

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

SITE ID#	RELEASE SITE	APPLICANT	REGION
LEAK00011245	Mille Lacs Band of Ojibwe	MLB Conoco	II
LEAK00011445	Cass Lake Municipal Building	City of Cass Lake	II
LEAK00011764	Storkamp Garage	Albert Storkamp	II
LEAK00012412	Penn 66 Shopping Center	Wolfson Properties	Metro
LEAK00012468	Knaack Residence	Dr. Harvey Knaack	Metro

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) (Supp. 1997).

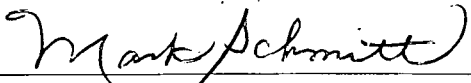
2. Compliance with Applicable Requirements: **ADEQUATE**

Information readily available to the Minnesota Pollution Control Agency staff shows that the applicant has complied with the applicable requirements of Minn. Stat. § 115C.09, subd. 3(I) (Supp. 1997).

The determinations in this report are made solely for the purpose of determining eligibility for reimbursement under Minn. Stat. § 115C.09, subs. 2 and 3 (Supp. 1997). 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: \_\_\_\_\_

6/8/99

  
\_\_\_\_\_  
Mark Schmitt  
Supervisor  
Regular Facilities, Policy and Planning

# Petroleum Tank Release Compliance Checklist

SITE NAME Storkamp Garage LEAK000011764  
 USE THE FOLLOWING GUIDELINES TO DETERMINE IF THE LEAKING TANK IS IN COMPLIANCE

         UNREGULATED TANKS.....are ASTs/USTs 110 gallons or less, OR heating oil ASTs/USTs 1,100 gallons or less with product consumed on the premises, OR farm/residential ASTs/USTs 1,100 gallons or less containing motor fuel not for resale.

         STATE REGULATED TANKS.....are heating oil USTs with a capacity more than 1,100 gallons or all ASTs not specified above.

X FEDERALLY REGULATED TANKS.....are all USTs not specified above.

STATUS OF RESPONSIBLE PARTY: Regular Applicant          X Limited Use Applicant         

## UNREGULATED TANKS, STATE TANKS, FEDERAL TANKS

*Tanks not registered?  
yes per Stork 5/18/99*

Release Notification: Date release discovered: MPCA 9/8/98 Petro App 9/8/98

*UST removal* Date release reported: MPCA 9/9/98 Petro App 9/9/98

*8/18/98* When/how was release discovered? analytical results of soil tests

Was there environmental damage due to delay? Yes          No         

✓ Adequate          Inadequate Recommend Reduction? Yes          No         

Comments:         

Cooperation Issues: Yes          No ✓

If Yes, please prepare a narrative to be appended to the Commissioner's Site Report.

## STATE TANKS, FEDERAL TANKS

Corrosion Protection: Tanks: Yes          No          N/A          Piping: Yes          No          N/A         

Applicable for steel piping/steel USTs installed after 12/22/88. Steel piping/steel USTs installed before 8/1/85 require corrosion protection no later than 12/22/98. Heating oil USTs installed before 8/1/85 don't ever require corrosion protection. Steel piping/steel USTs installed between 8/1/85 and 12/22/88 should be cited as inadequate, but not recommended for reduction. ASTs do not require corrosion protection.

         Adequate          Inadequate Recommend Reduction? Yes          No

STATE TANKS, FEDERAL TANKS (cont.)

AST Secondary Containment: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate Recommend Reduction? Yes \_\_\_\_\_ No \_\_\_\_\_

FEDERAL TANKS

Spill Prevention: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 Applicable for USTs installed after 12/22/88. USTs installed before 12/22/88 require spill prevention by 12/22/98.  
 \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate Recommend Reduction? Yes \_\_\_\_\_ No \_\_\_\_\_

Overfill Protection: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 Applicable for USTs installed after 12/22/88. USTs installed before 12/22/88 require spill protection by 12/22/98.  
 \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate Recommend Reduction? Yes \_\_\_\_\_ No \_\_\_\_\_

