

MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD

4526

Application for Reimbursement

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 3/4/92 (Attach Copy) *ATTACHMENT # 1*
b) Date SCAP was submitted to MPCA 1/1

Phase 2. Submission of Soil Treatment Letter to MPCA
Date of Soil Treatment Letter 3/4/92 (Attach copy) *ATTACHMENT # 1*

Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)
a) Date of CCAP approval 1/1 (Attach copy)
b) Date CCAP was submitted to MPCA 1/2/92

Phase 4. Submission of CCAP Installation Letter to MPCA
Date of CCAP Installation Letter 1/1 (Attach copy)

Ongoing Expenses
Closure Letter from MPCA (Attach Copy)

*need copy of SCAP
book
11/25/92
-TICOM 515*

PART II APPLICANT INFORMATION

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

Name: Cargill, Inc. (MLPD) / Randy E. Rarick

2. Mailing Address: 12120 Lynn Ave.
Savage, MN. 55378 Phone: 612 890-2050

3. Site ID: Leak # 4526

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

5. Applicant was the owner or operator of the tank from 1966 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:

Cargill, Inc. (MLPD),

2. Tank Facility address: 12120 Lynn Ave.

Savage, MN. 55378

3. Contact Person at Tank Facility: Randy E. Rarick

Phone: (612) 890-2050

4. Date when petroleum release was detected: 09/11/91

What test was performed to initially establish that a release occurred? visual/line pressur

5. Date when petroleum release was reported to the MPCA: 09/17/91

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>no number assigned</u>	<u>12,000gal.</u>	<u>#2 Fuel Oil</u>	<u>_____</u>	<u> / /</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u> / /</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u> / /</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u> / /</u>

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

The fuel oil tank mentioned above.

b. What was the cause of the release?

Leaking underground lines.

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 03 / ? / 89

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 X no If yes, list name and address if known:

Applicant - Cargill, Inc. (MLPD)

12120 Lynn Ave.
Savage, MN. 55378

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 09 /26 /91 to 02 /12 /92
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): Approximately 25 cu/yrds (35 tons)
- b. What was the soil contamination concentration (total hydrocarbons) 670 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>

6. Total of all eligible costs as listed in the Eligible Cost Worksheets:	\$	11,491.93	
		X 90%	
	=	\$	10,342.74
Insurance Reimbursement (Subtract)	-	\$	(0.00)
Total Reimbursement Request (See application guide)	=	\$	10,342.74

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.

loading/transportation/disposal of the contaminated soil = \$1200.00

resurface/regrade road over excavated trench = \$400.00

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: Roto-Rooter

Mailing address: SDS 12-0750, Minneapolis, MN. 55486

Contact person: Dave Smith Phone: (612) 544-9551

Name of individual or firm: Greystone Construction

Mailing address: 1221 East 4th Ave., Suite 110, Shakopee, MN. 55379

Contact person: Rob O'Brien Phone: (612) 496-2227

Name of individual or firm: Gordon R. Fredrickson Excavating/landscaping

Mailing address: 13278 Yosemite Ave., Savage, MN. 55378

Contact person: Gordon Fredrickson Phone: (612) 890-1960

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

There is no relationship other than a normal supplier-customer relationship. Cargill has no financial interest in any of the above mentioned contractors.

Continuation of part V #1

Name of individual or firm: Bay West, Inc.

Mailing address: Five Empire Drive, St. Paul, MN. 55103-1867

Contact person: Shirley McMaster **phone:**(612) 291-0456

Name of individual or firm: Richard Knutson, Inc.

Mailing address: 12585 Rhode Island Ave. So., Savage, MN.55378

Contact person: Richard Knutson **phone:**(612) 890-8811

Name of individual or firm: Edward Kraemer & Sons, Inc.

Mailing address: 1020 West Cliff Road, Burnsville, MN. 55337

Contact person: Ed Kraemer **phone:**(612) 890-3611

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."

Randy E. Rarick
Signature of Applicant

Randy E. Rarick

Name (Please Print)

3-11-92
Date

Witnessed by *Judith Longbottom*
Name

3-24-92
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

Cargill, Inc. (MLPD)

Randy E. Rarick
Signature

Superintendent
Title (See Application Guide, Part VI)

Randy E. Rarick
Name (Please Print)

3-24-92
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.

FOR RECEIPTS, SEE ATTACHMENT #2

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
CME - 75 Drill Rig	BAY WEST INCORPORATED	Inv#00110118 11-14-91	1.00	320.00	320.00
Service Vehicle	"	" "	1.00	55.00	55.00
Field Tech II	"	" "	6.00	48.00	288.00
" "	"	" "	6.00	48.00	288.00
OVA/PID Noise Meters	"	" "	.50	85.00	42.50
Inner Chemical/ Resistant Gloves	"	" "	4.00	.50	2.00
Sample Jars	"	" "	4.00	3.00	12.00
Head Space Sample Jars	"	" "	2.00	4.25	8.50
CME - 75 Drill Rig.	"	12-11-91	1.00	329.60	329.60
Service Vehicle	"	" "	1.00	56.65	56.65
Inner Chemical/ Resistant Gloves	"	" "	12.00	.52	6.24
Sample Jars 60 ML	"	" "	12.00	3.09	37.08
Head Space Sample Jars	"	" "	8.00	4.38	35.04
Field Tech II	"	" "	8.00	49.44	395.52
" "	"	" "	8.50	49.44	420.24
OVA/PID/Noise Meter	"	" "	1.00	87.55	87.55
Insurance	"	11-14-91	----	----	55.96
Staff Tech	"	12-31-91	4.00	61.80	247.20
Dept. Manager	"	" "	.25	111.24	27.81
TOTAL					2714.89

