Supp

# Due Back 6/23/93

APPLICATION PROCESS

#3534

# MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD Application for Reimbursement

(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/ and / / (Attach Copy)  b) Date SCAP was submitted to MPCA/ /
[ ]	Phase 2. Submission of Documentation Soil Treatment Date Documentation was submitted to MPCA of Letter/_/.
[ ]	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 Following Phase 4 Reimbursement or MPCA Site
[ ]	Phase 4. Submission of CCAP Installation Letter to MPCA Date of CCAP Installation Letter/_/. (Attach Copy)
(x)	Closure or Conditional Closure
PART II	APPLICANT INFORMATION
1.	"Responsible Person" [X] "Volunteer" [ ] or "Non-Responsible Person" [ ] (check one) (see application guide)
	Name: Curtis Convenience Stores, Inc.
2.	Mailing Address: 4997 Miller Trunk Highway Duluth, Minnesota 55811 Phone (218)729-5501
3.	Site ID:Leak # 00003534
4.	The applicant is a: [X]Corporation [ ]Partnership [ ]Individual [ ]Other
5.	Applicant was the owner or operator of the tank from $\frac{4/26/84}{2}$ to present.
6.	"Volunteer" Applicant owned property from/ _/ to present.
7.	Has applicant executed any Petrofund assignment agreements? yes no_X_
	Name of assignee(s)(attach copy
	of agreement)

No bits / contract

PART III TANK FACILITY Name of "Tank Facility" (see application guide) where the petroleum 1. release occurred: Junction Food & Fuel 5493 Miller Trunk Highway Tank Facility address: 2. Duluth, Minnesota Contact Person at Tank Facility: Jack Curtis 3. Phone: (218) 729-5501 To the best of your knowledge, list all other persons besides the 4. applicant who were owners or operators of the tank during or after the petroleum release: Conoco/Kayo Oil Co Did any of the persons listed in question 4 incur corrective action 5. costs related to this petroleum release? yes \_\_ no X If yes, list name and address if known: Date when petroleum release was detected: 10/16/90 What test was performed to initially establish that a release occurred? hNu Date when petroleum release was reported to the MPCA: 10/16/90. 7. a) Which tanks were the source of the release at this tank facility? (see application guide) 5000 gallon Regular Gas tank b) What was the cause of the release? Damaged tank Was this tank(s) used only to store heating oil for consumptive use 9. 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.)

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 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	Date Removed
1	Regular Gas	5000	Steel	7/1/71	4/24/86	10/16/90
2	Unleaded	10000	Fiberglass	5/15/84	4/24/86	
3	Premium	4000	Steel Strip	7/27/87	5/2/88	
4						
5					5 T	

	Tanks			Piping		
Tank	Leak Detection (Methods)	Corrosion Protection (Yes/No)	Spill/Overfill Protection (Yes/No)	Type of Piping	Leak Detection (Methods)	Corrosion Protection (Yes/No)
1	Inv Control	Yes	No	Galv Steel	Inv Control	No
2	Inv Control	Yes	No	Galv Steel	Inv Control	No
3	Inv Control	Yes	No	Galv Steel	Inv Control	No
4						
5						

Tank	Tank Tightness Test Dates	Piping Tightness Test Dates
1	The second secon	
2		
3		
4	The second secon	
5		

	Was 10-day							
	Which MPCA	office was	5 I E I I	St. Paul Ouluth Brainerd Detroit Lake Marshall Rochester	es			
*	If the tanks complete th			release wa	s <u>removed</u>	l after Ju	ly 9, 19	90,
	Removal Con	tractor:	B&D Pump		The state of the s		Topic Specific	
	MPCA Contra	ctor (NOT	Supervisor	c) Certifica	ation Num	ber: <u>0233</u>		
*	If the tank complete th			release was	installe	<u>d</u> after Ju	ly 9, 19	90,
	Installatio	n Contract	or:	-04				
	MPCA Contra	ctor (NOT	Supervisor	c) Certifica	ation:			
в.	Aboveground reflect the the time th	status of	the above	eground tan	he follo ks involv	wing info ed in the	rmation release	to at
		na vour se	condary co	ontainment,	specify:			
	In describi	ing your bo	(이글 경영영 경영병원 - 기업					
		s used to ickness of	construct	both the h	compacte	d clay, 3	, include of mil HI	ding OPE,
	* material type and th reinforced	s used to ickness of concrete s	construct materials lab floor, specificat	both the best (e.g., 6" /concrete betions are	compacte lock wall known	d clay, 3 s, none)	O mil HI	OPE,
	* material type and th reinforced * how tests/dates	s used to ickness of concrete s material , installa	construct materials lab floor, specificat tion speci	both the best (e.g., 6" /concrete betions are ifications)	compacte lock wall known	d clay, 3 s, none) (e.g., p	0 mil HI ermeabil	OPE,
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ank ample	* material type and th reinforced  * how tests/dates  * is the contents of	s used to ickness of concrete s material , installa volume of the large	construct materials lab floor specificat tion spec: the secon est tank ()  Date Installed	both the had been been been been been been been bee	compacte lock wall known inment an Description Walls Concrete	d clay, 3 s, none) (e.g., percea adequation of Second Base 6"compact	o mil HI ermeabil ate for dary Cont Verif	the