Leak Detection: Tanks: Tank Leak Detection: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 Tank Tightness Testing Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

<u>If tank was installed</u>	<u>Then the leaks detection deadline is</u>
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.  
 \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate Recommend Reduction? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Tanks Properly Closed: Yes \_\_\_\_\_ No \_\_\_\_\_ Tanks must be removed or properly closed in place within one year of the date they are taken out of service.  
 Applicable for USTs only.  
 \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate Recommend Reduction? Yes \_\_\_\_\_ No \_\_\_\_\_

Completed by: Sandra Mermon

Date: 5/18/99

*Janet Remond*

OFFICE USE ONLY:  
 LEAK # 11764 PHASE GC  
 ENTERED 4/21/99 JIC

State of Minnesota  
 APR 08 1999  
 Dept. of Commerce

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD  
 APPLICATION FOR REIMBURSEMENT

I. APPLICANT INFORMATION

Name Albert Storkamp  
 Mailing Address 13791 260th Avenue  
 City Pierz State MN Zip 56364  
 Contact Person (if different from above "Name") \_\_\_\_\_  
 Day Phone (320) 468-2153 Ext: \_\_\_\_\_ Fax \_\_\_\_\_  
 Check One:  Responsible Person  Corporation  
 Volunteer  Partnership  
 Non-Responsible Person  Individual  
 (see Application Guide)  Municipality  
 State, federal, or other public agency  
06/1/1965 to 12/1/1996 Dates applicant owned or operated tank(s) [complete if "Responsible Person" box is checked]  
/ / to / / Dates applicant owned property [complete if "Volunteer" box is checked]

II. LEAK SITE INFORMATION

11764 Petrofund Leak Number Jim MacArthur MPCA Project Manager  
 Tank Facility Name Storkamp Garage  
 Address Route 2 Highway 25 S.  
 City Pierz Grenola MN Zip 56364  
 Day Phone (320) 468-6691 County of Leak Site: Morrison  
09/08/98 Date petroleum leak detected  
09/08/98 Date petroleum leak reported to MPCA 9/9/98  
 Yes  No Is tank leak on personal residential property?  
0 cubic yards Total amount of contaminated soil excavated at this site  
ND 13.2 ppm Range of soil contamination concentration (total hydrocarbons)  
NA ppb Range of groundwater contamination concentration (total hydrocarbons)

III. ASSIGNMENT CERTIFICATION / TERMINATION

CHECK ALL THAT APPLY:  
 Petrofund Assignment Agreement for this application has been executed (attach original of new assignment form)  
 Assignment form is already on file with the Department of Commerce  
 List Assignees: \_\_\_\_\_  
 Not applicable

**IV. APPLICATION PHASE**

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

**NOT APPLICABLE**

Preremoval site assessment  
 / / Date of assessment report  
 / / Date of property sale, if applicable

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

Phase 2 **Installation Costs of MPCA-approved Soil or Groundwater Comprehensive Corrective Action Design System (CCAP/CAD) or Groundwater Monitoring and System Maintenance Costs**  
 / / Date of CCAP/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 source of the release was the underground storage tank. The cause is unknown.

How was the release discovered? The release was discovered on 9/8/98 when the laboratory results indicated a release had occurred. The field tests did not indicate a release

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

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: none

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. TYPE OF REMEDIATION SYSTEM**

Please check the type of soil or groundwater remediation system used at this site or projected for it.

Soil Remediation Technologies	Groundwater Remediation Technologies
<input type="checkbox"/> Biopiles <input type="checkbox"/> Bioventing <input type="checkbox"/> Incineration <input type="checkbox"/> Landfarming <input type="checkbox"/> Low-temperature thermal desorption <input type="checkbox"/> Soil vapor extraction <input type="checkbox"/> Soil washing <input checked="" type="checkbox"/> Natural attenuation	<input type="checkbox"/> Air sparging <input type="checkbox"/> Biosparging <input type="checkbox"/> Dual phase extraction <input type="checkbox"/> In-situ groundwater bioremediation <input type="checkbox"/> Natural attenuation <p style="text-align: center;">NOT APPLICABLE</p>

**VII. COMPETITIVE BIDDING**

List all written bids/proposals obtained to perform corrective action at this site (attach additional sheets if necessary). Attach copies of all signed and dated bids/proposals.

