LLH

Leak # 4558

MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD

Application for Reimbursement

PART I APPLICATION PROCESS

Back JUN 13 1996

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

[ ] **Phase 1.** MPCA approval of Soil Corrective Action Plan (SCAP) 5/21/96
a) Date of SCAP approval _____ (Attach Copy)
b) Date SCAP was submitted to MPCA _____

[ ] **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 _____

State of Minnesota
MAY 21 1996
Dept. of Commerce

[ ] **Phase 4.** Submission of CCAP Installation Letter to MPCA
Date of CCAP Installation Letter _____ (Attach Copy)

[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? yesX no___
Name of assignee DAHL & Associates, Inc.
4390 McMenemy Road, St. Paul, MN 55127 (attach copy of agreement)

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

ASSIGNMENT CERTIFICATION

PART I - BACKGROUND INFORMATION **LEAK #** 00000858
(PLEASE PRINT CLEARLY OR TYPE)

PETROFUND APPLICANT'S NAME	CORRECTIVE ACTION SITE NAME (IF BUSINESS)
Conoco Inc.	Former Conoco Store
STREET ADDRESS	**CORRECTIVE ACTION SITE ADDRESS**
P.O. Box 2197	1126 South Robert Street
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**
Houston, TX 77252-2197	West St. Paul, MN 55101
PETROFUND APPLICANT'S TELEPHONE NUMBER	**CONTACT PERSON & TELEPHONE AT SITE**
(713) 293-3568	(713) 293-5683 Mark Silverstone

APPLICANT IS:

__X__ OWNER _____ OPERATOR _____ OTHER, PLEASE SPECIFY:

FIRST ASSIGNEE'S NAME	SECOND ASSIGNEE'S NAME
DAHL & Associates, Inc.	
STREET ADDRESS	**STREET ADDRESS**
4390 McMenemy Road	
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**
St. Paul, MN 55127	
ASSIGNEE'S TELEPHONE NUMBER	**ASSIGNEE'S TELEPHONE NUMBER**
(612) 490-3782	( )
DOLLAR AMOUNT ASSIGNED	**DOLLAR AMOUNT ASSIGNED**
$ 4,071.88	$
ASSIGNEE'S STATUS	**ASSIGNEE'S STATUS**
____ ADVANCED FUNDS FOR CORRECTIVE ACTION	____ ADVANCED FUNDS FOR CORRECTIVE ACTION
XX PROVIDED CORRECTIVE ACTION SERVICES	____ PROVIDED CORRECTIVE ACTION SERVICES

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 INFORMAT. .N 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/overfill 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						

	Tanks			Piping		
Tank	Leak Detection	Corrosion Protection	Spill/Overfill 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	UNK
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 slap 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			
SAMPLE	unleaded	15,000	1/1/47	Y	Concrete	6" compact	Perm test	N
1	N/A							
2								
3								

Are there any special circumstances 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 03/06/1996 to 04/03/1996

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:

Insurance Company	Policy #	Policy Limits	Deductible	Period Covered

7. Total of all eligible costs as listed in the Eligible Cost Worksheets: = $4,524.31

X 90%

= $4,071.88

Insurance Reimbursement (Subtract) - ($0.00)

Total Reimbursement Request (See application guide) = $4,071.88

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 Analtical

Mailing address: 330 Cleveland Street, Cambridge, MN 55008

Contact person: _____ Phone: _____

Name of individual or firm: _____

Mailing address: _____

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 reciept 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

Witnessed by: Michael P. Waterbury
Name

Mark Silverstone
Name (Please Print)

5-14-96
Date

5/14/96
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."

Mark Silverstone
Signature

Mark Silverstone
Name (Please Print)

Project Manager
Title (See Application Guide, Part VI)

5/14/96
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 COS WORKSHEET - INVESTIGATIO ND 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
GRO	DAHL/Midwest	20687	1.00	45.00	45.00
MTBE	DAHL/Midwest	20687	1.00	5.00	5.00
Total Suspended Solids	DAHL/Midwest	20687	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	20687	1.00	19.00	19.00
					0.00
					0.00
					0.00
					0.00
				TOTAL	81.00

PART IV ELIGIBLE COS WORKSHEET - INVESTIGATIC 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.**

E. WATER TREATMENT

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Electrical Expense	DAHL & Associates, Inc.	20439	1.00	436.45	436.45
System Maintenance			.25	54.00	13.50
Electrical Expense		20687	1.00	359.69	359.69
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				TOTAL	809.64

PART IV ELIGIBLE COS[illegible] WORKSHEET - INVESTIGATI[illegible]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.	20439	79.00	.38	30.02
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
128 Flame Ionization Detection			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
Administrative/Documentation			1.75	30.00	52.50
Mob/Data Collection/Water Sample			8.50	41.00	348.50
Draft Water Flow Direction			3.75	42.00	157.50
Work Plan/Mobilization			4.25	52.00	221.00
Sampling/Monitor/Data Collection			1.25	54.00	67.50
Water Appropriation			.25	62.00	15.50
Client Contact/Administration			10.50	74.00	777.00
Corrective Action Report			.25	86.00	21.50
Project Direction			2.75	92.00	253.00
Discharge Permit			1.00	324.00	324.00
Telephone Expense			1.00	62.24	62.24
Mileage		20687	65.00	.38	24.70
Water Level Indicator			1.00	15.00	15.00
Magnehelic Gauge Set			1.00	10.00	10.00
				TOTAL	2,554.96

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
128 Flame Ionization Detection	DAHL & Associates, Inc.	20687	1.00	115.00	115.00
Dissolved Oxygen Meter			1.00	20.00	20.00
PH Meter			1.00	16.00	16.00
1/3 Hp Vacuum Pump			1.00	15.00	15.00
12 V Air Sampling Pump			1.00	24.00	24.00
Documentation			.50	30.00	15.00
Mob/Data Collection/Air Samples			7.50	41.00	307.50
Ground Water Data			.50	52.00	26.00
Sampling/Monitor			.75	54.00	40.50
Client Contact/Administrative			2.75	74.00	203.50
Disposable Check Valve Bailer			1.00	15.87	15.87
Waste Water Discharge			1.00	29.85	29.85
Telephone Expense			1.00	62.24	62.24
Locks			1.00	11.21	11.21
Annual System Check			1.00	101.56	101.56
Project Direction			.75	92.00	69.00
					0.00
					0.00
					0.00
					0.00
				TOTAL	1,072.23

GT J: 3627.19

PART IV ELIGIBLE COST 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/Midwest	20687	097283	8%	6.48
				TOTAL	6.48

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