OFFICE USE ONLY:
INTIAL APP ✓ SUPP #
PHASE

CLH

OFFICE USE ONLY:
LEAK # 858
ENTERED 10/4/96

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

State of Minnesota
OCT 04 1996
Dept. of Commerce

Back
OCT 25 1996

☒ Check if New Address or Phone Number

Name Conoco, Inc.

Mail Address P.O. Box 2197

City Houston State TX Zip 77252-2197

Contact Person (if different from above "Name") Mr. Mark Silverstone

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

Check One:

☒ Responsible Party
☐ Volunteer
☐ Non-Responsible Party (See Application Guide)

☒ Corporation
☐ Partnership
☐ 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.)

II. LEAK SITE INFORMATION

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

Tank Facility Name Former Conoco Store (Presently Rapid Oil Change)

Address 1126 South Robert Street

City West St. Paul State MN Zip 55101

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

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 OCTOBER 6, 1995 - JUNE 30, 1996

IV. APPLICATION PHA.

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

Phase 1 **MPCA Approval of Soil Corrective Action Plan (SCAP)**

_____ Date of SCAP approval (***Attach copy***)
_____ Date SCAP was submitted to MPCA

Phase 2 **Submission of Documentation of Soil Treatment**

_____ Date documentation was submitted to MPCA

Phase 3 **MPCA approval of Soil and/or Groundwater Comprehensive Corrective Action Plan (CCAP/CAD)**

_____ Date of CCAP/CAD approval (***Attach copy***)
_____ Date of CCAP/CAD was submitted to MPCA

Phase 4 **Submission of CCAP/CAD Installation Letter to MPCA**

_____ Date CCAP/CAD Installation Letter (***Attach copy***)

Phase 5 **Ongoing Expenses. Following Phase 4 Reimbursement or MPCA Site Closure or Conditional Closure**

N/A Date of MPCA Site Closure letter (***Attach copy)***

V. SOURCE AND CAUSE

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

What was the source of the petroleum release at this site? (See Application Guide.) The source 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: _____

VI. 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.

(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								

VII. 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: _____

VIII. 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 - Pre-existing Contract Attached			
	☐				
	☐				
Contractors	☒	Midwest (see attached Fee Schedule)			
	☒	Legend (see attached Fee Schedule)			
	☐	MVTL (see attached Fee Schedule)			
	☐				

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

IX. CONSULTANTS/CON .CTORS

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 South Cleveland Street, P.O. Box 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, Inc.

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

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

_____ Petrofund Registration Number

Name of individual or firm: _____

Mailing address: _____

Contact Person: _____ Day phone #: ( )

X. 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.

IN WITNESS WHEREOF, the Applicant(s) have hereunder set their hands this 26 day of Sept., 1996:

Applicant name (print or type) Mark Silverstone	Subscribed and sworn to before me 26 day of Sept., 1996 Notary Public
Applicant signature Mark Silverstone	C. IASILLI Notary Public, State of Texas My Commission Expires AUG. 19, 1997
Date signed 9/26/96	My commission expires 8-19-97

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."

Mark Silverstone Signature	Mark Silverstone Name (please print)
Project Manager Title (See Application Guide, Part XX)	9/26/96 Date

CONSULTANT SIGNATURE(S) (SIGNATURE(S) REQUIRED)

I, Pam Ehlen (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.

Pamela M. Ehlen / Reimbursement Coord. Signature	Title	10-2-96 Date

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.

Michael P. Watson / Project Manager Signature	Title	10-2-96 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) 282-5951, (612) 297-4203

XI. COST WORKSHEET SUMMARY (Pages 8 - 14)

05/06/96 to 08/07/96

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

A	$		C		E	$	970.87	G	$		I $		K $	64.40
B	$	805.00	D		F	$		H	$		J $	6,236.92	L $	

Total of all eligible costs as listed in the Eligible Cost Worksheets: $ 8,077.19

Insurance Reimbursement - $(0.00)

(Subtract) X 90%*

= $ 7,269.47

Total Reimbursement Request = $ 7,269.47

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

ELIGIBLE COST WORKSHEETS

***Complete the section of each category (A-L) 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	Total	Unit Costs	Subtotal
		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	Total	Unit Costs	Subtotal
GRO	DAHL/Midwest	20916	2.00	45.00	90.00
TPH as Gasoline	DAHL/Midwest	20916	2.00	45.00	90.00
Chemical Oxygen Demand	DAHL/Midwest	20916	1.00	19.00	19.00
Total Suspended Solids	DAHL/Midwest	20916	1.00	12.00	12.00
MTBE	DAHL/Midwest	20916	4.00	5.00	20.00
GRO/BTEX Tube	DAHL/Legend	20916	1.00	50.00	50.00
Total Suspended Solids	DAHL/Midwest	21172	1.00	12.00	12.00
MTBE	DAHL/Midwest	21172	1.00	5.00	5.00
TPH as Gasoline	DAHL/Midwest	21172	1.00	45.00	45.00
Chemical Oxygen Demand	DAHL/Midwest	21172	1.00	19.00	19.00
Total Suspended Solids	DAHL/Midwest	21172	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	21172	1.00	19.00	19.00
MTBE	DAHL/Midwest	21172	1.00	5.00	5.00
TPH as Gasoline	DAHL/Midwest	21172	1.00	45.00	45.00
Organic Vapor Analysis	DAHL/Legend	21456	1.00	50.00	50.00
GRO	DAHL/Midwest	21456	2.00	45.00	90.00
TPH as Gasoline	DAHL/Midwest	21456	2.00	45.00	90.00
MTBE	DAHL/Midwest	21456	4.00	5.00	20.00
Total Suspended Solids	DAHL/Midwest	21456	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	21456	1.00	19.00	19.00
TPH as Gasoline	DAHL/Midwest	21707	1.00	45.00	45.00
MTBE	DAHL/Midwest	21707	1.00	5.00	5.00
Total Suspended Solids	DAHL/Midwest	21707	1.00	12.00	12.00
Chemical Oxygen Demand	DAHL/Midwest	21707	1.00	19.00	19.00
		B Page #	Subtotal		
			Grand Total		$805.00