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	<input checked="" type="checkbox"/>	Northern Environmental Technologies	\$214 <sup>00</sup>	8/14/98	UST CA
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Contractors	<input checked="" type="checkbox"/>	Burski Construction Co.	\$2094 <sup>00</sup>	08/13/98	Tank Removal
	<input type="checkbox"/>	Masog Concrete	\$2256 <sup>00</sup>	08/17/98	Tank Removal
	<input type="checkbox"/>				

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

**VIII. MPCA TANK INFORMATION AND COMPLIANCE**

Yes  No Have you submitted an underground storage tank audit?

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 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 registration, leak detection, corrosion protection, and spill/overflow protection requirements.

If you are unsure how tank rules apply to your tanks, please call the UST Compliance and Assistance Unit at (612) 297-8679. Please tell the receptionist you have questions about this form.

(List all tanks at the site. Please attach additional sheets if necessary.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (if applicable)
1	Gasoline	1,000-gallons	Steel	6/65	unknown	8/18/98
2	Gasoline	1,000-gallons	Steel	6/65	unknown	8/18/98
3						
4						
5						

NOTE: "BOTH USTs UNUSED SINCE 1978"

**TANKS**

Tank #	Leak Detection (select method below)	Corrosion Protection (select method below)	Spill Bucket (Yes/No)	Overfill Protection (select method below)
1	1	1	N/A	1
2	1	1	N/A	1
3				
4				
5				

<p><b>Leak detection method (select all that apply):</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Inventory control plus annual tightness testing</li> <li>Inventory control plus tightness testing every 5 years</li> <li>Manual tank gauging</li> <li>Manual tank gauging plus annual tightness testing</li> <li>Manual tank gauging plus tightness testing every 5 years</li> <li>Statistical inventory reconciliation (SIR)</li> <li>Automatic tank gauging</li> <li>Interstitial monitoring</li> <li>Vapor monitoring</li> <li>Ground water monitoring</li> <li>Other (specify): _____</li> </ol>	<p><b>Corrosion protection method:</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Fiberglass, jacketed steel or composite tank</li> <li>STI-P 3 tank</li> <li>Anodes installed</li> <li>Impressed current system</li> <li>Lined tank</li> <li>Other (specify): _____</li> </ol>	<p><b>Overfill protection method:</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Ball float valve</li> <li>Automatic shutoff</li> <li>Audible alarm</li> <li>Other (specify): _____</li> </ol>
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If tank tightness tests were performed, indicate dates of all tests:       N/A       \_\_\_\_\_

## PIPING

Tank #	Pressurized Piping Leak Detection		Suction Piping Leak Detection	Corrosion Protection (select method below)
	Continuous Leak Detection (select method below)	Periodic Leak Detection (select method below)	Check valve located at: <input type="checkbox"/> Tank <input type="checkbox"/> Pump (select method below)	
1				
2				
3				
4				
5				
<b>Continuous method:</b>		<b>Periodic method:</b>	<b>Suction leak detection method:</b>	<b>Corrosion protection method:</b>
<ol style="list-style-type: none"> <li>1. None</li> <li>2. Automatic flow restrictor</li> <li>3. Automatic shutoff device</li> <li>4. Continuous alarm</li> </ol>		<ol style="list-style-type: none"> <li>1. None</li> <li>2. Annual tightness test</li> <li>3. Statistical inventory reconciliation (SIR)</li> <li>4. Electronic line leak detector</li> <li>5. Interstitial monitoring</li> <li>6. Groundwater monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. None</li> <li>2. Tightness test every 3 years</li> <li>3. Statistical inventory reconciliation (SIR)</li> <li>4. Interstitial monitoring</li> <li>5. Vapor monitoring</li> <li>6. Groundwater monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. None</li> <li>2. Steel with anodes</li> <li>3. Coated steel with anodes</li> <li>4. Impressed current</li> <li>5. Fiberglass or flexible piping</li> </ol>

