OFFICE USE ONLY:
2 INTIAL APP ✓ SUPP
2 PHASE

OFFICE USE ONLY:
LEAK # 858
ENTERED 4-1-97 AM

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

APPLICATION FOR REIMBURSEMENT

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

I. APPLICANT INFORMATION

☐ Check if New Address or Phone Number

Back MAY 14 1997

Name Conoco Inc.

Mail Address P.O. Box 2197

City Houston State TX Zip 77252-2197

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

Day Phone (713) 293-5683 Fax (713) 293-3305

State of Minnesota
APR 09 1997
Dept. of Commerce

Check One:	*Check One:*
☒ Responsible Party	☒ Corporation
☐ Volunteer	☐ Partnership
☐ Non-Responsible Party (See Application Guide)	☐ Individual
	☐ Other

1955 to 03/08/83 Dates Owner/Operator of tank(s). (Complete if "Responsible Party" box is checked.)

N/A to N/A Dates Volunteer owned property. (Complete if "Volunteer" box is checked.)

NOTE: If the applicant owns or owned three or fewer Minnesota facilities for dispensing motor vehicle fuels, please complete Section XIII.

II. LEAK SITE INFORMATION

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

Tank Facility Name Former Conoco Store #23034

Address 1126 South Robert Street

City West St. Paul MN Zip 55101

Day Phone (713) 293-5683 County of Leak Site: Ramsey

10/20/88 Date petroleum leak detected.

10/20/88 Date petroleum leak reported to MPCA.

Yes or (No) Is tank leak on personal residential property? (Circle One)

None Cubic Yards. Total amount of contaminated soil excavated at this site.

N/A ppm. State the range of soil contamination concentration (total hydrocarbons)

III. ASSIGNMENT CERTIFICATION AND/OR TERMINATION

CHECK ALL THAT APPLY:

☐ Petrofund Assignment Agreement has been executed (Attach original of new Assignment form.)
List Assignees: _____

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

☐ Assignment Agreement from previous application has been terminated. (Attach original Termination form.)

☐ Not applicable.

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

APPLICATION EFFECTIVE DECEMBER 11, 1996 - JUNE 30, 1997

IV. APPLICATION PHASE

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

☐ **Pre-removal site assessment**

_____ Date(s) of the assessment report
_____ Date of property sale, if applicable

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

_____ Date of SCAP approval or MPCA soil treatment letter. (***Attach copy***)

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

_____ Date of CCAP/CAD approval (***Attach copy***)
_____ Date CCAP/CAD Installation Letter (***Attach copy***)
N/A Date of MPCA Site Closure letter (***Attach copy)***

V. SOURCE AND CAUSE

What was the source of the petroleum release at this site? (See Application Guide.) The cause of the release is unknown.

How was the release discovered? The release was discovered when drilling soil borings.

If the release was not reported to the MPCA within 24 hours of discovery, state the reason why: N/A

To the best of your knowledge, list all persons other than the applicant who were owners or operators of the tank during or after the petroleum release:
Ashland Oil Company purchased the site in 1983.

Yes or (No) Did any of the persons listed above incur corrective action costs related to this petroleum release?
(Circle One) If yes, list name(s) and address(es) if known: N/A

VI. TYPE OF REMEDIATION SYSTEM

Check the type of soil and/or groundwater remediation system used or projected for your site.

Soil Remediation Technologies:

- ☐ Biopiles
- ☐ Bioventing
- ☐ Incineration
- ☐ Landfarming
- ☐ Low-temperature thermal desorption
- ☐ Natural attenuation
- ☒ Soil vapor extraction
- ☐ Soil washing

Groundwater Remediation Technologies:

- ☒ Air Sparging
- ☐ Biosparging
- ☐ Dual phase extraction
- ☒ In situ groundwater bioremediation
- ☐ Natural attenuation

VII. MPCA TANK INFORMATION AND COMPLIANCE

A. **Underground Storage Tanks**. Complete the following information to reflect the status of your underground storage tanks at the time the release was discovered. Refer to the attachment ***"Do Underground Storage Tank and Piping Requirements Apply to Your Petroleum Tank?"*** and ***"What Do You Have to Do?"/"When Do You Have to Act?"*** to determine the applicability of registration, leak detection, corrosion protection, and spill/overfill protection requirements.

If you are unsure how tank rules apply to your tanks, please call the UST Compliance and Assistance Unit at (612) 297-8679. Please tell the receptionist you have questions about this form.

