Pd by Karl 3-28-05

MINNESOTA POLLUTION CONTROL AGENCY
COMMISSIONER'S SITE REPORT
TO THE PETROLEUM TANK RELEASE COMPENSATION BOARD

SITE ID#	RELEASE SITE	APPLICANT	REGION
LEAK00007325	Former Service Station	Minnesota Department of Transportation	1
LEAK00002616	Minnesota Department of Transportation Waseca Truck Station	Minnesota Department of Transportation	5
LEAK00003924	Minnesota Department of Transportation Duluth Headquarters	Minnesota Department of Transportation	1
LEAK000013595	Edwards Oil Bulk Facility	Edwards Oil Company	1
LEAK00015683	Kieselbach Residence	Thomas Kieselbach	Metro
LEAK00014878	Phillips 66 Minnesota Department of Transportation Site	Brian Karl	2
LEAK00015940	Schlichting Residence	Marian Schlichting	1

1. Eligibility Determination

I hereby determine that the corrective action described in the application was appropriate in terms of protecting public health, welfare, and the environment and that the applicant is eligible for Petrofund reimbursement, pursuant to Minn. Stat. § 115C.09, subd. 2, items (a) and (c) (2000).

2. Compliance with Applicable Requirements: **ADEQUATE**

Information readily available to the Minnesota Pollution Control Agency staff shows that the applicant has complied with the applicable requirements of Laws 1999, Chapter 203, section 2, to be coded as Minnesota Statutes Section 115C.09, subdivision 3(i)(2000).

The determinations in this report are made solely for the purpose of determining eligibility for reimbursement under Minn. Stat. § 115C.09, subd. 2 (2000) and Laws 1999, Chapter 203, section 2, to be coded as Minnesota Statutes Section 115C.09, subdivision 3(i)(2000). Nothing in this site report releases any person from liability, and the Minnesota Pollution Control Agency does not waive any of its authority to require additional corrective action at the above-referenced site or to enforce other provisions of state law.

Dated: 5-17-05

Richard Newquist, Supervisor
Petroleum Remediation Program
Remediation Division

MEMO #352

HAZARDOUS WASTE DIVISION
TANKS AND EMERGENCY RESPONSE SECTION
PETRO BOARD SLIPS

LEAK #: **14878**
APPLICANT: Brian Karl

RECEIVED
MAY 09 2005

SITE NAME: Phillips 66 - Mn/DOT Site

REGION:_____ OPEN/CLOSED: PROJECT MANAGER: Adam Sekely

TYPE OF TANK: UST OF AST (CIRCLE ONE) UST:

DATE COMMERCE REC'D APPLICATION : 4/28/2005

INADEQUATE OR **ADEQUATE** (CIRCLE ONE)

RETURN TO LORI SCHILLING BY May 18, 2005

DO NOT STAPLE OR BIND APPLICATION MATERIALS — CLIP OR RUBBER BAND ONLY

OFFICE USE ONLY
LEAK # 14878 PHASE 1
ENTERED 5-3-05 MGT

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

APPLICATION FOR REIMBURSEMENT

This document is available in alternative formats to individuals with disabilities by calling 800-638-0418 or 651-296-2860 (TTY).

I. APPLICANT INFORMATION

Name Mr. Brian Karl
Mailing Address 8343 State Highway 210
City Baxter State MN Zip 56425
E-mail Address
Contact Person (if different from above "Name")
Day Phone 218-831-3763 Ext Fax

State of Minnesota
APR 28 2005
Dept. of Commerce

Check One
☐ Responsible Person ☒ Volunteer ☐ Other (*see Application Guide*)

Check One
☐ Corporation ☐ Partnership ☒ Individual ☐ Municipality ☐ State, federal, or other public agency

X

1 1 to 1 1 Dates applicant owned or operated tank(s) [*complete if "Responsible Person" box is checked*]

X 10/16/98 to ~~4/~~ 12/9/05 Dates applicant owned property [*complete if "Volunteer" box is checked*]

II. LEAK SITE INFORMATION

Associated MPCA Leak Number 14878 MPCA Project Manager Mr. Adam Sokely
Tank Facility Name CJs Auto Wash PHILLIPS 66 MN DOT SITE
Address 8343 Highway 210 WEST
City Baxter MN Zip 56425
Day Phone 218-829-0385 Ext

~6/ unknown but 6/20/02 Date petroleum leak detected MnDOT received report from lab
6/20/02 Date petroleum leak reported to the MPCA
0 cubic yards Total amount of contaminated soil excavated at this site Closed 3-28-2005

III. MULTIPARTY CHECK REQUEST (if applicable)

If you have requested the issuance of a multiparty check for this application, attach the original request form(s) and list each associated lender, contractor, and consultant below.