	any special circumstances you would like the persons reviewing your on to be aware of? plain:
PART V	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 $\frac{12/31/91}{500}$ to $\frac{3/31/92}{500}$
3.	Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes no _X (see application 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.  CAD Implementation - \$20,000.00
5.	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?
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 $\underline{X}$
	If yes, provide the following: <u>Insurance Company Policy # Policy Limits Deductible Period Covered</u>
7.	Total of all eligible costs as listed \$ 11055.00 X 90%
	= \$ 9949.50
	Insurance Reimbursement - \$ ( ) (Subtract)
	Total Reimbursement Request = \$ 9949.50 (See application guide)

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#### PART V CONTRACTORS/CONSULTANTS

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: Huntingdon - Twin City Testing Mailing address: 4444 Airpark Blvd Contact person: Les Conway or Sarah Hylden Phone: (218) 722-8433 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: \_( ) Name of individual or firm: Mailing address: Contact person: Phone: ( ) Describe below any relationship, financial or otherwise, between the 2. applicant and any contractor who performed work at this site: All contractors/consultants are under contract to Curtis Oil and Tire Company. No relationship, financial or otherwise, exists between

applicant and contractor/consultants.

Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at

#### PART VI CERTIFICATION (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 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 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, 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."

Arm With	Nother Afragin
Signature of Applicant	Name Name
Jonnf Currir	February 17, 1993
Name (Please Print)	Date
17 FEB 93	
Date	
Every applicant must sign Part A. abor partnership, the following certification	ove. If applicant is a corporation or n must <u>also</u> be made:
"I further certify that I am authorized behalf of	to sign and submit this application on
CURTIS CONVENIENCE STARES INC.	
John Glut	John Li Curris
Signature	Name (Please Print)
/ VILE PRESIDENT	17 FEB 93
Title (See Application Guide, Part VI)	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) 297-4203
(612) 297-1119

- \* 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
Drilling	Huntingdon- TCT	8400-92-066	5	\$135.00/hr	675.00
		The state of the s			
	1			TOTAL	\$675.00

#### B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
BTEX, THG	Huntingdon- TCT	8400-92-066	12.	\$200.00/ea	2400.00
Lead	Huntingdon- TCT	8400-93-049	3	\$50.00/ea	150.00
BTEX/THG	Huntingdon- TCT	8400-93-049	5	\$200.00/ea	1000.00
Lead	Huntingdon- TCT	8400-93-066	6	\$50.00/ea	300.00
			1	Total	\$3850.00

- \* 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.

#### C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
			The state of the s		
			<u> </u>	TOTAL	

#### D. SOIL DISPOSAL

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
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	uni Georgia			TOTAL	

- \* 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.

#### E. WATER TREATMENT

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
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		A (A) (A) (A) (A) (A) (A) (A) (A) (A) (A			
		+			
				TOTAL	

- \* 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.

#### F. TRUCKING

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Marin San San San San San San San San San Sa					
				TOTAL	L

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

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
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		Statement under			
				1	
		art of the second		TOTAL	L

- 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

Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
				-
		L	ТОТА	
	Firm Name		[1]	

#### I. OTHER CLEAN-UP or INVESTIGATION COSTS

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
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		The second second			
				TOTAL	

- \* 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.

# 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
Staff Engineer	Huntingdon- TCT	8400-92-066	7	\$80.00/hr	560.00
Technician	Huntingdon- TCT	8400-92-066	14	\$50.00/hr	700.00
Project Manager	Huntingdon- TCT	8400-93-049	8	\$65.00/hr	520.00
Senior Hydrogeologist	Huntingdon- TCT	8400-93-049	14	\$105.00/hr	1470.00
Staff Engineer	Huntingdon- TCT	8400-93-049	24	\$85.00/hr	2040.00
Environmental Technician	Huntingdon- TCT	8400-93-049	16	\$50.00/hr	800.00
Clerical	Huntingdon- TCT	8400-93-049	8	\$30.00/hr	240.00
Environmental Technician	Huntingdon- TCT	8400-93-049	4	\$50.00/hr	200.00
		e de la companya de l			
				TOTAL	\$6530.00

- \* 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
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			E Ann	TOTAL	

### L. OTHER CONSULTANT SERVICES (Specify)

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	TOTAL