

*MacArthur*

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

Site: Wiguam Inn  
Site ID#: LEAK00012624  
Applicant: Mille Lacs Band of Ojibwe  
Date Commerce Received Application: April 10, 2001

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) (1998).

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

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), with the following exceptions:

-At the time of the release, regular inventory control and tank tightness testing measures were not taken and/or leak detection equipment was not installed on the underground petroleum storage tank system as required by Minn. R. 7150.0300-.0340 (1997) and/or 40 C.F.R. § 280.40-41.

-DATE TANK LEAK DETECTION REQUIRED: December 22, 1989

-At the time of the release, annual line tightness testing was not completed and/or automatic line leak detection equipment was not installed on the underground petroleum storage tank pressurized piping system as required by Minn. R. 7150.0300-0340 (1997) and/or 40 C.F.R. § 280.40-41.

-DATE PIPING LEAK DETECTION REQUIRED: December 22, 1990

Reimbursement Reduction Recommendation:

The Minnesota Pollution Control Agency staff recommends a 15 percent reimbursement reduction in accordance with Laws 1999, Chapter 203, section 2, to be coded as Minnesota Statutes Section 115C.09, subdivision 3(i), and Minn. R. 2890.0065 subp. 1, item A(2) (1997).

-At the time of the release, the underground petroleum storage tank system lacked the equipment necessary to prevent the release of product to the environment by spills/overfills as required by Minn. R. 7150.0100, subp. 6 (1997) and 40 C.F.R. § 280.20.

-DATE SPILL PREVENTION/OVERFILL PROTECTION MEASURES REQUIRED: December 22,

Reimbursement Reduction Recommendation:

The Minnesota Pollution Control Agency does not recommend a reimbursement reduction because there is already a 15 percent reduction for leak detection.

-At the time of the release, the underground petroleum storage tanks and/or piping did not have corrosion protection as required by Minn. R. 7150.0100, subps. 2-5 (1997), Minn. Stat. § 116.49, subd. 2 (1998), and/or 40 C.F.R. § 280.20.

-DATE CORROSION PROTECTION REQUIRED: December 22, 1998

Reimbursement Reduction Recommendation:

The Minnesota Pollution Control Agency does not recommend a reimbursement reduction because there is already a 15 percent reduction for leak detection.

### 3. Conclusion

The determinations in this report are made solely for the purpose of determining eligibility for reimbursement under Minn. Stat. § 115C.09, subd. 2 (1998) and Laws 1999, Chapter 203, section 2, to be coded as Minnesota Statutes Section 115C.09, subdivision 3(i). 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: \_\_\_\_\_

5/10/01



Mark Schmitt, Supervisor  
Policy and Planning  
Site Remediation Unit

# Petroleum Tank Release Compliance Checklist

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

SITE NAME Wigwam Inn LEAK000 12624

       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 TANKS.....[heating oil USTs with a capacity more than 1,100 gallons OR all ASTs not specified above]

  x   FEDERALLY REGULATED TANKS.....[all USTs not specified above]

STATUS OF RESPONSIBLE PARTY: Regular Applicant   x   Limited Use Applicant       

## UNREGULATED TANKS, STATE TANKS, FEDERAL TANKS

Release Notification: Date release discovered: 5-6-99 Date release reported: 5-6-99

When/how was release discovered? Tank exc.

Was there environmental damage due to delay? Yes        No   x  

  x   Adequate        Inadequate Recommend Reduction? Yes        No   x  

Comments:       

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

## STATE TANKS, FEDERAL TANKS

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

Applicable for steel piping/steel USTs installed on or after 8/1/85. 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. ASTs do not require corrosion protection. VIOLATIONS WHICH OCCURRED BEFORE 12/22/98 SHOULD BE CITED AS INADEQUATE BUT NOT RECOMMENDED FOR REDUCTION.

       Adequate   x   Inadequate Recommend Reduction? Yes   x   No       

AST Secondary Yes        No        N/A       

Containment: 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 X N/A \_\_\_\_\_  
Applicable for 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 X Inadequate Recommend Reduction? Yes X No \_\_\_\_\_

Overfill Protection: Yes \_\_\_\_\_ No X N/A \_\_\_\_\_  
Applicable for 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 X Inadequate Recommend Reduction? Yes X No \_\_\_\_\_

Leak Detection: TANKS: Tank Leak Detection: Yes \_\_\_\_\_ No X N/A \_\_\_\_\_

Tank Tightness Testing Yes \_\_\_\_\_ No X 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 X N/A \_\_\_\_\_

Pipe tightness testing: Yes \_\_\_\_\_ No X 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 X  
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 X Inadequate Recommend Reduction? Yes X No \_\_\_\_\_

Completed by: James MacArthur

Date: 5-3-01

## OFFICE USE ONLY:

LEAK # 12624 PHASE 4  
 ENTERED 4/17/01 JC

APR 10 2001

Dept. of Commerce

## MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD APPLICATION FOR REIMBURSEMENT

**I. APPLICANT INFORMATION**

Name Milk Lacs Band of Ojibwe  
 Mailing Address HCR 67 Box 194  
 City Dunbar State MN Zip 56359  
 Contact Person (if different from above "Name") Ryan Rupp  
 Day Phone 320-532-7442 Ext: \_\_\_\_\_ Fax 320-532-4197