***This application is effective* JULY 14, 2004 – JUNE 30, 2005**

IV. APPLICATION PHASE

Check the appropriate box and complete the information requested for the box checked (*see Application Guide for further information*)

☒ **Phase 1** **Soil Corrective Action Costs or Remedial Investigation Costs** Site Check
__/__/__ Date of MPCA soil treatment letter (*attach copy*)

☐ **Phase 2** **Installation Costs of MPCA-approved Soil or Groundwater Comprehensive Corrective Action Design System (CAD) or Groundwater Monitoring and System Maintenance Costs**
__/__/__ Date of CAD approval letter (*attach copy*)
__/__/__ Date of MPCA site closure letter (*attach copy*)

V. SOURCE AND CAUSE

What was the source and cause of the petroleum release at this site? (*see Application Guide*) The release of DROC 900 ppb detected by Mn DOT does not appear to be associated with CJs.

How was the release discovered? Mn DOT soil borings about 100-150 feet east in 2002

If the release was not reported to the MPCA within 24 hours of discovery, state the reason why. NA

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. No petroleum release has been reported directly for the site

☐ Yes ☐ No Did any of the persons listed above incur corrective action costs related to this petroleum release?
If yes, list name(s) and address(es) if known. _____

VI. COMPETITIVE BIDDING

List all of the written bids and proposals that you obtained for corrective action services at this site (*attach additional sheets if necessary*). **Attach the originals (not copies) of all signed and dated bids and proposals.**

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	☒	Millsop Associates, Inc.	$6301.00	2/18/05	LSI/Site Check
	☐	Cirrus Environmental	$9282.84	3/1/05	" / "
	☐				
Contractors	☐				
	☐				
	☐				
	☐				

*If the lowest bid or proposal was not selected, explain that decision on a separate sheet.

VII. MPCA TANK INFORMATION AND COMPLIANCE

☐ Yes ☒ No **Have you submitted an underground storage tank audit?**

Underground Storage Tanks

Enter the requested information for (a) all underground petroleum storage tanks and piping that were in place at this site at the time the release was discovered, and (b) all underground petroleum storage tanks that have been installed at this site since the release was discovered (attach additional sheets if necessary). Refer to the MPCA documents "*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 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 (651) 297-8679 and tell the receptionist that you have questions about this form.

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Removed (*if applicable*)
1	Premium Unl	6000	Steel	~1993	—
2	Mid Grade Unl	10000	Steel	~1993	—
3	Reg. Unleaded	10000	Steel	~1993	—
4					
5					
6					
7					

Tank #	Tank Leak Detection (*select method below*)	Tank Corrosion Protection (*select method below*)	Spill Bucket (*Yes/No*)	Overfill Protection (*select method below*)
1	8 Automatic tank gaging	3	Y	4/2
2	8 Automatic	3	Y	4/2
3	8 Automatic	3	Y	4/2
4				
5				
6				
7				

Leak detection method (*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 gauging
9. Interstitial monitoring
10. Vapor monitoring
11. Ground water monitoring
12. Other (specify)_____

Corrosion protection method
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 (specify):_____

Overfill protection method
1. None
2. Ball float valve
3. Automatic shutoff
4. Audible alarm
5. Other (specify): _____

If tank tightness tests were performed, indicate dates of all tests. Unknown _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

	Piping Leak Detection *(fill out the section applicable to your piping)*			
	Pressurized Piping		*Suction Piping*	
Tank #	Continuous Leak Detection *(select method below)*	Periodic Leak Detection *(select method below)*	Check valve located at: ☐ Tank ☐ Pump *(select method below)*	**Piping Corrosion Protection** *(select method below)*
1				
2				
3				
4				
5				
6				
7				
Continuous method 1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		**Periodic method** 1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	**Suction leak detection method** 1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	**Corrosion protection method** 1. None 2. Steel with anodes 3. Coated steel with anodes 4. Impressed current 5. Fiberglass or flexible piping

