

Supp.

Due 5/15

3534

MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD
Application for Reimbursement

RECEIVED
MAY 01 1992
MPCA - DULUTH
DULUTH, MN.

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 Application to Land Apply Petroleum Contaminated Soils
 - a) Date of plan approval / / (Attach Copy)
 - b) Date plan was submitted to MPCA / /
- Phase 2.** Submission of Notification of Land Application of Petroleum Contaminated to MPCA
Date of Letter / / (Attach Copy)
- 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**
Closure Letter from MPCA (Attach Copy)

on 4/27/92
C-1

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, MN 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. 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:
Junction Food - N - Fuel Store

2. Tank Facility address: 5493 Miller Trunk Highway
Duluth, MN 55811

3. Contact Person at Tank Facility: Jack Curtis
Phone: (218) 729-5501

4. Date when petroleum release was detected: 10/16/90

What test was performed to initially establish that a release occurred? hNu Meter

5. Date when petroleum release was reported to the MPCA: 10/16/90

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>1</u>	<u>5000</u>	<u>Regular</u>	<u>X</u>	<u>10/16/90</u>
<u>2</u>	<u>10000</u>	<u>Unleaded</u>	<u> </u>	<u> </u>
<u>3</u>	<u>4000</u>	<u>Premium</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)

#1

b) What was the cause of the release?

Damaged tank

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 4/24/86

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:

Conoco/Kayo Oil Co

10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes no If yes, list name and address if known:

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

If yes, provide the following:

<u>Insurance Company</u>	<u>Policy #</u>	<u>Policy Limits</u>	<u>Deductible</u>	<u>Period Covered</u>
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_____	_____	_____	____/____/____	____/____/____
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_____	_____	_____	____/____/____	____/____/____
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- | | | |
|---|---|---------------------|
| 6. Total of all eligible costs as listed in the Eligible Cost Worksheets: | | \$ <u>33,684.00</u> |
| | = | X 90% |
| | = | \$ <u>30,315.60</u> |
| Insurance Reimbursement (Subtract) | - | \$ (_____) |
| Total Reimbursement Request (See application guide) | = | \$ <u>30,315.60</u> |

7. At this time, do you anticipate incurring any Ongoing correction 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.

Corrective Action Design and implementation - \$40,000 - 70,000

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: Twin City Testing Corporation

Mailing address: 4444 Airpark Blvd, Duluth, MN 55811

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

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:

None

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."

Jack Curtis

Signature of Applicant

JACK CURTIS

Name (Please Print)

17 APRIL 92

Date

Witnessed by:

As Conway

Name

Date

4/17/92

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.

Jack Curtis

Signature

VICEPRESIDENT

Title (See Application Guide, Part VI)

JACK CURTIS

Name (Please Print)

17 APRIL 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, MN 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.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Drilling	Twin City Testing	8400-92-66.1	28	134.00	3752.00
Well materials	TCT	8400-92-66.1			3800.00
Drilling	TCT	8400-92-66.2	18	134.00	2412.00
Drilling	TCT	8400-92-66.2	16	165.00	2640.00
Drilling	TCT	8400-92-66.3	13	135.00	1755.00
TOTAL					14359.00

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or Date	Total Units	Unit Costs	Sub-total
BTEX, THG	TCT	8400-92-66.2	8	200.00	1600.00
BTX, THG	TCT	8400-92-66.3	7	200.00	1400.00
Lead	TCT	8400-92-66.3	4	60.00	240.00
TOTAL					3240.00

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
TOTAL					

D. SOIL DISPOSAL

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.

D. WATER TREATMENT

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.

F. TRUCKING

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

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

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.

A. SOIL BORINGS/MONITORING WELLS - ETC.

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
Project Mgr	TCT	8400-92-66.1	20	78.00	1560.00
Geologist	TCT	8400-92-66.1	22	65.00	1430.00
Equipment	TCT	8400-92-66.1	3	75.00	225.00
Project Mrg	TCT	8400-92-66.2	12	78.00	936.00
Geologist	TCT	8400-92-66.2	32	65.00	2080.00
Technician	TCT	8400-92-66.2	16	50.00	800.00
Hydrogeologist	TCT	8400-92-66.3	8	95.00	760.00
Clerical	TCT	8400-92-66.3	12	30.00	360.00
Drafter	TCT	8400-92-66.3	8	50.00	400.00
Project Mgr	TCT	8400-92-66.3	48	78.00	3744.00
Geologist	TCT	8400-92-66.3	36	65.00	2340.00
Technician	TCT	8400-92-66.3	10	50.00	500.00
hNu	TCT	8400-92-66.3	2	75.00	150.00
Slug Test	TCT	8400-92-66.3	2	400.00	800.00
TOTAL					16085.00

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.

G. MARK-UP

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

L. OTHER CONSULTANT SERVICES (Specify)

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

PETROLEUM BOARD SUMMARY REPORT

SL

153.

Meeting Date: August 27, 1992

Leak #: 3534

Amount Approved: _____

RP X Vol _____ Non RP

Applicant:

Release Location:

**Curtis Convenience Stores, Inc.
Attn: Jack Curtis
4997 Miller Trunk Highway
Duluth, MN 55811**

**Junction Food-N-Fuel Store
5493 Miller Trunk Highway
Duluth, MN 55811**

Date of Release/Detection: 10-16-90

Date Reported to MPCA: 10-16-90

Source of Release: Unknown

Assignees:

Tank Registration: 4-24-86

Tank Ownership: 4-26-84 to present

CORRECTIVE ACTION COSTS

Description of Work Performed	Eligible Costs	Comments
<u>Investigation and Cleanup Costs</u>		
A. Soil Borings/Monitoring Wells/Etc.	\$ _____	
B. Laboratory Tests and Analysis	\$ <u>862.05</u>	
C. Excavation	\$ <u>2,564.00</u>	
D. Soil Disposal	\$ <u>30,646.55</u>	
E. Water Treatment - standing water at excavation site	\$ <u>1,105.00</u>	
F. Trucking	\$ <u>2,427.50</u>	
G. Emergency/Temporary Controls	\$ _____	
H. Site Restoration and Closure	\$ <u>5,392.00</u>	
I. Other Investigation and Clean-up	\$ <u>345.06</u>	
<u>Consultant Costs</u>		
J. Report Preparation; Data Collection; Operation Oversight and Maintenance; System Monitoring; Correspondence; Mileage; Postage; Per Diem	\$ <u>1,673.10</u>	
K. Markup	\$ _____	
L. Other Consultant Services	\$ _____	

Total Eligible Costs \$ 45,015.26

<Insurance Amount Paid> < >

\$ 45,015.26 X 90% = \$ 40,513.73

Non-compliance 115C.09, Subd. 3 (f)

- (1) tank regulation % = < >
- (2) notice of release % = < >
- (3) cooperation % = < >
- (4) due care % = < >

TOTAL REIMBURSEMENT \$ 40,513.73

Initial Application X

Supplemental Application _____

Total Amount previously reimbursed \$ _____
Prior reduction percentage _____%

Ongoing Expenses:

Monitoring wells and analysis - \$16,000 to \$20,000.

Comments:

Original Reimbursement Requested \$ 45,210.26