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

**Check One:**  
 Corporation  
 Partnership  
 Individual  
 Municipality  
 State, federal, or other public agency

3/27/97 to 12/1/98 Dates applicant owned or operated tank(s) [complete if "Responsible Person" box is checked]  
1/1 to 1/1 Dates applicant owned property [complete if "Volunteer" box is checked]

**II. LEAK SITE INFORMATION**

Petrofund Leak Number 12624 MPCA Project Manager Jim MacArthur  
 Tank Facility Name Wigwam Inn  
 Address 18271 460<sup>th</sup> Street  
 City Garrison MN Zip 56450  
 Day Phone 320-692-4579

5/6/99 Date petroleum leak detected  
5/6/99 Date petroleum leak reported to MPCA

Yes  No Is tank leak on personal residential property?  
NA cubic yards Total amount of contaminated soil excavated at this site

**III. ASSIGNMENT CERTIFICATION / TERMINATION**

List Assignees: \_\_\_\_\_

## 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  
 Not applicable

**IV. APPLICATION PHASE**

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

- 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 (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 suspected source of release appeared to be overfilling + spillage over time.

How was the release discovered? During excavation of 3 usts, soil samples were collected and headspace analysis was conducted with a HNU model PE101 with a 10.2eV lamp

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: NA

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: NA

**VI. 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"/>	GME Consultants Inc	3050.00	7/8/99	ISA
	<input type="checkbox"/>	Peer	3391.25	8/20/99	ISA
	<input type="checkbox"/>	Earth Tech of Miamick	3072.50	unk	ISA
Contractors	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<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/overfill 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	1000	Steel	unk	unk	5/6/98
2	Diesel Fuel Oil	500	Steel	unk	unk	5/6/98
3	Gasoline	700	Steel	unk	unk	5/6/98
4						
5						

**TANKS**

Tank #	Leak Detection (select method below)	Corrosion Protection (select method below)	Spill Bucket (Yes/No)	Overfill Protection (select method below)
1			No	
2			No	
3			No	
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: \_\_\_\_\_

## 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	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4				
5				
<b>Continuous method:</b>		<b>Periodic method:</b>	<b>Suction leak detection method:</b>	<b>Corrosion protection method:</b>
1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	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: \_\_\_\_\_

Independent Petroleum Identify MPCA-certified tank removal contractor who performed tank excavation

# 102 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**

516199 to 1 1 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):

\_\_\_\_\_  
\_\_\_\_\_

- 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:

**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)**

# 1038 Petrofund Registration Number  
Name of individual or firm: GME Consultants Inc  
Mailing Address: P.O. Box 250 Crosby MN 56441  
Contact Person: Eric Wallin (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (218) 846-6371

# 2094 Petrofund Registration Number  
Name of individual or firm: En Chem Inc  
Mailing Address: P.O. Box 2088 Milwaukee WI 53201  
Contact Person: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (420) 469-2436

# 1476 Petrofund Registration Number  
Name of individual or firm: Matrix Technologies  
Mailing Address: 8131 Jefferson Hwy Ossau MN 55369  
Contact Person: Jim Dzubay (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Day phone #: (763) 424-4803

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

**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 Mille Lacs Band of Ojibwe



**JANA G. SAM**  
NOTARY PUBLIC - MINNESOTA  
My Comm. Exp. Jan 2001  
Subscribed and sworn to before me this 3 day

Signature Ryan Rupp  
Name (print/type) Ryan Rupp  
Title Aquatic Biologist  
Date Signed 4/3/01

of April, 2001  
Notary Public Jana G. Sam  
My commission expires Jan 31, 2005

**CONSULTANT SIGNATURE** (SIGNATURE REQUIRED)†

I, Eric J. Wallis, confirm that all costs claimed by Come Consultant Inc as a part of this 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.

Consultant Signature [Signature] Title Hydrogeologist Date 3/22/01

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

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

Eric J. Wallis  
(Preparer's name)  
Preparer's Signature [Signature] Title Hydrogeologist Date 3/22/01

\* 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  
(612) 297-1119, (612) 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>1047.30</u>
Initial Site Assessment.....	\$ <u>3639.80</u>
Additional Site Assessment .....	\$ _____
Remedial Investigation / Corrective Action Design Report .....	\$ _____
Remedial Design / Maintenance .....	\$ _____
Contractor Services.....	\$ _____
Tank Removal .....	\$ _____
Interest.....	\$ _____
<b>TOTAL .....</b>	<b>\$ <u>4687.10</u></b>
Insurance Reimbursement (subtract) -	\$ ( _____ )
	= \$ <u>4687.10</u>
	$\begin{matrix} .95 \\ \times 90\%* \end{matrix}$
<b>TOTAL REIMBURSEMENT REQUEST =</b>	<b>\$ <u>4452.75</u></b>

\* 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, small business owners, or agricultural petroleum storage tank owners as defined in Minn. Stat. §115C.