If piping tightness tests were performed, indicate dates of all tests. unknown

NA Identify MPCA-certified tank removal contractor who performed tank excavation

_____ Tank removal contractor's MPCA certification number

Aboveground Storage Tanks

Enter the requested information for (a) all aboveground petroleum storage tanks that were in place at this site at the time the release was discovered, and (b) all aboveground petroleum storage tanks that have been installed at this site since the release was discovered (attach additional sheets if necessary). In describing your secondary containment, specify:

- the materials used to construct both the base and the walls, including the type and thickness of materials (e.g., 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- how the material specifications are known (e.g., permeability tests/dates, installation specifications)
- whether the volume of the secondary containment area is adequate for the contents of the largest tank

Tank #	Contents	Capacity	Date Installed	Date Removed	Description of Secondary Containment			
					Walls	Base	Verification	Volume *(Yes/No)*
1								
2								
3								
4								
5								
6								
7								

VIII. ELIGIBLE COSTS

3/8/05 to 4/8/05 **Dates of work covered by invoices submitted with this application**

☐ Yes ☒ No Does this application contain costs listed as ineligible in Minnesota Rules, Chapter 2890? *(see Application Guide)*

☐ Yes ☒ No Are any of the costs included in this application in dispute? If so, describe the disputed issue(s) on a separate sheet.

☐ Yes ☒ No Are any of the costs included with this application subject to bankruptcy proceedings? If so, please describe the nature of the proceedings on a separate sheet.

☐ Yes ☒ No Has the applicant filed a lawsuit or made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? If so, attach a separate sheet identifying all third parties and provide copies of all correspondence between the applicant and third parties.

☐ Yes ☒ No Is the applicant aware of any action the applicant committed or of any action committed by a consultant or contractor which may have caused or aggravated the contamination at this site? If so, please explain.

_____

_____

_____

☐ Yes ☒ No Are ongoing corrective action costs expected at this site? If so, explain briefly below.

Type of Work	Approximate Cost
_____	$ _____
_____	$ _____
_____	$ _____

Please provide a chronological description (including dates) of the clean-up activities covered on this application *(attach additional sheets if necessary).*

March 8 - Drilled 3 soil borings

Remaining month - analyzed samples and wrote report

☞ **Attach a copy of a site map** that shows the former tank basin, the excavation area, and any on-site structures. If new tanks were installed, the map also should show their sizes and location(s). The site map should also identify the location of any soil borings and monitoring wells on the property.

IX. INSURANCE

A. ☒ Yes ☐ No Did the applicant have in effect one or more insurance policies at the time of the release?
If "No," skip to question D. If "Yes," proceed to the next question.

B. ☐ Yes ☒ No Was a claim filed for coverage of any of the costs for which the applicant is seeking reimbursement in this application? ***If "Yes," skip to question C.***

If "No," please explain why no claim was filed. _____

_____

_____ ***(Skip to question D.)***

C. ☐ Yes ☐ No Did the insurer agree to cover your claim?

NA

If "Yes":
- State the amount of benefits received (or to be received). $ _____
- Provide **a copy of the insurance policy** and **the insurer's explanation of benefits.**

If "No":
- Provide **a copy of the insurance policy** and **the insurer's letter explaining the reasons for denying your claim.**

D. ☐ Yes ☒ No Is the applicant aware of any other insurance policy, whether held by the applicant or another person, that could cover any of the eligible costs in this application? If so, please explain. _____

_____

X. CONSULTANTS/CONTRACTORS

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms, or others who performed corrective actions at this site and whose work is covered by invoices included in this application (*see Application Guide*).

Landfarm/Compost Site or Thermal Treatment Facility

_____ Petrofund Registration Number County _____

Name of individual or firm _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____ E-mail Address _____

Consultants/Contractors (*ATTACH ADDITIONAL PAGES IF NECESSARY*)

3068 Petrofund Registration Number

Name of individual or firm Millsop Associates, Inc.

