.** Costs may include, but are not limited to, temporary provision of drinking water and housing, initial abatement of vapors and removal of free product.

Corrective Action	Performed By	Cost
N/A		

2. Is the Responsible Person or Volunteer eligible under any insurance policies to recover cleanup arising from this petroleum release? yes/(no)

If yes, list the name of the insurance carrier, policy number and policy limits: (see application guide)

N/A

3. Total of all eligible costs listed above or $1,000,000, whichever is less: $ 36,733.06

X .90

= $ 33,059.75

Insurance Reimbursement <$ >

Total Reimbursement Request = $ 33,059.75
(see application guide)

4. At this time, do you anticipate incurring any ongoing corrective action costs relative to the petroleum release at this Tank Facility? (yes)/no
If yes, explain briefly what work will be done and an approximate cost of that work.

Installation of approved recovery systems - $85,000

Yearly operation and maintenance - $28,000/yr.

PART V CONTRACTORS/CONSULTANTS

1. Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this release site. (see application guide) **Failure to provide this information for ALL persons who performed corrective action may result in an action to recover any reimbursement which may be paid.** (Attach additional sheets if necessary.)

A. Name of individual or firm: Dahl & Associates, Inc.

Mailing address: 4390 McMenemy Road

St. Paul, Minnesota 55127

Contact Person: Gary Turgeon Phone: (612) 490-2905

B. Name of individual or firm: _____

Mailing address: _____

_____

Contact Person: _____ Phone: (____) _____

C. Name of individual or firm: _____

Mailing address: _____

_____

Contact Person: _____ Phone: (____) _____

D. Name of individual or firm: _____

Mailing address: _____

_____

Contact Person: _____ Phone: (____) _____

2. Describe below any relationship, financial or otherwise, between the applicant and any contractor who performed work at this site:

None

PART VI **CERTIFICATION** (see application guide)

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I understand that by filing this application with the Board I agree to return to the Board, upon its demand, the entire award I may receive or any lesser amount the Board considers appropriate if: (a) I knowingly misrepresented or omitted any fact relevant to the determinations made by the Board or Commissioner, oral or written; or (b) I fail to complete, to the commissioner's satisfaction, ongoing corrective action which may be underway where the Comissioner has determined, pursuant to Minn. Stat. 115C.09, subd. 2(b)(1) (1986a), that the tank release for which I may be reimbursed has been adequately addressed based on my representation that there is ongoing corrective action.

I further certify that I have the authority to submit this application on behalf of Conoco Inc. (entity).

K Ahlschwede
Signature of Responsible Person or Volunteer

11/15/90
Date

Environmental Coordinator
Title (if applicant is not an individual)

Witnessed by:
Name: L M C Maschke

Date: 11/15/90

Please send this application and accompanying documents to:

Robin Hanson
Petroleum Tank Release Compensation Board
MN Department of Commerce
133 East Seventh Street
St. Paul, MN 55101
(612) 297-4017