If piping tightness tests were performed, indicate dates of all tests: \_\_\_\_\_

N/A

Burshi Construction

Identify MPCA-certified tank removal contractor who performed tank excavation

# 1176

Tank removal contractor's MPCA certification number

B. Aboveground Storage Tanks. Complete the following information to reflect the status of all aboveground tanks at this site at the time the release was discovered.

In describing your secondary containment, specify:

- ◆ materials used to construct both the base and the walls, including type and thickness of materials (e.g., 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- ◆ how 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 (Yes/No)

Tank #	Contents	Capacity	Date Installed	Registered (Yes/No/Unk)	Description of Secondary Containment			Volume (Yes/No)
					Walls	Base	Verification	
1								
2								
3								

**IX. ELIGIBLE COSTS**

08 / 18 / 198 to 08 / 18 / 98 Dates of work covered by invoices submitted with this application

- Yes  No Does this application contain costs listed as ineligible under Minn. Rule 2890.0071? (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 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, including any special circumstances (attach additional sheets if necessary):

Underground storage tank removal on 8/18/98.

- Yes  No Has the applicant 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 a copy 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:

**X. 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?  
  
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: \_\_\_\_\_



**XI. 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.)

Describe any relationship, financial or otherwise, between the applicant and anyone who performed work at this site: none

**Land Farmer/Compost Site or Thermal Treatment Facility**

# \_\_\_\_\_ Petrofund Registration Number County \_\_\_\_\_  
Name of individual or firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

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

# 1176 Petrofund Registration Number  
Name of individual or firm: Burski Construction Co.  
Mailing Address: 320 Division Street SE Rice MN 56367  
Contact Person: Ralph Burski (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (320) 393-4160

# 1086 Petrofund Registration Number  
Name of individual or firm: Solberg Enterprises  
Mailing Address: 2004 Daisy Circle Clearwater MN 55320  
Contact Person: N. Solberg (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (320) 558-2880

# 1020 Petrofund Registration Number  
Name of individual or firm: Northern Environmental  
Mailing Address: 217 S. 7th Street Suite 208 Brainerd MN 56401  
Contact Person: Jan Deick (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (218) 825-9001

# 1201 Petrofund Registration Number  
Name of individual or firm: Spectrum Laboratories  
Mailing Address: 301 W. County Rd E2 St. Paul MN 55112  
Contact Person: Tom Halverson (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (612) 633-0101

**XII. ATTACHMENTS**

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

Either A or B must be included:

- Attachment A Standardized Invoice Summary
- Attachment B Itemized Cost Worksheet

Check all that apply:

- Attachment C Small Business Owner Form
- Attachment D Small Gasoline Retailer Form
- Attachment E Combined Leaksite Costs Over \$250,000

**XIII. 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 gathered and evaluated 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, then 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

**NOTARIZATION**

Signature Albert Storkamp X Subscribed and sworn to before me this 19<sup>th</sup> day  
Name (print/type) Albert Storkamp of March, 1999  
Title Owner X Notary Public Marilyn Welcome  
Date Signed 3/19/99 My commission expires 1/31/2000  
Notary Public - Minnesota  
My Comm. Expires Jan. 31, 2000

**CONSULTANT SIGNATURE** (SIGNATURE REQUIRED)

I, Jan Deick, confirm that all costs claimed by Northern Environmental as a part of this  
(Individual name) (Consultant company)  
application are a true and accurate account of services performed. I further confirm that no costs submitted for inclusion on this application by my consulting company are ineligible as listed in Minn. Rule 2890.0071.

