

MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD

858

Application for Reimbursement

PART I APPLICATION PROCESS

Back APR 1 6 1996

LLH

(Check One) Check appropriate Phase and complete the information requested for the Phase checked (See Application Guide).

[] Phase 1. MPCA approval of Soil Corrective Action Plan (SCAP)

a) Date of SCAP approval _____ (Attach Copy)

b) Date SCAP was submitted to MPCA _____

OK
01/3/84
F-514
KML

[] Phase 2. Submission of Soil Treatment Letter to MPCA

Date of Soil Treatment Letter _____ (Attach Copy)

[] Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)

a) Date of CCAP approval _____ (Attach Copy)

b) Date CCAP was submitted to MPCA _____

[] Phase 4. Submission of CCAP Installation Letter to MPCA

Date of CCAP Installation Letter _____ (Attach Copy)

MAR 27 1996

[X] **Ongoing Expenses**

Closure Letter from MPCA (Attach Copy)

PART II APPLICANT INFORMATION

Please be advised that the information used to support this application is subject to audit by the MPCA and MDOC.

1. "Responsible Person" [X] "Volunteer" [] or "Non-Responsible Person" []
(check one) (see application guide)

Name: Conoco Inc. Attn: Mr. Mark Silverstone

2. Mailing Address: P.O. Box 2197

Houston, TX 77252-2197 Phone: (713) 293-5683

3. Site ID: Leak # 00000858

4. The applicant is a: [X] Corporation [] Partnership [] Individual [] Other _____

5. Applicant was the owner or operator of the tank from 1955 to 03/08/1983

6. "Volunteer" Applicant owned property from N/A to N/A

7. Has applicant executed any Petrofund assignment agreements? yes X no _____

Name of assignee DAHL & Associates, Inc. (attach copy of agreement)

4390 McMenemy Road, St. Paul, MN 55127

PART III

TANK FACILITY

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:
Former Conoco Store (Presently Rapid Oil Change)

2. Tank Facility address: 1126 South Robert Street
West St. Paul, MN

3. Contact Person at Tank Facility: Mr. Mark Silverstone
Phone: (713) 293-5683

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

5. Did any of the persons listed in question 4 incur corrective action costs related to this petroleum release? yes___ no X If yes, list name and address if known:

6. Date when petroleum release was detected: 10/20/1988
What test was performed to initially establish that a release occurred? Test Borings

7. Date when petroleum release was reported to the MPCA: 10/20/1988

8. a. Which tanks were the source of the release at this tank facility? (see application guide)
The source of the release is unknown.

- b. What was the cause of the release?
The cause of the release is unknown.

9. Was this tank(s) used only to store heating oil for consumptive use on the premises where stored?
(check one) yes _____ no X

PART IV TANK INFORMATION AND COMPLIANCE

(Note: If you do not know if tanks are registered and/or prior tank removal notice was given, enter "unk" (unknown) for these items. Please do not contact the MPCA for this information.)

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 Tanks 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/overflow protection.

(Please attach additional sheets if more than five tanks are involved.)

Tank	Petroleum Product	Capacity	Type of Tank	Date Installed	Registered Yes/No/Unk	Date Removed
1	Unleaded	10,000	Steel	1973	UNK	03/08/1983
2	Regular	5,000	Steel	1955	UNK	03/08/1983
3	Premium	5,000	Steel	1955	UNK	03/08/1983
4						
5						

Tank	Tanks			Piping		
	Leak Detection	Corrosion Protection	Spill/Overflow Protection	Type of Piping	Leak Detection	Corrosion Protection y/n
1	NONE	NO	NO	Steel	NONE	NO
2	NONE	NO	NO	Steel	NONE	NO
3	NONE	NO	NO	Steel	NONE	NO
4						
5						

Tank	Tank Tightness Test Dates	Piping Tightness Test Dates
1	N/A	N/A
2	N/A	N/A
3	N/A	N/A
4		
5		

