

Supp

Due back 6/23/93

"Need bid in"

#3534

SL

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD  
Application for Reimbursement

PART I  
(Check one)

APPLICATION PROCESS

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   /  /   and   /  /  . (Attach Copy)  
b) Date SCAP was submitted to MPCA   /  /  .
- Phase 2. Submission of Documentation Soil Treatment  
Date Documentation was submitted to MPCA of Letter   /  /  .
- Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)  
a) Date of CCAP approval   /  /  . (Attach Copy)  
b) Date CCAP was submitted to MPCA   /  /  .
- Phase 4. Submission of CCAP Installation Letter to MPCA  
Date of CCAP Installation Letter   /  /  . (Attach Copy)
- Ongoing Expenses Following Phase 4 Reimbursement or MPCA Site Closure or Conditional Closure

on 3/27/93  
Phase 5  
CS

PART II  
APPLICANT INFORMATION

1. "Responsible Person"  "Volunteer"  or "Non-Responsible Person"  (check one) (see application guide)  
Name: Curtis Convenience Stores, Inc.
  2. Mailing Address: 4997 Miller Trunk Highway  
Duluth, Minnesota 55811  
Phone (218) 729-5501
  3. Site ID:Leak # 00003534
  4. The applicant is a:  Corporation  Partnership  Individual  Other \_\_\_\_\_
  5. Applicant was the owner or operator of the tank from 4/26/84 to present.
  6. "Volunteer" Applicant owned property from   /  /   to present.
  7. Has applicant executed any Petrofund assignment agreements?  
yes \_\_\_ no X
- Name of assignee(s) \_\_\_\_\_ (attach copy of agreement)

No bids / contract  
12/1/93 3/2/93

**PART III TANK FACILITY**

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:  
Junction Food & Fuel
  
2. Tank Facility address: 5493 Miller Trunk Highway  
Duluth, Minnesota
  
3. Contact Person at Tank Facility: Jack Curtis  
Phone: (218) 729-5501
  
4. 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:  
Conoco/Kayo Oil Co
  
5. Did any of the persons listed in question 4 incur corrective action costs related to this petroleum release? yes\_\_\_ no X If yes, list name and address if known:  
  

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6. Date when petroleum release was detected: 10/16/90  
What test was performed to initially establish that a release occurred? hNu
  
7. Date when petroleum release was reported to the MPCA: 10/16/90.
  
8. a) Which tanks were the source of the release at this tank facility? (see application guide)  
5000 gallon Regular Gas tank
  
- b) What was the cause of the release?  
Damaged tank
  
9. Was this tank(s) used only to store heating oil for consumptive use on the premises where stored? (check one) YES[] NO[X]

**PART IV TANK INFORMATION AND COMPLIANCE**

(Note: If you do not know if tanks are registered and/or prior tank removal notice was given, enter "unk"(unknown) for these items. Please do not contact the MPCA for this information.)

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 attachment *"Do Underground Storage Tanks 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.

(Please attach additional sheets if more than five tanks are involved.)

Tank	Petroleum Product	Capacity	Type of Tank	Date Installed	Registered	Date Removed
1	Regular Gas	5000	Steel	7/1/71	4/24/86	10/16/90
2	Unleaded	10000	Fiberglass	5/15/84	4/24/86	--
3	Premium	4000	Steel Strip	7/27/87	5/2/88	--
4						
5						

Tanks				Piping		
Tank	Leak Detection (Methods)	Corrosion Protection (Yes/No)	Spill/Overflow Protection (Yes/No)	Type of Piping	Leak Detection (Methods)	Corrosion Protection (Yes/No)
1	Inv Control	Yes	No	Galv Steel	Inv Control	No
2	Inv Control	Yes	No	Galv Steel	Inv Control	No
3	Inv Control	Yes	No	Galv Steel	Inv Control	No
4						
5						

Tank	Tank Tightness Test Dates	Piping Tightness Test Dates
1		
2		
3		
4		
5		



Are there any special circumstances you would like the persons reviewing your application to be aware of?  
 Please Explain: \_\_\_\_\_

**PART V      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 12/31/91 to 3/31/92
3. Are any of the costs listed in the Eligible Cost Worksheets in dispute?  
 yes \_\_\_ no X (see application guide)
4. 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.