Jan Deick Senior Project Manager 2/23/99  
Consultant Signature Title Date

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

**APPLICATION PREPARER'S SIGNATURE** (SIGNATURE REQUIRED)

Albert Storkamp  
(Preparer's name)  
Albert Storkamp Owner 3/19/99  
Preparer's Signature Title Date

\* NOTE: SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.

Please send this application and accompanying documents to:  
MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND  
133 EAST SEVENTH STREET  
ST. PAUL, MN 55101-2333  
(651) 297-1119 / (651) 297-4203

THIS APPLICATION IS EFFECTIVE JULY 1, 1998 - JUNE 30, 1999

# ATTACHMENT A STANDARDIZED INVOICE SUMMARY

Please use this form if the costs you are submitting for reimbursement have been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. **This attachment must accompany your application if you entered into a contract on or after October 6, 1995.**

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

STANDARDIZED INVOICE SUMMARY	
Preremoval Site Assessment.....	\$ _____
Underground Storage Tank Removal Assessment .....	\$ <u>214<sup>00</sup></u>
Initial Site Assessment.....	\$ _____
Additional Site Assessment .....	\$ _____
Remedial Investigation / Corrective Action Design Report .....	\$ _____
Remedial Design / Maintenance .....	\$ _____
Contractor Services.....	\$ _____
Tank Removal .....	\$ <u>2727<sup>00</sup></u>
Interest.....	\$ _____
TOTAL .....	\$ <u>2941<sup>00</sup></u>
Insurance Reimbursement (subtract) -	\$ <u>(0.00)</u>
	= \$ <u>2941.00</u>
TOTAL REIMBURSEMENT REQUEST =	\$ <u>2793.<sup>95</sup> (95%)</u> <span style="float: right; font-size: small;">x 90%*</span>

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

☞ Please 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.

➔ Tank removal costs are eligible only to those applicants that are small gasoline retailers or small business owners as defined in Minn. Stat. §115C.09, Subd. 3f and 3g.

## ATTACHMENT B ITEMIZED COST WORKSHEETS

*Please note: This form should not be used if you entered into a contract on or after October 6, 1995.*

This attachment must accompany your application if you entered into a contract on or before October 5, 1995 and the costs you are submitting for reimbursement have not been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. **If you entered into a contract on or after October 6, 1995, you must submit Attachment A with your application.**

Enter the total of each itemized cost worksheet on the corresponding line in the box below. Add these numbers together, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

ITEMIZED COST WORKSHEET SUMMARY																				
A \$ _____	B \$ _____	C \$ _____	D \$ _____	E \$ _____	F \$ _____															
G \$ _____	H \$ _____	I \$ _____	J \$ _____	K \$ _____																
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">TOTAL ELIGIBLE COSTS .....</td> <td style="width: 5%;">\$</td> <td style="width: 35%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 100px;">Insurance Reimbursement (subtract)</td> <td style="text-align: center;">-</td> <td style="border-bottom: 1px solid black;">\$( _____ )</td> </tr> <tr> <td></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; padding-right: 20px;">x 90%*</td> </tr> <tr> <td style="padding-left: 100px;">TOTAL REIMBURSEMENT REQUEST =</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> </table>						TOTAL ELIGIBLE COSTS .....	\$		Insurance Reimbursement (subtract)	-	\$( _____ )		=	\$ _____			x 90%*	TOTAL REIMBURSEMENT REQUEST =	=	\$ _____
TOTAL ELIGIBLE COSTS .....	\$																			
Insurance Reimbursement (subtract)	-	\$( _____ )																		
	=	\$ _____																		
		x 90%*																		
TOTAL REIMBURSEMENT REQUEST =	=	\$ _____																		
* If a different reimbursement rate applies, calculate at that rate. See Application Guide.																				

**Please note the following before completing the eligible cost worksheets:**

- \* Invoices must be submitted for each cost listed on the itemized cost worksheets.
- \* In the "Description" column, enter a word or phrase that specifically describes the work performed. Employee titles alone will not suffice.
- \* Please 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 should also show their sizes and location(s). The site map should also identify the location of any soil borings and monitoring wells on the property.