(List all tanks at the site. Please attach additional sheets if more than five tanks are involved.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (If applicable)
1	Unleaded	10,000	Steel	1973	07/26/96	03/08/83
2	Regular	5,000	Steel	1955	07/26/96	03/08/83
3	Premium	5,000	Steel	1955	07/26/96	03/08/83
4						
5						

TANKS

Tank #	Leak Detection (Select Method Below)	Corrosion Protection (Select Method Below)	Spill Bucket (Yes/No)	Overfill Protection (Select Method Below)
1	1	1	NO	1
2	1	1	NO	1
3	1	1	NO	1
4				
5				

Leak detection method choices (select all that apply):
1. None
2. Inventory control plus annual tightness testing
3. Inventory control plus tightness testing every 5 years
4. Manual tank gauging
5. Manual tank gauging plus annual tightness testing
6. Manual tank gauging plus tightness testing every 5 years
7. Statistical inventory reconciliation (SIR)
8. Automatic tank gauge
9. Interstitial monitoring
10. Vapor monitoring
11. Ground water monitoring
12. Other: __

Corrosion protection choices:
1. None
2. Fiberglass, jacketed steel or composite tank
3. STI-P 3 tank
4. Anodes installed
5. Impressed current system
6. Lined tank
7. Other: __

Overfill protection choices:
1. None
2. Ball float valve
3. Automatic shutoff
4. Audible alarm
5. Other: __

If tank tightness tests performed, indicate dates of all tests: N/A _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

PIPING

	Pressurized Piping Leak Detection		Suction Piping Leak Detection	
Tank #	Continuous Leak Detection (Select method below)	Periodic Leak Detection (Select method below)	Check valve located at: ☐ Tank ☐ Pump (Select method below)	Corrosion Protection (Select method below)
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4				
5				

Continuous method choices:	**Periodic method choices:**	**Suction leak detection method choices:**	**Corrosion protection choices:**
1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm	1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	1. None 2. Steel with anodes 3. Coated steel with anodes 4. Impressed current 5. Fiberglass or flexible piping

If piping tightness tests performed, indicate dates of all tests: N/A

N/A Identify MPCA certified tank removal contractor utilized during tank excavation

N/A MPCA contractor certification number. (Invoice(s) may be requested)

B. **Aboveground Storage Tanks.** Complete the following information to reflect the status of the aboveground tanks involved in the release at the time the release was discovered.

In describing your secondary containment, specify:

- materials used to construct both the base and the walls, including type and thickness of materials (e.g.; 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- how material specifications are known (e.g., permeability tests/dates, installation specifications)
- whether or not the volume of the secondary containment area is adequate for the contents of the largest tank (Y/N)

Tank	Contents	Capacity	Date Installed	Registered Yes/No/Ukn	Description of Secondary Containment Walls	Base	Verification	Volume Yes/No
Sample	*unleaded gas*	*15,000 gallons*	*1/1/47*	*Yes*	*Concrete Block*	*6" compact clay/6" gravel fill*	*Perm test on (date)*	*No*
1	N/A							
2								
3								

VIII. ELIGIBLE COSTS

Yes or (No) Are any of the costs listed in the Eligible Cost Worksheets in dispute? (Circle One) (From pages 8 - 14)

(Yes) or No Are ongoing corrective action costs expected at this leak site? (Circle One)

Explain briefly any ongoing corrective action costs (approximate figures) relative to the petroleum release and work to be done: (Attach additional sheets if necessary.)

Type of Work Operation and maintenance costs will be incurred. Approximate Cost $ 33,000/year

Type of Work _____ Approximate Cost $ _____

Total $ 33,000/year

Yes or (No) Did the applicant have in effect one or more insurance policies at the time of the release? (Circle One)
If yes, was a claim filed for coverage of any of the costs for which the applicant is seeking reimbursement in this application? If no, explain why no claim was filed: _____

If yes, did the insurer agree to cover your claim? _____
If yes, state the amount of benefits received (or to be received) and provide a copy of the insurer's explanation of benefits. $ _____
If no, provide a copy of the insurer's letter explaining the reasons for denying your claim.

Yes or (No) Is applicant aware of any other insurance policy, whether the policy is held by the applicant or another person, that could possibly cover any of the eligible costs in this application? (Circle One)
If "Yes", please explain: _____

Yes or (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? (Circle One)
If yes, identify all third parties and provide a copy of all correspondence between the applicant and third parties.