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

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FOR RECEIPTS SEE ATTACHMENT #2

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
OVA/PID Noise Meters	BAY WEST INCORPORATED	10-11-91	1.00	85.00	85.00
Service Vehicle	"	" "	1.00	55.00	55.00
Inner Chemical/ Resistant Gloves	"	" "	4.00	.50	2.00
Sample Jars 500 ml	"	" "	4.00	4.25	17.00
Sample Jars 60 ml	"	" "	8.00	3.00	24.00
Head Space Sample Jars	"	" "	12.00	4.25	51.00
Staff-Technician O.T.	"	" "	5.50	84.00	462.00
Bay West Labs	"	" "	--	--	570.00
Insurance	"	" "	--	--	27.48
Bay West Labs	"	12-31-91	--	--	750.87
TOTAL					2044.35

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

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C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Locating Leaks	Gordon Fredrickson	9-11-91	2.50	65.00	162.50
Locating Pipes/Wires	" "	9-13-19	4.00	65.00	260.00
Pipe Removal (Backhoe)	Greystone Construction	10-02-91	9.00	85.00	765.00
" "(Supervisor)	" "	" "	9.00	50.00	450.00
" "(Laborers)	" "	" "	18.00	35.00	630.00
TOTAL					2267.50

D. SOIL DISPOSAL

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
TOTAL					-0-

ESTIMATED COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- 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 worksheets are needed.

E. WATER TREATMENT

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					-0-

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

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- * Invoices must be submitted for each cost listed below.
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FOR RECEIPT, SEE ATTACHMENT #2

F. TRUCKING

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Hauling Soil to Storage	Gordon Fredrickson	09-13-91	4.00	45.00	180.00
" "	Greystone Constr.	10-02-91	18.00	55.00	990.00
TOTAL					1170.00

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
TOTAL					-0-

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- Descriptions must be specific as to work performed.
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FOR RECEIPT, SEE ATTACHMENT #2

H. SITE RESTORATION and CLOSURE

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Compactor	Greystone Construction	10-02-91	5.50	30.00	165.00
Stone	Edward Kramer & Sons	02-11-92	18.65	6.87	128.00
TOTAL					293.00

I. OTHER CLEAN-UP or INVESTIGATION COSTS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Liquid Cleanup	Roto-Rooter	09-13-91	1.75	124.47	217.82
Dept. Manager	Bay West Inc.	12-31-91	.25	111.24	27.81
"	" "	12-31-91	.50	111.24	55.62
TOTAL					301.25

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.

FOR RECEIPT, SEE ATTACHMENT #2

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
Mileage - Service Vehicle	Bay West Incorporated	10-11-91	56.00	.50	28.00
Dept. Manager	"	"	.25	108.00	27.00
" "	"	"	.25	108.00	27.00
" "	"	"	.50	108.00	54.00
" "	"	"	.25	108.00	27.00
" "	"	"	.25	108.00	27.00
Staff Tech	"	"	.50	60.00	30.00
Backhoe	Richard Knutson Inc.	10-22-91	3.50	71.50	250.25
Boom Truck	"	"	4.50	71.50	321.75
Test Van	"	"	4.00	25.00	100.00
Superintendent (O.T.)	"	"	2.00	47.00	94.00
Foreman (O.T.)	"	"	4.00	45.00	180.00
Two Laborers (O.T.)	"	"	8.00	43.00	344.00
10" Band Saw	"	"	1.00	50.00	50.00
Dept. Manager	Bay West Incorporated	11-14-91	.25	108.00	27.00
" "	"	"	.50	108.00	54.00
" "	"	"	.25	108.00	27.00
" "	"	"	.25	108.00	27.00
" "	"	"	.25	108.00	27.00
" "	"	"	.25	108.00	27.00
page #1 Sub TOTAL					1749.00

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.

FOR RECEIPTS, SEE ATTACHMENT #2

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
Mileage - Service Vehicle	Bay West Incorporated	11-14-91	60.00	.50	30.00
Mileage - Large Vehicle	"	"	54.00	.75	40.50
Staff Professional I	"	"	.30	66.00	33.00
Dept. Manager	"	12-11-91	.25	111.24	27.81
Mileage - Service Vehicle	"	"	50.00	.52	26.00
Mileage - Large Vehicle	"	"	50.00	.77	38.50
Staff Pro I	"	12-31-91	4.50	67.98	305.91
" "	"	"	2.00	67.98	135.96
" "	"	"	1.70	67.98	115.57
" "	"	"	.30	67.98	20.39
Dept. Manager	"	"	.75	111.24	83.43
" "	"	"	.25	111.24	27.81
Staff Pro I	"	"	.40	67.98	27.19
Staff Pro I	"	"	.60	67.98	27.19
Taxes	"	Various	3	--	12.68
		Page 2(J)	Sub-Total		951.94
		Page 1(J)	Sub-Total		1749.00
TOTAL					2700.94

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
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K. MARK-UP

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-Total
TOTAL					-0-

L. OTHER CONSULTANT SERVICES (specify)

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
TOTAL					-0-