Mailing Address P.O. 736 City Crosby State MN Zip 56441

Contact Person Mark Millsop Phone 218-763-2907 E-mail Address _____

[illegible] Petrofund Registration Number

Name of individual or firm EnChem Inc

Mailing Address 1241 Bellevue St City Green Bay State WI Zip 54302

Contact Person Eric Bullock Phone 920-469-2436 E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm Thein Well Inc.

Mailing Address P.O. Box 778 City Spicer State MN Zip 56288

Contact Person Margaret Haugen Phone 320-847-3207 E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____ E-mail Address _____

XI. ATTACHMENTS

The following attachments are included with this application (*see Application Guide*):

Either A, B, or C must be included.

- [x] **Attachment A** Standardized Invoice Summary (current rules)
- [ ] **Attachment B** Standardized Invoice Summary (former rules)
- [ ] **Attachment C** Itemized Cost Worksheet (pre-10/6/95 rules)

Check any that apply.

- [ ] Agricultural Storage Tank Removal attachment
- [ ] Railroad Right-of-Way Bulk Plant attachment
- [ ] Tank in Transport Release attachment

XII. CERTIFICATION PAGE* (*see Application Guide*)

APPLICANT SIGNATURE and NOTARIZATION (*SIGNATURE AND NOTARIZATION REQUIRED*)

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.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

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 those 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 a part 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.

I further certify that I am authorized to sign and submit this application on behalf of _____
Corporation / Partnership / Municipality / Public Agency

Signature _____

Name (print/type) Brian S. Kuhl

Title Owner

Date Signed 4/26/05

NOTARIZATION

Subscribed and sworn to before me this 26 day of April, 2005.

Notary Public _____

TAMMY LAUER
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2010

My commission expires 01/31/2010

CONSULTANT SIGNATURE (*SIGNATURE REQUIRED*)†

I, Mark Millsop (Individual name), confirm that all costs claimed by _____ (Consultant company) as a part of this application are a true and accurate account of services performed. I further confirm that no costs included in this application that were invoiced by my consulting company are ineligible as listed in Minnesota Rules, Chapter 2890.

Mark D. Millsop — Consultant Signature | P.M. — Title | 4/8/05 — Date

†**Duplicate this section if more than one consultant signature is required.**

APPLICATION PREPARER'S SIGNATURE (*SIGNATURE REQUIRED*)

Mark Millsop (Preparer's name)

Mark D. Millsop — Preparer's Signature | P.M. — Title | 4/8/05 — Date

***NOTE:** SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.*

Please send this application and accompanying documents to:

MINNESOTA DEPARTMENT OF COMMERCE – PETROFUND
85 SEVENTH PLACE EAST, SUITE 500
ST. PAUL, MN 55101-2198
(651) 297-1119 / (651) 297-4203 / 800-638-0418

***This application is effective* JULY 14, 2004 – JUNE 30, 2005**

ATTACHMENT A

STANDARDIZED INVOICE SUMMARY (CURRENT RULES)

Please use this attachment for costs you are submitting for reimbursement that are subject to the current rules.

For each standardized invoice form you are submitting with this application, enter the total invoice amount on the corresponding line in the box below. Add the numbers on each line, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

COST SUMMARY

Tank in Transport Release: Use Tank in Transport Release Attachment

Excavation and Soil Disposal Oversight Before Investigation		$ _____
Limited Site Investigation or Full Remedial Investigation	/ Site Check	$ 6004.00
Active Remediation—initial field testing		$ _____
Active Remediation—site-specific system design		$ _____
Active Remediation—system installation, start-up, and operation & maintenance		$ _____
Active Remediation—system decommissioning		$ _____
Contractor Services		$ _____
Agricultural Tank Removal		$ _____
TOTAL ELIGIBLE COSTS		$ 6004.00
Insurance Reimbursement (subtract)	–	$(0)
	=	$ 6004.00
	Volunteer	~~x 90%*~~ 100%
TOTAL REIMBURSEMENT REQUEST	=	$ 6004.00

* If a different reimbursement rate applies, calculate at that rate. See Application Guide.

