MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD
Application for Reimbursement

P.H. Leak #3517

PART I APPLICATION PROCESS

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

[X] **Phase 1.** MPCA approval of Soil Corrective Action Plan (SCAP)
a) Date of SCAP approval 6/27/91 (Attach Copy)
b) Date SCAP was submitted to MPCA 6/25/91

[X] **Phase 2.** Submission of Soil Treatment Letter to MPCA
Date of Soil Treatment Letter 10/14/91 (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)

State of Minnesota
OCT 18 1991
Dept. of Commerce

[ ] **Ongoing Expenses**
Closure Letter from MPCA (Attach Copy)

PART II APPLICANT INFORMATION

1. "Responsible Person" [X] "Volunteer" [ ] or "Non-Responsible Person" [ ]
(check one) (see application guide)
Name: Wolverton Farmers Elevator Curt Bjertness, Gen. Mgr. Wolverton Farmers Elevator

2. Mailing Address: Box 69
Wolverton, MN 56594 Phone: (218) 995-2565

3. Site ID: Leak # 00003517

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

5. Applicant was the owner or operator of the tank from date unknown to 11/12/90.

6. Has applicant executed any Petrofund assignment agreements? yes ____ no X

Name of assignee _____ (attach copy of agreement)

PART III TANK FACILITY

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:

   WOLVERTON FARMERS ELEVATOR

2. Tank Facility address: Highway 75
   Wolverton, MN 56594

3. Contact Person at Tank Facility: Curt Bjermess, MGR
   Phone: (218) 995-2565

4. Date when petroleum release was detected: 11/12/90

   What test was performed to initially establish that a release occurred? soil was excavated and headspace analysis with an Hnu photoionization detec

5. Date when petroleum release was reported to the MPCA: 11/12/90

6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

Tank #	Capacity	Petroleum Product	"X" if tank removed	Date of Removal
1	560 gal	unleaded	X	11/12/90
2	560 gal	diesel/gas	X	11/12/90
				/ /
				/ /

7. a. Which tanks were the source of the release at this tank facility? (see application guide)

   TANK # 2 was the source

   b. What was the cause of the release?

   a 1/4" hole in the west end of tank

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? / / Could not find exact date of notification.

9. 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:

- NONE -

10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes____ no____ If yes, list name and address if known:

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 11/12/90 to 10/15/91

3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes____ no X
(see application guide)

4. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 84 YARDS

b. What was the soil contamination concentration (total hydrocarbons) 2320-Gas 4410-Fo ppm?

5. 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
				/ /
				/ /

6. Total of all eligible costs as listed in the Eligible Cost Worksheets: $4534.53

X 90%

= $4081.08

Insurance Reimbursement (Subtract) - $(NONE -)

Total Reimbursement Request (See application guide) = $4081.08

7. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? yes____ no X

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

PART V CONTRACTORS/CONSULTANTS

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

Name of individual or firm: O'DAY EQUIPMENT, Inc

Mailing address: P.O. Box 2706 FARGO, ND 58108

Contact person: JIM MARTIN Phone: (701) 282-9260

Name of individual or firm: Great Plains Environmental

Mailing address: Box 2706 1301 40th St. NW FARGO, ND 58108

Contact person: TERRY KRAFT Phone: (701) 277-1612

Name of individual or firm: TURNER SAND and GRAVEL

Mailing address: R.R. WOLVERTON MN 56594

Contact person: Rodney Turner Phone: (218) 995-2653

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

No Relationships.

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 any 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."

Curt Bjertness
Signature of Applicant

CURT BJERTNESS
Name (Please Print)

10-15-91
Date

Witnessed by:
Daryl Olthoff
Name

10-15-91
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

WOLVERTON FARMERS ELEVATOR."

Curt Bjertness
Signature

MGR
Title (See Application Guide, Part VI)

CURT BJERTNESS
Name (Please Print)

10-15-91
Date

Please send this application and accompanying documents to:

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

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 services 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
				TOTAL	

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
~~BTEX - TPH LAB Analysis~~	~~Great Plains Environmental~~	~~#1190-94~~	~~7~~	~~118.00~~	~~826.00~~
BTEX - TPH LAB ANALYSIS	Great Plains Environmental	# 1190-94	7	118.00 ea	826.00
PID H-Nu Rental	Great Plains Environmental	# 1190-94	1	85.00	85.00
				TOTAL	911.00

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C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Excavate contaminated soil	O'DAY Equipment	# 11681	84 yds	15.25/yd	1281.25
				TOTAL	1281.25

D. SOIL DISPOSAL

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
disposal of soil	MARK Sundstrum	10-10-91	84 yds	#16/yd	1344.00
				TOTAL	1344.00

PART IV ELIGIBLE COST 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 services entered below.
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E. WATER TREATMENT NONE

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

PART IV ELIGIBLE COST 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 services entered below.
* Duplicate this form if additional worksheets are needed.

F. TRUCKING

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Hauling of contaminated Tenneco SA soil to Final Spot	Turner Sand & Gravel	10-8-91			335.00
				TOTAL	335.00

G. EMERGENCY and TEMPORARY HAZARD CONTROL
(see application guide)

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

PART IV ELIGIBLE COST 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 services entered below.
* Duplicate this form if additional worksheets are needed.

H. SITE RESTORATION and CLOSURE

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Backfill	TURNER SAND & GRAVEL	11-19-91	24 yds	5.34	128.08
				TOTAL	128.08

I. OTHER CLEAN-UP or INVESTIGATION COSTS

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

PART IV ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

* 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.
* Duplicate this form if additional sheets 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
INITIAL project report	Great Plains Environmental	#1190-94	4 hrs	43.00	172.00
Project engineer	Great Plains Environmental	#1190-94	8 hrs	43.00	344.00
Auto mileage	" " "	#1190-94	60 mi	.32/mi	19.20
				TOTAL	535.20

PF6/91

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 services 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
				TOTAL	

L. OTHER CONSULTANT SERVICES (specify)

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