* Was 10-day prior tank removal notice given to MPCA (YES/NO/UNK) UNK

* Which office was notified:

St. Paul	<u>UNK</u>
Duluth	_____
Brainerd	_____
Detroit Lakes	_____
Marshall	_____
Rochester	_____

* If the tank(s) involved in the release were **removed** after July 9, 1990, complete the following:

Removal Contractor: N/A

MPCA Contractor (NOT Supervisor) Certification Number: N/A

* If the tank(s) involved in the release were **installed** after July 9, 1990, complete the following:

Installation Contractor: N/A

MPCA Contractor (NOT Supervisor) Certification Number: N/A

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)

* is the volume of the secondary containment area adequate for the contents of the largest tank

TANKS	Contents	Capacity	Date	Registered	Description of Secondary Containment			
					Concrete	6" compact	Perm test	N
SAMPLE	unleaded	15,000	1/1/47	Y	Concrete	6" compact	Perm test	N
1	N/A							
2								
3								

Are there any special circumstance. You would like the persons reviewing your application to be aware of?

Please explain: See Attached Documentation

PART IV ELIGIBLE COSTS

- 1. The Eligible Cost Worksheets attached are for INVESTIGATION costs, CLEAN-UP costs, and CONSULTANT costs. These worksheets must be completed listing each corrective action for which you are requesting reimbursement.
- 2. Invoices submitted with this application cover the period from 09/07/1995 to 02/07/1996
- 3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes no X
(see applicaton guide)
- 4. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? yes X no

If yes, explain briefly what work will be done and an approximate cost of that work.

Costs for operation and maintenance will be incurred. Potential upgrade \$100.00

Operation & maintenance costs: \$33,000/year

- 5. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): None
- b. What was the soil contamination concentration (total hydrocarbons) N/A ppm?

- 6. Has the applicant been eligible to recover cleanup costs arising from this petroleum release under any insurance policy at any time since June 4, 1987? yes no X

If yes, provide the following:

<u>Insurance Company</u>	<u>Policy #</u>	<u>Policy Limits</u>	<u>Deductible</u>	<u>Period Covered</u>
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7.	Total of all eligible costs as listed in the Eligible Cost Worksheets:	=	<u>\$12,399.97</u>
			X 90%
		=	<u>\$11,159.97</u>
	Insurance Reimbursement (Subtract)	-	<u>(\$0.00)</u>
	Total Reimbursement Request (See application guide)	=	<u>\$11,159.97</u>

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 of ALL persons who performed corrective action may result in an action to recover any reimbursement which may be paid.** (Attach additional sheets if necessary.)

Name of individual or firm: Dahl & Associates, Inc. PR#: 1009

Mailing address: 4390 McMenemy Street, St. Paul, MN 55127

Contact person: Jennifer Ryan Phone: (612) 490-3782

Name of individual or firm: Midwest Analytical

Mailing address: 330 Cleveland Street, Cambridge, MN 55008

Contact person: _____ Phone: _____

Name of individual or firm: Legend Technical

Mailing address: 775 Vandalie Street, St. Paul, Mn 55114

Contact person: _____ Phone: _____

Name of individual or firm: _____

Mailing address: _____

Contact person: _____ Phone: _____

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:

No relationship exists, financial or otherwise.

PART VI CERTIFICATION (see application guide)

A. "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 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 or receipt of reimbursement from the board. I understand that if I fail to do so, the board may demand return of all or a portion of reimbursement paid to me and that if I fail to comply with the board's demand, that 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."