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	Total	Unit Costs	Subtotal
		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	Total	Unit Costs	Subtotal
		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	Total	Unit Costs	Subtotal
Energy Expenses	DAHL & Assoc., Inc.	20916	1.00	323.13	323.13
Energy Expenses		21172	1.00	204.20	204.20
Energy Expenses		21456	1.00	214.36	214.36
Energy Expenses		21707	1.00	229.18	229.18
		E Page #		Subtotal	
				Grand Total	$970.87

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	Total	Unit Costs	Subtotal
		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	Total	Unit Costs	Subtotal
		G 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	Total	Unit Costs	Subtotal
Mileage/Pickup	DAHL & Assoc., Inc.	20916	34.00	0.35	11.90
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			2.00	15.00	30.00
Dissolved Oxygen Meter			1.00	20.00	20.00
128 Flame Ionization Detector			1.00	115.00	115.00
Administrative			0.50	30.00	15.00
Water Quality Sample			5.75	41.00	235.75
Draft Water Flow Direction			1.00	42.00	42.00
Telemetry/Data Collection			1.50	54.00	81.00
Quarterly Status Report			6.00	62.00	372.00
Work Plan/Project Direction			4.50	74.00	333.00
Project Direction			0.75	92.00	69.00
Telephone Expenses			1.00	62.24	62.24
Mileage/Pickup		21172	35.00	0.35	12.25
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			0.25	30.00	7.50
Mobilization/Data Collection			5.75	41.00	235.75
Administrative			0.50	50.00	25.00
Data Collection			2.00	54.00	108.00
Work Plan/Client Contact			9.00	74.00	666.00
Specifications			1.50	86.00	129.00
Project Direction			1.00	92.00	92.00
Telephone Expenses			1.00	62.24	62.24
Mileage/Pickup		21456	54.00	0.35	18.90
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			1.00	15.00	15.00
PH Meter			1.00	16.00	16.00
Dissolved Oxygen Meter			1.00	20.00	20.00
12 V Air Sampling Pump & Tube			1.00	40.00	40.00
128 Flame Ionization Detector			1.00	115.00	115.00
Documentation			0.75	30.00	22.50

Mobilization/Water Quality Sampl	DAHL & Assoc., Inc.	21456	6.50	41.00	266.50
Draft Base/Site Map			3.00	42.00	126.00
Sampling/Monitor/Data Collection			1.50	54.00	81.00
Specifications/Project Management			7.50	74.00	555.00
Mechanical Pre-Built			1.75	86.00	150.50
Project Direction			0.75	92.00	69.00
Disposable Check Valve Bailer			1.00	15.51	15.51
Mileage/Pickup		21707	45.00	0.35	15.75
Magnehelic Gauge Set			1.00	10.00	10.00
Water Level Indicator			2.00	15.00	30.00
PH Meter			1.00	16.00	16.00
128 Flame Ionization Detector			1.00	115.00	115.00
Groundwater Data Analysis/Admin			1.00	30.00	30.00
Mobilization/Data Collection			4.25	41.00	174.25
Draft Water Flow Direction			0.75	42.00	31.50
Administrative			0.50	50.00	25.00
Groundwater Data Analysis			1.50	52.00	78.00
Sampling/Monitor			0.75	54.00	40.50
Project Mgmt/Discharge Report			11.50	74.00	851.00
Project Direction			0.50	92.00	46.00
Telephone Expenses			1.00	61.33	61.33
Security Services			1.00	276.05	276.05
		J Page #		Subtotal	
				Grand Total	$6,236.92

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	Invoice Number	Total	Unit Costs	Subtotal
Sample Mark-Up	DAHL/Midwest	20916	1.00	18.48	18.48
Sample Mark-Up	DAHl/Legend	20916	1.00	4.00	4.00
Sample Mark-Up	DAHL/Midwest	21172	1.00	6.48	6.48
Sample Mark-Up	DAHL/Legend	21172	1.00	6.48	6.48
Sample Mark-Up	DAHL/Legend	21456	1.00	4.00	4.00
Sample Mark-Up	DAHL/Midwest	21456	1.00	18.48	18.48
Sample Mark-Up	DAHL/Midwest	21707	1.00	6.48	6.48
		K Page #		Subtotal	
				Grand Total	$64.40