CAD Implementation - \$20,000.00

5. a) Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 557 tons  
 b) What was the soil contamination concentration (total hydrocarbons) 4800 ppm?
6. 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>

7. Total of all eligible costs as listed in the Eligible Cost Worksheets:		\$	<u>11055.00</u>
			X 90%
	=	\$	<u>9949.50</u>
Insurance Reimbursement (Subtract)	-	\$	( _____ )
Total Reimbursement Request (See application guide)	=	\$	<u>9949.50</u>

**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: Huntingdon - Twin City Testing

Mailing address: 4444 Airpark Blvd

Contact person: Les Conway or Sarah Hylden Phone: (218) 722-8433

Name of individual or firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( )

Name of individual or firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( )

Name of individual or firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( )

Name of individual or firm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( )

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

All contractors/consultants are under contract to Curtis Oil and Tire Company. No relationship, financial or otherwise, exists between applicant and contractor/consultants.

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**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 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, 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."

John F. Curtis  
Signature of Applicant

Witnessed by:

Sophie Aragoni  
Name

John F. CURTIS  
Name (Please Print)

February 17, 1993  
Date

17 FEB 93  
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

CURTIS CONVENIENCE STORES INC. ."

John F. Curtis  
Signature

John F. CURTIS  
Name (Please Print)

VICE PRESIDENT  
Title (See Application Guide, Part VI)

17 FEB 93  
Date

Please send this application and accompanying documents to:

**Petroleum Tank Release Compensation Board  
Minnesota Department of Commerce  
133 East Seventh Street  
St Paul, MN 55101  
(612) 297-4203  
(612) 297-1119**

**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.

**A. SOIL BORINGS/MONITORING WELLS - ETC.**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Drilling	Huntingdon-TCT	8400-92-066	5	\$135.00/hr	675.00
<b>TOTAL</b>					<b>\$675.00</b>

**B. LABORATORY TESTS AND ANALYSIS**

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
BTEX, THG	Huntingdon-TCT	8400-92-066	12	\$200.00/ea	2400.00
Lead	Huntingdon-TCT	8400-93-049	3	\$50.00/ea	150.00
BTEX/THG	Huntingdon-TCT	8400-93-049	5	\$200.00/ea	1000.00
Lead	Huntingdon-TCT	8400-93-066	6	\$50.00/ea	300.00
<b>Total</b>					<b>\$3850.00</b>



**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.

**C. EXCAVATION**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

**D. SOIL DISPOSAL**

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

**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.**

**E.      WATER TREATMENT**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

**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.

**F. TRUCKING**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

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

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

**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.

**H.    SITE RESTORATION and CLOSURE**

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

**I.    OTHER CLEAN-UP or INVESTIGATION COSTS**

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

**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.

**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
Staff Engineer	Huntingdon-TCT	8400-92-066	7	\$80.00/hr	560.00
Technician	Huntingdon-TCT	8400-92-066	14	\$50.00/hr	700.00
Project Manager	Huntingdon-TCT	8400-93-049	8	\$65.00/hr	520.00
Senior Hydrogeologist	Huntingdon-TCT	8400-93-049	14	\$105.00/hr	1470.00
Staff Engineer	Huntingdon-TCT	8400-93-049	24	\$85.00/hr	2040.00
Environmental Technician	Huntingdon-TCT	8400-93-049	16	\$50.00/hr	800.00
Clerical	Huntingdon-TCT	8400-93-049	8	\$30.00/hr	240.00
Environmental Technician	Huntingdon-TCT	8400-93-049	4	\$50.00/hr	200.00
<b>TOTAL</b>					<b>\$6530.00</b>

**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.

**K. MARK-UP**

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-total
<b>TOTAL</b>					

**L. OTHER CONSULTANT SERVICES (Specify)**

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					