Please provide a brief chronological description (including dates) of the clean-up activities covered on this application including any special circumstances: ~~There are no special circumstances applicable to this site.~~

Yes or (No) Is applicant aware of any action by a consultant or contractor which may have caused or aggravated the contamination at this site? (Circle One) If "Yes", please explain: _____

IX. COMPETITIVE BIDDING

List names of ALL written bids/proposals obtained to perform corrective action at this leak site. **Attach copies of ALL signed and dated bids/proposals.** (USE ADDITIONAL SHEETS IF NECESSARY):

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	☐	N/A - DAHL Pre-existing Contract			
Contractors	☒	MAS (see attached Fee Schedule)		1996	Lab Analysis
	☒	Legend (see attached Fee Schedule)		1996	Lab Analysis
	☐	Pace (see attached Fee Schedule)		1996	Lab Analysis
	☒	Matrix - Bid Waiver (see MPCA letter)		1996	Probing Services
	☒	MAS (see attached Fee Schedule)		1997	Lab Analysis
	☐	Legend (see attached Fee Schedule)		1997	Lab Analysis

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

X. CONSULTANTS/CONTRA ORS

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this release site (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 (Attach a copy of the land farming/composting contract.):

_____ Petrofund Registration Number

Name _____

Contact person _____

Address _____

City _____ State _____ Zip _____

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

1408 Petrofund Registration Number

Name of individual or firm: Midwest Analytical Services

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

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

1259 Petrofund Registration Number

Name of individual or firm: Legend Technical Services

Mailing address: 775 Vandalia Street, St. Paul, MN 55114

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

1476 Petrofund Registration Number

Name of individual or firm: Matrix Technologies Corporation

Mailing address: 8631 Jefferson Highway, Osseo, MN 55369

Contact Person: Accounts Payable Day phone #: (612) 424-4803

XI. CERTIFICATION PAGE (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 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."

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.

APPLICANT SIGNATURE(S) (SIGNATURE(S) REQUIRED)

Applicant name (print/type) Keith Coffman

Applicant signature B.K. Coff

Date signed 3/21/97

Subscribed and sworn to before me this 21 day of March, 1997.

Notary Public Barbara Sgregg

My commission expires 3/31/97

CORPORATION AND/OR PARTNERSHIP SIGNATURES (IN ADDITION TO ABOVE SIGNATURES.)

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

B.K. Coff
Signature

Keith Coffman
Name (please print)

PROJECT MANAGER
Title (See Application Guide, Part X)

3/21/97
Date

BARBARA S. GREGORY Notary Public, State of Texas My Commission Expires 03/31/97

CONSULTANT SIGNATURE (SIGNATURE REQUIRED)*

I, Mike Watson (Individual name), confirm that all costs claimed 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.

Mike Watson / Project Manager / 4-7-97

Consultant Signature / Title / Date

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

APPLICATION PREPARER'S SIGNATURE (SIGNATURE REQUIRED)

Pam Ehlen
(Preparer's name)

Pamela M. Ehlen / Reimb. Coordinator / 4-7-97

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

APPLICATION EFFECTIVE DECEMBER 11, 1996 - JUNE 30, 1997

XII. COST WORKSHEET SUMMARY (Pages 8 - 14)

Yes or No **Does this application contain costs that are listed as ineligible in Minn. Rule 2890.0071, A. through N.?**

09/05/96 to 03/06/97 Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A - K)

A $	2,912.00	C $		E $	2,769.92	G $		I $	8,133.45	K $	731.00
B $	1,004.00	D $		F $		H $		J $	16,636.79		

Total of all eligible costs as listed in the Eligible Cost Worksheets:		$ 32,187.16
Insurance Reimbursement (Subtract)	-	$(0.00)
	=	$ 32,187.16
		X 90%*
Total Reimbursement Request	=	$ 28,968.44

* Calculate at 92.5% if leak is on personal residential property

ELIGIBLE COST WORKSHEETS

***Complete the section of each category (A-K) that corresponds with the dates of your cleanup contract.**

* Description must be specific as to work performed.
* Invoices must be submitted for each cost listed below.
* Invoices must contain sufficient detail to verify costs and services entered below.
* ATTACH A COPY OF SITE MAP INDICATING TANK LOCATIONS AND LIMITS OF CONTAMINATED SOIL EXCAVATION. IF NEW TANKS WERE INSTALLED, NOTE TANK SIZE AND LOCATION ON SITE MAP.
* Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
Well Sampling	DAHL & Assoc., Inc.	22214	2.00	50.00	100.00
Soil Borings		22862	8.00	74.00	592.00
Soil Borings			5.00	74.00	370.00
Probing Services	DAHL/Matrix		1.00	1,700.00	1,700.00
Well Sampling	DAHL & Assoc., Inc.	23110	3.00	50.00	150.00
		A Page #	Subtotal		
			Grand Total		$2,912.00

