

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

State of Minnesota

AUG 01 2002

Dept. of Transportation

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
APPLICATION FOR REIMBURSEMENT

OFFICE USE ONLY	
LEAK # <u>14698</u>	PHASE <u>1</u>
ENTERED <u>8/6/02 JC</u>	

I. APPLICANT INFORMATION

Name NORTH AMERICAN STATE BANK
Mailing Address PO BOX 189
City BELGRADE State MN Zip 56312
E-mail Address BRIAN.BORGERDING@NASBANK.COM
Contact Person (if different from above "Name") BRIAN BORGERDING
Day Phone 320.254.8271 Ext _____ Fax 320.254.8274

Check One

Responsible Person Volunteer Other (see Application Guide)

Check One

Corporation Partnership Individual Municipality State, federal, or other public agency

11/9/99 to PRESENT 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

MPCA Leak Number 14698 MPCA Project Manager Chris McLain
Tank Facility Name K-C's Kwik Stop
Address 230 FIRST STREET
City BROOKTON MN Zip 56316
Day Phone 320.254-8271 Ext _____

4/17/02 Date petroleum leak detected

4/17/02 Date petroleum leak reported to the MPCA

0 cubic yards Total amount of contaminated soil excavated at this site

III. ASSIGNMENT AGREEMENT (if applicable)

If you have executed an assignment agreement for this application, list the assignee(s) below and attach the original assignment form(s).

This application is effective AUGUST 8, 2001 – JUNE 30, 2002

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
 / / 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 tanks and piping appeared to be in good condition. The contractor speculates the spill was due to ~~an~~ overflow(s).

How was the release discovered? We were removing the tanks and noticed it.

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

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. Clem Reining, dba Reining's Superette
 Kurt Kirckof, dba K-C's Kwik Stop

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 copies of all signed and dated bids and proposals.

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	<input checked="" type="checkbox"/>	COTEAU ENVIRONMENTAL	2,875.	5-6-02	Site Assessment
	<input type="checkbox"/>	GME CONSULTANTS	3,177.	5-22-02	" "
	<input type="checkbox"/>				
Contractors	<input type="checkbox"/>				TANK REMOVAL
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

*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/overflow 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	Diesel	4,000	Steel	1994	4/17/02
2	Gasoline	6,000	Steel	1986	4/17/02
3	Gasoline	6,000	Steel	1986	4/17/02
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	4	3	Yes	2
2	4	3	Yes	2
3	4	3	Yes	2
4				
5				
6				
7				
<p>Leak detection method (select all that apply)</p> <ol style="list-style-type: 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) _____ <p>Corrosion protection method</p> <ol style="list-style-type: none"> 1. None 2. Sacrificial anodes 3. STI-P 3 tank 4. Anodes installed 5. Impressed current system 6. Lined tank 7. Other (specify): _____ <p>Overfill protection method</p> <ol style="list-style-type: none"> 1. None 2. High level alarm 3. Automatic shutoff 4. Audible alarm 5. Other (specify): _____ 				

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

Piping Leak Detection (fill out the section applicable to your piping)				Piping Corrosion Protection (select method below)
Pressurized Piping		Suction Piping		
Tank #	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				
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. _____

_____ 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

4, 17, 02 to 6, 11, 02 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 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).

4-17-02 - TANKS AND PIPING were removed
4-17- 6/11 BEGINNING Study of POTENTIAL LEAKAGE

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?

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)

2676 Petrofund Registration Number
Name of individual or firm COTEAU ENVIRONMENTAL
Mailing Address 3930 SUNNYBROOK DRIVE NW ALEXANDRIA MN 56308
City State Zip
Contact Person NATE HUNKE Phone 605.886.4009 E-mail Address _____

_____ Petrofund Registration Number
Name of individual or firm _____
Mailing Address _____
City State Zip
Contact Person _____ Phone _____ E-mail Address _____

_____ Petrofund Registration Number
Name of individual or firm _____
Mailing Address _____
City State Zip
Contact Person _____ Phone _____ 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 or B must be included.

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

Check any that apply.

- Agricultural Storage Tank Removal attachment
- Railroad Right-of-Way Bulk Plant 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.

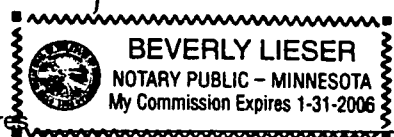
I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

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 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 North American State Bank
Corporation / Partnership / Municipality / Public Agency

Signature Brian Bergerdine
Name (print/type) BRIAN BERGERDINE
Title PRESIDENT
Date Signed July 1, 2002

NOTARIZATION
Subscribed and sworn to before me this 1st day
of July, 2002.
Notary Public Beverly Lieser
[Stamp] 
My commission expires

CONSULTANT SIGNATURE (SIGNATURE REQUIRED)[†]

I, Nathan T. Aunke, confirm that all costs claimed by Coteau Environments 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 included in this application that were invoiced by my consulting company are ineligible as listed in Minn. Rule 2890.0071.

N. Aunke 1 Sr. Hydrogeologist 7/29/02
Consultant Signature Title Date

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

APPLICATION PREPARER'S SIGNATURE (SIGNATURE REQUIRED)

BRIAN BERGERDINE
(Preparer's name)
Brian Bergerdine PRESIDENT 7-22-02
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
85 SEVENTH PLACE EAST, SUITE 500
ST. PAUL, MN 55101-2198
(651) 297-1119 / (651) 297-4203 / 800-638-0418

This application is effective AUGUST 8, 2001 - JUNE 30, 2002

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	
Underground Storage Tank Removal Assessment	\$ <u>1140.23</u>
Initial Site Assessment	\$ _____
Additional Site Assessment	\$ _____
Remedial Investigation / Corrective Action Design Report	\$ _____
Remedial Design / Maintenance	\$ _____
Contractor Services	\$ _____
TOTAL ELIGIBLE COSTS	\$ <u>1140.23</u>
Insurance Reimbursement (subtract) -	\$(<u>0</u>)
	= \$ <u>1140.23</u>
	x 90%*
TOTAL REIMBURSEMENT REQUEST =	\$ <u>1,026.21</u>

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

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 \$ _____	
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.