Petroleum Tank Release Compliance Checklist

(USE THE FOLLOWING GUIDELINES TO DETERMINE IF THE LEAKING TANK IS IN COMPLIANCE)

SITE NAME_____ LEAK000 14878

_____**UNREGULATED TANK(S)**.....[USTs 110 gallons or less; *OR* ASTs 500 gallons or less; *OR* ASTs between 500 – 1,100 gallons if they are greater than 500 feet from surface water; *OR* residential (for non-commercial purposes) and heating oil ASTs/USTs 1,100 gallons or less; *OR* farm USTs 1,100 gallons or less; *OR* any farm AST, regardless of size if used for farming purposes; *OR* ASTs that are on site for less than 30 days (regardless of size)]

_____**STATE REGULATED TANK(S)**.....[heating oil USTs with a capacity more than 1,100 gallons *OR* all ASTs not specified above]

✓ **FEDERALLY REGULATED TANK(S)**.....[all USTs not specified above]

STATUS OF RESPONSIBLE PARTY: Regular Applicant _____ Limited Use Applicant_____

UNREGULATED TANKS, STATE TANKS, FEDERAL TANKS

Release Notification: Date release discovered: 6/20/02 Date release reported: 6/20/02

When/how was release discovered (if inadequate)?_____

Was there environmental damage due to delay (if inadequate)? Yes_____ No_____

____**Adequate** ____**Inadequate** Recommend Reduction? Yes_____ No_____

Comments: _____

Cooperation Issues: Yes_____ No✓ (If Yes, please prepare a narrative to be appended to the CSR).

STATE TANKS, FEDERAL TANKS

Corrosion Protection: Tanks: Yes✓ No_____ N/A_____ Piping: Yes✓ No_____ N/A_____
Required on steel piping/steel USTs installed on or after 8/1/85. Steel piping/steel USTs installed *before* 8/1/85 require corrosion protection by 12/22/98, *EXCEPT* heating oil USTs installed before 8/1/85, which don't ever require corrosion protection. Does not apply to ASTs (they require corrosion protection by 11/1/03 but are not subject to a reduction). VIOLATIONS WHICH OCCURRED BEFORE 12/22/98 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

✓**Adequate** ____**Inadequate** Recommend Reduction? Yes____ No___

AST Secondary Containment: Yes_____ No_____ N/A✓
Applicable only for dikes or other structures that would contain a spill as required by Minn. R. 7151.6400, subp. 1B (Supp. 1998). Does not apply to impervious liners or other AST safeguards. VIOLATION WHICH OCCURRED PRIOR TO 11/1/98 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

✓**Adequate** _____**Inadequate** Recommend Reduction? Yes____ No____

FEDERAL TANKS

Spill Prevention: Yes ✓ No_____ N/A_____
Required on USTs installed on or after 12/22/88. USTs installed before 12/22/88 require spill prevention by 12/22/98. VIOLATIONS WHICH OCCURED PRIOR TO 12/22/98 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

✓ **Adequate** _____ **Inadequate** Recommend Reduction? Yes_____ No_____

Overfill Protection: Yes ✓ No_____ N/A_____
Required on USTs installed on or after 12/22/88. USTs installed before 12/22/88 require spill protection by 12/22/98. VIOLATIONS WHICH OCCURED PRIOR TO 12/22/98 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

✓ **Adequate** _____ **Inadequate** Recommend Reduction? Yes_____ No_____

Leak Detection: TANKS: Tank Leak Detection: Yes ✓ No_____ N/A_____

Tank Tightness Testing Yes_____ No_____ N/A_____

If tank was installed:	Then the leaks detection deadline is:
before 1965 or unknown	12/22/89
1965-1969	12/22/90
1970-1974	12/22/91
1975-1979	12/22/92
1980-12/22/88	12/22/93

(Tanks installed after 12/22/88 should have leak detection at installation)

PIPING: Pipe leak detection: Yes ✓ No_____ N/A_____

Pipe tightness testing: Yes_____ No_____ N/A_____

(Applicable for pressurized piping installed after 12/22/88. Pressurized piping installed before 12/22/88 must have leak detection by 12/22/90.)

VIOLATIONS WHICH OCCURRED BEFORE 12/22/93 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

Audit Program: Has the RP entered the audit program? Yes_____ No_____
If yes, evaluate further to determine if reductions should be waived (for tank violations only). The only time consideration will be given for waiving the tank system violations is when there is ***documented*** enrollment in the audit program ***before*** discovering a release at the site.

✓ **Adequate** _____ **Inadequate** Recommend Reduction? Yes_____ No_____

Completed by: JME Date: 5-10-05