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
	A Page #	*Subtotal*	
		Grand Total	$0.00

B. LABORATORY TESTS AND ANALYSIS

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
Total Suspended Solids	DAHL/MAS	21944	1.00	12.00	12.00
TPH as Gasoline	DAHL/MAS	21944	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/MAS	21944	1.00	19.00	19.00
Trip Blank	DAHL/MAS	21944	1.00	10.00	10.00
Organic Vapor Analysis	DAHL/Legend	22214	1.00	50.00	50.00
GRO	DAHL/MAS	22214	2.00	45.00	90.00
TPH as Gasoline	DAHL/MAS	22214	2.00	45.00	90.00
Total Suspended Solids	DAHL/MAS	22214	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/MAS	22214	1.00	19.00	19.00
TPH as Gasoline	DAHL/MAS	22444	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/MAS	22444	1.00	19.00	19.00
Total Suspended Solids	DAHL/MAS	22444	1.00	12.00	12.00
TPH as Gasoline	DAHL/MAS	22862	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/MAS	22862	1.00	19.00	19.00
Total Suspended Solids	DAHL/MAS	22862	1.00	12.00	12.00
Organic Vapor Analysis	DAHL/Legend	23110	1.00	50.00	50.00
GRO	DAHL/MAS	23333	3.00	45.00	135.00
BTEX	DAHL/MAS	23333	1.00	45.00	45.00
Total Suspended Solids	DAHL/MAS	23333	1.00	12.00	12.00
TPH as Gasoline	DAHL/MAS	23333	2.00	45.00	90.00
Chemical Oxygen Demand	DAHL/MAS	23333	1.00	19.00	19.00
Field Blank	DAHL/MAS	23333	1.00	10.00	10.00
Total Suspended Solids	DAHL/MAS	23333	1.00	8.00	8.00
Chemical Oxygen Demand	DAHL/MAS	23333	1.00	19.00	19.00
TPH as Gasoline	DAHL/MAS	23333	1.00	45.00	45.00
Total Suspended Solids	DAHL/MAS	23522	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/MAS	23522	1.00	19.00	19.00
TPH as Gasoline	DAHL/MAS	23522	1.00	8.00	8.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
		B Page #		Subtotal	
				Grand Total	$1,004.00

Fill out this section if you are using the Standardized Invoice and Bid form · contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
B Page #		*Subtotal*	
		Grand Total	$0.00

C. EXCAVATION

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
					0.00
					0.00
					0.00
					0.00
C Page #			Subtotal		
			Grand Total		$0.00

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
			0.00
C Page #		*Subtotal*	
		Grand Total	$0.00

D. SOIL DISPOSAL

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
					0.00
					0.00
					0.00
					0.00
D Page #			Subtotal		
			Grand Total		$0.00

Fill out this section if you are usi ıe Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
			0.00
D Page #		*Subtotal*	
		Grand Total	$0.00

E. WATER TREATMENT

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
Energy Expense	DAHL & Assoc., Inc.	21944	1.00	210.61	210.61
System Maintenance		22214	0.75	41.00	30.75
Energy Expense			1.00	218.05	218.05
System Maintenance		22444	1.00	54.00	54.00
Energy Expense			1.00	173.99	173.99
System Calibration		22862	0.50	54.00	27.00
Energy Expense			1.00	318.11	318.11
System Maintenance		23110	0.50	54.00	27.00
Energy Expense			1.00	422.17	422.17
Systen Maintenance		23333	4.25	54.00	229.50
System Maintenance			1.50	74.00	111.00
Energy Expense			1.00	533.50	533.50
System Maintenance		23522	0.50	54.00	27.00
Energy Expense			1.00	387.24	387.24
		E Page #	Subtotal		
			Grand Total		$2,769.92

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
E Page #		*Subtotal*	
		Grand Total	$0.00

F. TRUCKING

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
					0.00
					0.00
					0.00
					0.00
		F Page #		Subtotal	
				Grand Total	$0.00

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
			0.00
	F Page #	*Subtotal*	
		Grand Total	$0.00

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

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
					0.00
					0.00
					0.00
					0.00
		G Page #		Subtotal	
				Grand Total	$0.00

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
			0.00
	G Page #	*Subtotal*	
		Grand Total	$0.00

H. SITE RESTORATION and [redacted]OSURE

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
					0.00
					0.00
					0.00
		H Page #		Subtotal	
				Grand Total	$0.00

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
		H Page #	*Subtotal*
			Grand Total $0.00

I. OTHER CLEAN-UP COSTS OR INTEREST

(If reimbursement of interest is being requested, to substantiate that interest has been incurred please document through canceled checks or paid receipts all payments for corrective action costs made to consultants or contractors to date AND fill out attached Interest Reimbursement Worksheet.)

