

Petroleum Remediation Program

Minnesota Pollution Control Agency

http://www.pca.state.ma.us/programs/lust_p.html

Petroleum Brownfields Program Application/Request for Assistance Form

Guidance Document 5-04

Please complete this form to request assistance from the Minnesota Pollution Control Agency (MPCA) staff in the Petroleum Brownfields Program, pursuant to Minn. Stat. § 115C.03, subd. 9. If you have any questions about the services offered by the Program or this form, please call 651/296-7999. The MPCA can also be reached toll free at 1-800/657-3864.

Mail the completed form to:

Mark Koplitz

Petroleum Brownfields Program
Petroleum and Closed Landfill Section

Minnesota Pollution Control Agency

520 Lafayette Road North St. Paul, Minnesota 55155-4194

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Fax: 651/296-9707

RECEIVED	
SEP 2 0 2006	
MPCA, REM DIVISION PLR/SF SECTION	

bject Property	Prol Con Ada
Property/Site Name Texas Address 4621 Linda	Kust tree Auto
City (or Township) Harnen old	
Public land survey coordinates: County 57 Lov. 5 Twp.	50 W Range 15 W Sec. 5 Qtr.
Property Size 2.65	(in acres)
plicant	
Name	Title
Organization	Phone Fax
Address	Email
City	State Zip Code
State Taxpayer ID#	Federal Taxpayer ID#
Social Security #	(if applicant is an individual)
dditional Interested Party	
Name Steve Pelto	Title C.50
	14 + (soling Phone 979-5992 Fax 579 115
Organization M. M. T. Heat	14 CCC 1101 1101 1101 1101 1101 1101 110

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Current property owner (if different from applicant) Title Name LS5十分 Phone 469-323-8313 Fax 972-734-934/ Organization Email Address P.O State Applicant's Interest in Property Considering purchasing property Currently owns property Mortgagee interest in property Renting or leasing property Brownfields Eligibility Other (explain) Description of Applicant's Request (See Guidance Document 5-02 Petroleum Brownfields Program General Information for a detailed description of the following services.) X Technical expedited review of a petroleum storage tank release site (e.g., leak site), or petroleum impacted property for which the contamination did not originate from a tank (e.g., petroleum non-tank release site). Request for closure MPCA ID# Technical review of a DRAP for a petroleum impacted property, (note: need 45 days for Grants) MPCA ID# Leak site Tank Removal Verification Letter. (Minn. Stat. 115C.03, subd. 9C). MPCA ID# Leak site File Closure Confirmation Letter. (Minn. Stat. 115C.03, subd. 9C). MPCA ID# Off-site Tank Release Determination Letter, (Minn. Stat. 115C.03, subd. 9C). Suspected source MPCA ID# General Liability Letter.

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Other technical assistance not specified above (please describe on a separate sheet).

Grant Eligibility Letters

Nature of the problem or suspected problem
Check all that apply: Soil contamination Ground water contamination Other (explain) Surface water contamination
Involvement with other regulatory programs
Please indicate all environmental/health related programs or agencies that have been involved with the property in question (note the contact person(s) if known).
City Contact:
Known or suspected sources
Please check all applicable boxes below regarding the nature of the problem source.
Underground tank or pipeline release(s) Drums or other storage containers Seepage pit or dry well(s) Adjacent property Surface spillage or discharge Dumping or burial of waste Above-ground tank or pipeline release(s) Seepage pit or dry well(s) Adjacent property Not known Other (explain)
Information about attachments to the request form
Please list any reports, maps or other attachments to this form (use separate page if necessary).
Disclosure No Has the release at this site been reported to the State Duty Officer pursuant to Minn. Stat. \$ 115.061 (Duty to Notify and Avoid Water Pollution)? If so, please indicate notification date.
Yes No To your knowledge, have on- or off-site wells been contaminated? If so, attach a separate sheet detailing well location (site map), owner, well number, aquifers, depth and use.

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Contact persons

Please list the name(s) of your current environmental consultant and legal counsel, if applicable.

Consultant	Phone	Fax	
Name	<u>Email</u>		
Address			
City	State	Zip Code	
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Attorney	Phone	Fax	
Name	Email		
Address			
City	State	Zip Code	

Certification

I certify that I have read and am familiar with the information on this form and all attached documents, and that the submitted information is true, accurate and complete to the best of my knowledge.

I hereby ask the MPCA Commissioner to assist me and the company/organization I represent, as requested by this application. I understand this assistance may include the review of MPCA records and files, and review and approval of investigation plans and reports as well as response action plans and oversight of implementation actions.

I understand that the applicant (or other person signing below) must pay the MPCA Commissioner for the MPCA's costs of providing this assistance under Minn. Stat. § 115C.03 subd. 9. The current fee is \$150.00 per hour. I understand that the MPCA Commissioner will send invoices for these costs and that failure to pay the MPCA's costs in a timely manner may result in the MPCA Commissioner taking appropriate administrative or legal action.

I hereby agree to pay the costs of the MPCA to provide services to the applicant as requested in this application. Furthermore, I hereby certify that I have the authority to submit this application on behalf of the applicant named herein.

Typod/printed name Steve Pelto	Title	CEO	Physical products and the second seco	
Signature It his	Date	9-18	166	
Yh			Number of the second	
Subscribed and sworn to before me this 18 /	lay of Septem	ber , 2004.		

Ammy Dedleune

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Notary Public-Minnesota My Commission Expires Jan 31, 2010

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