# ATTACHMENT D

## SMALL GASOLINE RETAILER FORM

The 1998 Minnesota Legislature amended Minn. Statute §115C to allow for partial reimbursement of costs for tank removal, closure in place, backfill, resurfacing, and utility service restoration for small gasoline retailers who meet certain criteria. This form will help you to determine whether you qualify as a small gasoline retailer. For each question, please check "Yes" or "No."

1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you own only one location in Minnesota (and no locations in any other state) where motor fuel was dispensed to the public into motor vehicles, watercraft or aircraft.
2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or operate a tank at that location?
3. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did you dispense less than 500,000 gallons of motor fuel to the public during the most recent calendar year that petroleum products were dispensed at the location?*
4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did the tank removal project begin on or after January 1, 1996?
5. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the tank that was removed or closed in place a regulated underground storage tank?

To apply for reimbursement for costs for tank removal, closure in place, backfill, resurfacing, and utility service restoration, you must have responded "Yes" to questions 1 through 5. In addition, if you can respond "Yes" to question 6 below, you may be eligible for 95% reimbursement of your total reimbursable costs.

6. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did you dispense less than 250,000 gallons of motor fuel to the public during the most recent calendar year that petroleum products were dispensed at the location?*
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**Note:** You may also qualify as a Small Gasoline Retailer if all of the following are true:

- ◆ You own a location where motor fuel was dispensed to the public, but you did not dispense.
  - ◆ The previous tank owner or operator at the location dispensed less than 500,000 gallons of motor fuel to the public during the most recent calendar year that petroleum products were dispensed.\*
  - ◆ You acquired legal or equitable title to the property after January 1, 1996.
- Please check this box if you are applying for tank removal costs under these circumstances.

1. What was the last full calendar year petroleum products were dispensed? Jan. 1, 19 77 to Dec. 31, 19 77
2. State the total number of gallons dispensed in that calendar year. 2250,000 gallons/year see attached letter

\* To document the number of gallons dispensed, please provide the beginning and ending sales meter readings for the most recent calendar year that petroleum products were dispensed at the location. If you do not have sales meter readings, please provide distributor records or other third party documentation of the number of gallons dispensed at the location.

If you qualify as a small gasoline retailer, submit this form and your sales meter readings (or other documentation) with your reimbursement application.

## ATTACHMENT E

### COMBINED LEAKSITE COSTS OVER \$250,000

The 1996 Minnesota Legislature, under Minn. Stat. 115C.09, Subd. 3a (3), added a level of reimbursement for applicants who meet certain criteria. This form will help you to determine whether you are eligible for additional reimbursement. For each question, please check "Yes" or "No."

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you owned only one location in Minnesota at which motor fuel was dispensed into motor vehicles?
<b>OR</b>	
	Have you owned three or fewer locations in Minnesota at which motor fuel was dispensed into motor vehicles, and if so, have you discontinued operation of all petroleum retail operations?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you owned or operated a petroleum storage tank at the location(s) in question?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you dispense less than 1,000,000 gallons of petroleum at each location in each of the last three calendar years that you dispensed petroleum at the location?*

**To apply for reimbursement of 90% of the total reimbursable costs on the first \$250,000 and 100% of the cumulative total reimbursable costs in excess of \$250,000 for all sites in which you had an interest, you must have responded "Yes" to questions 1 through 3, and any closure letter issued by the MPCA for any site in which you had an interest must have been issued after April 3, 1996.**

Please provide the following information for the location(s) you have owned:

Facility Name	Facility Address	Dates of Ownership

\* To document the number of gallons dispensed, please provide the beginning and ending sales meter readings for each location for the last three calendar years that you dispensed petroleum at each location. If you do not have sales meter readings, please provide distributor records or other third party documentation of the number of gallons dispensed at the location.

**If you responded "Yes" to questions 1 through 3 above, submit this form and your sales meter readings (or other documentation) with your reimbursement application.**