

MINNESOTA PETROLEUM TANK LEASE
COMPENSATION BOARD
Application for Reimbursement

Leak # 3534

PART I APPLICATION PROCESS

(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 1/10/92

copy of worksheet attached

Phase 2. Submission of Soil Treatment Letter to MPCA

Date of Soil Treatment Letter 1/10/92 (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)

[] **Ongoing Expenses**

Closure Letter from MPCA (Attach Copy)

on 2/4/92
SS
State of Minnesota
JAN 15 1992
Dept. of Commerce

PART II APPLICANT INFORMATION

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

Name: JACK CURTIS For CURTIS CONVENIENCE STORES, Inc.

2. Mailing Address: 4997 Miller Trunk Hwy
Duluth MN 55811 Phone: () 218-729-5501

3. Site ID: Leak # 0000 3534

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

5. Applicant was the owner or operator of the tank from 4/26/84 to PRESENT.

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:
JUNCTION FOOD-N-FUEL STORE
2. Tank Facility address: 5493 Miller Trunk Hwy
DULUTH, MN 55811
3. Contact Person at Tank Facility: JACK CURTIS
 Phone: () 218-729-5501
4. Date when petroleum release was detected: 10/16/90
 What test was performed to initially establish that a release occurred?: Hand METER
5. Date when petroleum release was reported to the MPCA: 10/16/90
6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

<u>Tank #</u>	<u>Capacity</u>	<u>Petroleum Product</u>	<u>"X" if tank removed</u>	<u>Date of Removal</u>
<u>1</u>	<u>5000</u>	<u>REG GAS</u>	<u>X</u>	<u>10/16/90</u> installed
<u>2</u>	<u>10000</u>	<u>UNLEAD</u>	<u> </u>	<u>1 1</u> 2/10/21
<u>5</u>	<u>4000</u>	<u>Premium</u>	<u> </u>	<u>1 1</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>1 1</u>

7. a. Which tanks were the source of the release at this tank facility? (see application guide)
#1
- b. What was the cause of the release?
unknown
8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 4/24/86

USTIS#: 5385

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:

CONOCO / Kayo Oil Co.

10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes ___ no X 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 10/16/90 to 7/19/91

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): 557 Tons

b. What was the soil contamination concentration (total hydrocarbons) 4800 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:

<u>Insurance Company</u>	<u>Policy #</u>	<u>Policy Limits</u>	<u>Deductible</u>	<u>Period Covered</u>
				<u> / /</u>
				<u> / /</u>

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

\$ 45,210.26
X 90%

= \$ 40,689.23

Insurance Reimbursement (Subtract) - \$ ()

Total Reimbursement Request (See application guide) = \$ 40,689.23

7. 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.

MONITORING WELLS + ANALYSIS
\$16,000 - \$20,000

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: B + D PUMP, INC

Mailing address: 4950 LIGHTNING DR. Duluth

Contact person: Bob STRASSBURG Phone: (218) 729-9696

Name of individual or firm: BRENT'S SEPTIC PUMPING

Mailing address: 6936 TRIPLE LAKES Rd Saginaw

Contact person: BRENT LEE Phone: (218) 729-8072

Name of individual or firm: PETERSON SEPTIC PUMPING

Mailing address: 1100 GARFIELD AVE.

Contact person: LARRY PETERSON Phone: (218) 722-9997

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

NONE

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

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

PART V **CONTRACTORS/CONSULTANTS**

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Name of individual or firm: BAKER TRUCKING

Mailing address: 24 E. 7th ST. Duluth

Contact person: RAY BAKER Phone: (218) 727-6410

Name of individual or firm: J + D ENTERPRISES

Mailing address: 5197 LAVAGUE Rd Duluth

Contact person: DALE CICH Phone: (218) 729-9091

Name of individual or firm: TARS + STRIPES

Mailing address: 401 N. Blackman Ave Duluth

Contact person: STEVE LETOURNEAU Phone: (218) 722-2105

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

NONE

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

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: GLACIER PAVING

Mailing address: 1000 TALL PINE LANE

Contact person: MARK DEUTSCH Phone: (218) 879-4561

Name of individual or firm: GME CONSULTANTS

Mailing address: 314 GARFIELD AVE DELUZZ

Contact person: ERIC FOLUNS Phone: (218) 722-4323

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:

NONE

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."