Mark Silverstone
Signature of Applicant
Mark Silverstone
Name (Please Print)
3/8/96
Date

Witnessed by:
3-C. Casella
Name
3-8-96
Date

Every applicant must sign Part A. above. If applicant is a corporation or partnership, the following certification must also be made:

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

CONOCO INC.
Signature
Mark Silverstone
Project Manager
Title (See Application Guide, Part VI)

Mark Silverstone
Name (Please Print)
3/8/96
Date

Please send this application and accompanying documents to:

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

PART IV**ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP**

- * Descriptions 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 service entered below.
- * Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					0.00

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Charcoal Tube Analysis	DAHL/Legend	19395	1.00	50.00	50.00
GRO	DAHL/Midwest	19395	7.00	45.00	315.00
MTBE	DAHL/Midwest	19395	2.00	5.00	10.00
Chemical Oxygen Demand	DAHL/Midwest	19395	1.00	19.00	19.00
Total Suspended Solids	DAHL/Midwest	19395	1.00	12.00	12.00
MTBE	DAHL/Midwest	19395	1.00	5.00	5.00
GRO	DAHL/Midwest	19395	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/Midwest	19395	1.00	19.00	19.00
TOTAL					475.00

PART IV ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP

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- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and service entered below.
- * Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					0.00

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Total Oxygen Demand	DAHL/Midwest	19395	1.00	12.00	12.00
TPH	DAHL/Midwest	19944	1.00	45.00	45.00
MTBE	DAHL/Midwest	19944	1.00	5.00	5.00
Total Suspended Solids	DAHL/Midwest	19944	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	19944	1.00	19.00	19.00
GRO	DAHL/Midwest	20179	7.00	45.00	315.00
MTBE	DAHL/Midwest	20179	7.00	5.00	35.00
Total Suspended Solids	DAHL/Midwest	20179	1.00	12.00	12.00
TOTAL					455.00

PART IV ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP

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- * Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					0.00

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Chemical Oxygen Demand	DAHL/Midwest	20179	1.00	19.00	19.00
Charcoal Tube Analysis	DAHL/Midwest	20179	1.00	50.00	50.00
MTBE	DAHL/Midwest	20179	1.00	5.00	5.00
TPH as Gasoline	DAHL/Midwest	20179	1.00	45.00	45.00
Total Suspended Solids	DAHL/Midwest	20179	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	20179	1.00	19.00	19.00
					0.00
					0.00
TOTAL					150.00

PART IV**ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP**

- * Descriptions 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 service entered below.
- * Duplicate this form if additional worksheets are needed.

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Mileage	DAHL & Associates, Inc.	18971	32.00	.38	12.16
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detector			1.00	115.00	115.00
Dissolved Oxygen Meter			1.00	20.00	20.00
1/3 Hp Meter			1.00	15.00	15.00
Phase 1 Prop			.25	30.00	7.50
Mob/Data Collection/Load Equip			7.75	41.00	317.75
Inferred Area			.50	42.00	21.00
Sampling/Monitor/Field Services			3.00	54.00	162.00
Recovery System Data			1.00	62.00	62.00
Other Contact/Sampling/Monitor			6.25	74.00	462.50
Remediation Design/Water Data			2.25	86.00	193.50
Telephone Expense			1.00	62.25	62.25
Mileage		19168	18.00	.38	6.84
12 V Air Sampling Pump			1.00	40.00	40.00
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detector			1.00	115.00	115.00
					0.00
TOTAL					1,662.50

PART IV ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP

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- * Invoices must contain sufficient detail to verify costs and service entered below.
- * Duplicate this form if additional worksheets are needed.

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Dissolved Oxygen Meter	DAHL & Associates, Inc.	19168	1.00	20.00	20.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
Documentation			.25	30.00	7.50
Mob/Water Sample/Air Sample			5.25	41.00	215.25
Job Meeting/Field Services			1.50	54.00	81.00
Water Data/Work Plan			4.00	62.00	248.00
Work Plan/Sampling/Monitor			9.50	74.00	703.00
Other Contact/Project Direction			1.75	86.00	150.50
Ansul System/212 Fusible Link			1.00	89.90	89.90
Telephone Expense			1.00	62.14	62.14
Battery Gellcell			1.00	95.93	95.93
Mileage		19395	35.00	.38	13.30
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame ionization Detector			1.00	115.00	115.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
Fyrite O2			1.00	20.00	20.00
Documentation			.75	30.00	22.50
Mobilization/Data Collection			5.50	41.00	225.50
					0.00
TOTAL					2,124.52

PART IV**ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP**

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- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and service entered below.
- * Duplicate this form if additional worksheets are needed.