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
Remediation Material	DAHL & Assoc., Inc.	22862	1.00	8,133.45	8,133.45
					0.00
					0.00
					0.00
		I Page #		Subtotal	
				Grand Total	$8,133.45

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
			0.00
		I Page #	*Subtotal*
			Grand Total $0.00

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

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total	Unit Costs	Subtotal
Mileage	DAHL & Assoc., Inc.	21944	60.00	0.35	21.00
Water Level Indicator			2.00	15.00	30.00
PH Meter			1.00	16.00	16.00
Dissolved Oxygen Meter			1.00	20.00	20.00
128 Flame Ionization Detector			1.00	115.00	115.00
Documentation/Recover Sys Data			1.00	30.00	30.00
Water Quality Samp/Data Collect			4.75	41.00	194.75
Draft Water Flow Direction			0.75	42.00	31.50
Data Collection			1.25	54.00	67.50
Ground Water Data Analysis			5.00	74.00	370.00
Client Contact/Other Contact			5.50	86.00	473.00
Telephone Expense			1.00	61.59	61.59
Mileage		22214	40.00	0.35	14.00
Water Level Indicator			2.00	15.00	30.00
12 V Air Sampling Pump & Tube			1.00	40.00	40.00
108 Flame Ionization Detector			1.00	115.00	115.00
Ground Water Data Analysis			2.25	30.00	67.50
Air Quality Samp/Mobilization			6.75	41.00	276.75
Draft Base/Site Map			1.00	42.00	42.00
Administrative			0.50	50.00	25.00
Data Collection			1.00	52.00	52.00
Data Collection			0.50	54.00	27.00
Project Mgmt/State Regulation			12.00	74.00	888.00
Drilling Plan/Project Direction			2.50	86.00	215.00
Disposable Check Valve Bailer			1.00	15.32	15.32
Telephone Expense			1.00	61.61	61.61
Rental Equipment			1.00	101.56	101.56
Mileage		22444	70.00	0.35	24.50
Water Level Indicator			2.00	15.00	30.00
PH Meter			1.00	16.00	16.00
Dissolved Oxygen Meter			2.00	20.00	40.00
128 Flame Ionization Detector			1.00	115.00	115.00
Ground Water Data Analysis			2.25	30.00	67.50
Water Quality Samp/Data Collect			9.25	41.00	379.25

Sampling/Monitor	D & Assoc., Inc.	22444	1.25	54.00	67.50
Discharge Report/Project Mgmt			8.50	74.00	629.00
Work Plan/Other Contact			3.00	86.00	258.00
Project Direction			3.75	92.00	345.00
Telephone Expense			1.00	61.60	61.60
Mileage		22862	230.00	0.35	80.50
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			3.00	15.00	45.00
PH Meter			1.00	16.00	16.00
Dissolved Oxygen Meter			3.00	20.00	60.00
128 Flame Ionization Detector			1.00	115.00	115.00
Soil Test Boring Data			1.75	30.00	52.50
Water Quality Samp/Data Collect			12.50	41.00	512.50
Draft Base/Site Map			0.25	42.00	10.50
Field Serivces Coordination			1.50	54.00	81.00
Project Mgmt/Sampling/Monitor			15.50	74.00	1,147.00
Project Direction			1.00	92.00	92.00
Telephone Expense			1.00	61.60	61.60
Mileage		23110	130.00	0.35	45.50
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			4.00	15.00	60.00
Dissolved Oxygen Meter			3.00	20.00	60.00
12 V Air Sampling Pump & Tube			1.00	40.00	40.00
128 Flame Ionization Detector			1.00	115.00	115.00
Documentation			1.25	30.00	37.50
Water Quality Samp/Mobilization			11.50	41.00	471.50
Draft Test Boring Location			1.25	42.00	52.50
Work Plan			0.50	52.00	26.00
Sampling/Monitor/Data Collection			1.00	54.00	54.00
Project Mgmt/Mobilization			11.00	74.00	814.00
Project Direction			0.50	92.00	46.00
Annual Well Permit Fees			1.00	1,296.00	1,296.00
Telephone Expense			1.00	61.60	61.60
Mileage		23333	97.00	0.35	33.95
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			3.00	15.00	45.00
PH Meter			2.00	16.00	32.00
Dissolved Oxygen Meter			3.00	20.00	60.00
Product/Water Level Indicator			1.00	30.00	30.00