John Curtis
Signature of Applicant
JOHN F. CURTIS
Name (Please Print)
13 JAN 92
Date

Witnessed By:
John Cugin
Name
1/13/92
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

CURTIS CONVENIENCE STORES Inc.

John Curtis
Signature
VICE PRESIDENT
Title (See Application Guide, Part VI)

John F. CURTIS
Name (Please Print)
13 JAN 92
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
Inorganic Sample Prep	GME	# 3-91-34 MAR 20, 1991	7	16.55	115.85
Flame METALS ANALYSIS	GME	# 3-91-34 MAR 26, 1991	7	13.45	94.15
VOLATILE GC ANALYSIS	GME	# 3-91-34 MAR 26, 1991	7	93.15	652.05
TOTAL					\$ 862.05

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- * Duplicate this form if additional worksheets are needed.

C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
EXCAVATE CONTAMINATED SOIL <i>JD 690</i>	B+D Pump INC	# 5665 OCT. 16, 1990	24 hr	65.00	1560.00
EXCAVATE CONTAMINATED SOIL <i>JD 310</i>	B+D Pump INC	# 5665 OCT 16, 1990	4 hr	55.00	220.00
LABORER	BTD pump INC	# 5665 OCT 16, 1990	24.5 hr	32.00	784.00
TOTAL					\$ 2564.00

D. SOIL DISPOSAL

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
BURN SOIL	GLACIER PAVING	# 45 July 19, 1991	557.21	55.00	30,646.55
TOTAL					\$ 30,646.55

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
REMOVE + DISPOSAL WATER	BTD PUMP INC SUBCMT. BRENT + PETERSON	#5665 OCT 16, 1990	131,000 GALS	0.9350/1000	1216.00
TOTAL					1216.00

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.
- * Duplicate this form if additional worksheets are needed.

F. TRUCKING

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
HAUL CONTAMINATED SOIL TO STORAGE SITE	B+ D WARD INC SUBCMT. BAKER TRUCKS	# 5665 OCT 16, 1990	21 hr	45.00	945.00
HAUL CONTAMINATED SOIL TO DISPOSAL SITE	GLACIER PAVING	# 45 JULY 19, 1991	21.5 hr	55.00	1182.50
LOADER TO LOAD TRUCKS TO Haul TO DISPOSAL	GLACIER PAVING	# 45 JULY 19, 1991	6 hr	50.00	300.00
TOTAL					1427.50

\$ 2427.50

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

- * 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.

H. SITE RESTORATION and CLOSURE

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
SAND TO REPLACE CONTAMINATED SOIL	B + D Pump Sub cont. BAKER TRUCKING	# 5665 OCT 16, 1990	365 yds	12. ⁰⁰	4380. ⁰⁰
Blotrap over EXCAVATION	B + D Pump Inc Sub cont. TAPS + STRIPS	# 5665 OCT 16, 1990		1012. ⁰⁰	1012. ⁰⁰
TOTAL					\$5392.⁰⁰

I. OTHER CLEAN-UP or INVESTIGATION COSTS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
TANK SLUDGE DISPOSAL	B + D Pump Inc Sub cont J + D ENTERPRISE	# 5665 OCT 16, 1990	14 GAH	6. ⁰⁰	84. ⁰⁰
ROLLS OF PLASTIC FOR OVER + UNDER CONTAMINATED SOIL STORAGE	B + D Pump Inc	# 5665 OCT 16, 1990	2 1/2 rolls	129.60	324. ⁰⁰
MN SALES TAX				21.06	21.06
TOTAL					\$429.06