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Sampling/Monitor	DAHL & Associates, Inc.	19695	1.50	54.00	81.00
Drafting/Project Management			5.75	74.00	425.50
Ground Water Data			1.00	62.00	62.00
Ground Water Data			1.00	92.00	92.00
Telephone Expense			1.00	62.23	62.23
Mileage		19689	20.00	.38	7.60
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detector			1.00	115.00	115.00
Dissolved Oxygen Meter			1.00	20.00	20.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
Mob/Data Collection			4.75	41.00	194.75
Report			.50	30.00	15.00
Water Flow Direction			1.75	42.00	73.50
Report			5.50	52.00	286.00
Sampling/Monitor			1.25	54.00	67.50
Report/Telemetry			2.50	74.00	185.00
Other Contact			.25	86.00	21.50
Project Direction			1.25	92.00	115.00
Telephone Expense			1.00	62.25	62.25
TOTAL					1,925.83

PART IV**ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP**

- * Descriptions 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 service entered below.
- * Duplicate this form if additional worksheets are needed.

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Mileage	DAHL & Associates, Inc.	19944	42.00	.38	15.96
12 V Air Sampling Pump			1.00	40.00	40.00
Magnhelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detector			1.00	115.00	115.00
Dissolved Oxygen Meter			1.00	20.00	20.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
Fyrite O2			1.00	20.00	20.00
Mob/Air Samples/Data Collection			8.50	41.00	348.50
Ground Water Data			.25	52.00	13.00
Data Collection/Sampling/Monitor			1.25	54.00	67.50
Project Direction/State Reg			5.25	74.00	388.50
Project Direction			2.25	92.00	207.00
Disposable Check Valve Bailer			1.00	40.37	40.37
Telephone Expense			1.00	62.24	62.24
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					1,378.07

PART IV ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions 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 service entered below.
- * Duplicate this form if additional worksheets are needed.

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Mileage	DAHL & Associates, Inc.	20179	58.00	.38	22.04
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detector			1.00	115.00	115.00
Dissolved Oxygen Meter			1.00	20.00	20.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
Fyrite O2			1.00	20.00	20.00
Water Sample/Data Collection			5.50	41.00	225.50
Recovery System Layout			.75	42.00	31.50
Recovery System Data			3.50	52.00	182.00
Data Collection/Sampling/Monitor			2.25	54.00	121.50
Administrative/Work Plan			3.75	62.00	232.50
Project Direction/Mobilization			12.00	74.00	888.00
Corrective Action Report			1.00	86.00	86.00
Project Direction			2.50	92.00	230.00
Telephone Expense			1.00	62.24	62.24
Water App Permit			1.00	54.00	54.00
					0.00
					0.00
					0.00
TOTAL					2,330.28

PART IV ELIGIBLE COSTS WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions 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 service entered below.
- * Duplicate this form if additional worksheets are needed.

K. MARK-UP

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-total
Sample Mark - Up	DAHL/Legend	19395	008757	8%	4.00
Sample Mark - Up	DAHL/Midwest	19395	095868	8%	28.48
Sample Mark - Up	DAHL/Midwest	19395	096008	8%	6.48
Sample Mark - Up	DAHL/Midwest	19395	096534	8%	6.48
Sample Mark - Up	DAHL/Midwest	20179	096838	8%	30.48
Sample Mark - Up	DAHL/Legend	20179	009617	8%	4.00
Sample mark - Up	DAHL/Midwest	20179	096939	8%	6.48
TOTAL					86.40

L. OTHER CONSULTANT SERVICES (specify)

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					0.00