128 Flame Ionization Detector	DANIL & Assoc., Inc.	23333	00	115.00	115.00
Admin/Soil Test Boring Data			2.50	30.00	75.00
Water Quality Samp/Data Collect			12.00	41.00	492.00
Data Collection/Sampling/Monitor			2.50	54.00	135.00
Subcontractors/Project Direction			24.25	74.00	1,794.50
Project Direction			1.00	92.00	92.00
Telephone Expense			1.00	61.65	61.65
Industrial Discharge Permit			1.00	324.00	324.00
Mileage		23522	123.00	0.35	43.05
Disposable Check Valve Bailers			3.00	9.00	27.00
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			4.00	15.00	60.00
Dissolved Oxygen Meter			2.00	20.00	40.00
Well Sampling Materials			1.00	50.00	50.00
108 Flame Ionization Detector			1.00	115.00	115.00
Documentation			1.25	30.00	37.50
Data Collection/Load Equip			12.00	41.00	492.00
Data Collection			2.00	54.00	108.00
Ground Water Data Analysis			14.75	74.00	1,091.50
Project Direction			2.25	92.00	207.00
Water Use Permit			1.00	54.00	54.00
Telephone Expense			1.00	94.01	94.01
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
J Page #			Subtotal		
			Grand Total		$16,636.79

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	*Firm Name*	*Invoice Name e.g. UST Removal & Assessment*	*Subtotal*
			0.00
			0.00
			0.00
J Page #		*Subtotal*	
		Grand Total	$0.00

K. MARK-UP

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	General Contractor Invoice #	Sub Contractor Invoice #	Mark up %	Subtotal
Laboratory Mark - Up	DAHL/MAS	21944	98987	8.00	6.88
Laboratory Mark - Up	DAHL/Legend	22214	12021	8.00	4.00
Laboratory Mark - Up	DAHL/MAS	22214	99343	8.00	16.88
Laboratory Mark - Up	DAHL/MAS	22444	99620	8.00	6.08
Laboratory Mark - Up	DAHL/MAS	22862	99913	8.00	6.08
Subcontractor Mark - Up	DAHL/Regenesis	22862	96309-IN	8.00	650.68
Laboratory Mark - Up	DAHL/Legend	23110	12786	8.00	4.00
Laboratory Mark - Up	DAHL/MAS	23333	100211	8.00	24.88
Laboratory Mark - Up	DAHL/MAS	23333	100407	8.00	5.76
Laboratory Mark - Up	DAHL/MAS	23522	100611	1.00	5.76
		K Page #	Subtotal		
			Grand Total		$731.00

There is NO additional section for Letter K .

NOTE: PLEASE REMEMBER TO COMPLETE THE COST WORKSHEET SUMMARY ON PAGE 8.

XIII. COMBINED LEAKSITE COSTS OVER $250,000

The 1996 Minnesota Legislature, under Minn. Stat. 155C.09, Subd. 3a (3), added a level of reimbursement for applicants who meet the following criteria:

1. **Owned three or fewer Minnesota facilities for dispensing motor vehicle fuels, and if more than one facility has been owned, operations at all facilities must now be discontinued.**

2. **Dispensed less than 1,000,000 gallons of petroleum at each Minnesota facility for each of the past three calendar years.**

3. **The MPCA had not issued a site closure notice for the site or sites before April 3, 1996.**

If you meet the above criteria, you *may* be eligible for reimbursement of 90% of the first $250,000 in combined reimbursable costs among all applicant owned sites and 100% of such costs in excess of $250,000.

To be eligible for this category, you must be able to document ownership through tax statements or other documents and you must also document the annual amount of petroleum dispensed at each owned site for a three calendar year period. ***These documents must accompany your application for reimbursement.*** We also need to know whether retail petroleum operations have been *discontinued* at any of the facilities. Please list below your qualifications for receiving this level of reimbursement.

Facility Name(s), Address(es), and Dates of Ownership/Operation:____

Number of annual gallons dispensed per site for three calendar years (Attach distributor documentation):____

MPCA Site Closure Dates (each site), if applicable:____