

Minnesota Pollution Control Agency Tanks and Emergency Response Section 520 Lafayette Road North

Saint Paul, Minnesota 55155-4194

August 1997

Application for: Underground Storage Tank (UST) Contractor Certification Initial / Upgrade / Renewal

For Office Use	Only		· 🖳
Contractor No.:	_3	98	£
Disc. I/R /	E)		- 1 ""
Upgrade 🗡 I/R		C	4.7
Renew (Y	N	= 1,5.	
Check No.	90	30	7.7.7
Expiration Date	3-	3 0-	00
Date Entered 🔰 -	- >1	1-9	0/
Date Mailed 42/	$\sim 10^{\circ}$	X V	0

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Name of company: Carl Bolander 8	Sons Co.		DECENTER OF
Business mailing address: 251 Starkey	Street	St. Paul	MN 55107
(Street)	•	(City)	(SMAR 2 7 (Zip Code)
Business telephone number: (612) 224-62	Name of ow	ner: Mr. 🔼 Ms. 🗌 👖	David Bolander
Has this company done business under any other nam			WASTE DIVISION
f yes, list the name(s):		***************************************	· • • •
lave you applied for UST Contractor Certification w	vith the Minnesota Pollution Cor	strol Agency (MPCA) be	efore? 🖔 Yes 🗌 No
If yes, and you were certified, what is your MN	VUST Contractor Cert. #?0	089 What disc	ipline(s)? Install/repair 🔲 closure 🗵
If yes, and you were not certified, what was de	ficient?		
, ,,	hole in a tank or relining a tank	.) nonregulated su	bstance.)
RK HISTORY:	or the last two years.	, ,	sts.)
RK HISTORY: Summarize the company's UST project history for Be sure to include the largest storage tank pro	or the last two years.	de any remedial action co	sts.)
Summarize the company's UST project history for Be sure to include the largest storage tank pro	or the last two years. oject and its cost. (Do not inclu	de any remedial action co	sts.) Type of project Install/
Summarize the company's UST project history for Be sure to include the largest storage tank pro	or the last two years. oject and its cost. (Do not inclu	de any remedial action co	sts.) Type of project Install/ Repair Closure
Summarize the company's UST project history for Be sure to include the largest storage tank pro	or the last two years. oject and its cost. (Do not inclu City Shakopee	Date:	Sts.) Type of project Cost Install/ Repair Closure X 3,200.00
Summarize the company's UST project history for Be sure to include the largest storage tank pro Site Name St. Francis Medical Center Alaska Transit	or the last two years. oject and its cost. (Do not inclu City Shakopee St. Paul	Date: 4/7/97 5/20/97	Sts.) Type of project Cost Install/ Repair Closure X 3,200.00 X 1,700.00
Summarize the company's UST project history for Be sure to include the largest storage tank prosection. Site Name St. Francis Medical Center Alaska Transit F.M. Grass Middle School	or the last two years. oject and its cost. (Do not inclu City Shakopee St. Paul	Date: 4/7/97 5/20/97	Sts.) Type of project Cost Install/ Repair Closure X 3,200.00 X 1,700.00
Summarize the company's UST project history for Be sure to include the largest storage tank prosite Name Site Name St. Francis Medical Center Alaska Transit F.M. Grass Middle School	or the last two years. oject and its cost. (Do not inclu City Shakopee St. Paul	Date: 4/7/97 5/20/97	Sts.) Type of project Cost Install/ Repair Closure X 3,200.00 X 1,700.00

☐ yes

to tank services pending against you in any jurisdiction?

X no

If yes, briefly explain on separate sheet.

3. List employees certified by the MPCA to perform and supervise underground storage tank projects. Use separate sheet if necessary.

Employee's Full Name	Certification Number	Certification Discipline (e.g. installation / repair, closure)	Expiration Date
Gary Pasek	5772	Closure	12/6/99
Tom Skluzacek	5712	Closure	4/4/99

4.	Will the company be subcontracting any tank work?	☐ yes	X	по	If yes, list those companies that will be assisting you on a
	subcontractor basis. Use separate sheet if necessary.				

Company Name	City	Telephone #
I. N/A		
2.		
3.		

FOR OFFICE USE ONLY

IS THE SUBCONTRACTOR C	RTIFIED?
HAS NOTIFICATION BEEN P	ROVIDED FOR: LISTED PROJECTS?

REQUIRED ATTACHMENTS: (Applications with missing attachments will be returned)

- 1. Photocopy of documents showing comprehensive general liability insurance, surety bonds, or liquid company assets that in combination, represent a value of not less than five times the value of the largest storage tank project performed by your company during the last two years.
- 2. For renewal or upgrade applications, a copy of the company's current UST contractor certificate issued by the MPCA.
- 3. Check or money order in the amount of fifty dollars (\$50) made payable to: The Minnesota Pollution Control Agency.

Mail completed application form to:

Minnesota Pollution Control Agency Hazardous Waste Division Tanks and Emergency Response Section 520 Lafavette Road St. Paul, MN 55155-4194

Questions?

If you have any questions about filling out this application, call the Tanks and **Emergency Response Section at** (612) 297-8679 or toll-free at 1-800-657-3864. TDD users can call (612) 297-5353 or 1-800-627-3529

AFFIDAVIT:

"I hereby certify that:

- I am an active officer, partner, owner, or other designated managerial representative of the applicant firm; and
- I have obtained copies, read, understand, the applicable laws, and rules pertaining to the regulation of underground storage tanks in the State of Minnesota, including the Standards of Performance in Minnesota Rules pt. 7105.0070; and
- I will direct the employees and principals of the firm to perform storage tank projects rendered by the company in a manner that is consistent with applicable requirements; and
- a certified supervisor will exercise responsible supervisory control over the work and will be physically present on site during all critical junctures of the storage tank projects; and

I understand that submission of false or misleading information or credentials, or failure to comply with the applicable statutes or rules, may

esfult in the denial of this application, the suspension or revocation of certification, or civil or criminal penalties under state law. BARBARA H. JACOBSON NOTARY PUBLIC - MINNESOTA My Comm. Expires Jan. 31, 2000 Dominique B. Najjar

1998 March Sworn before me this 25th day of

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	arl Bolander & Sons C 51 Starkey Street	Co.,	_	ERICAN MANL	FACTURER MUTUAL	
	t Paul, MN 55107			MMERCIAL UN	IDERWRITERS INS	c
	1				plus Lines Insu	_
C	OVERAGES					
	INDICATED, NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR I	ICIES OF INSURANCE LISTED BELOW I ANY REQUIREMENT, TERMOR CONDITI MAY PERTAIN, THE INSURANCE AFFO DF SUCH POLICIES. LIMITS SHOWN I	ONOFANYCONTE RDED BY THE POL MAY HAVE BEEN F	RACTOROTHERD LICIES DESCRIBED REDUCED BY PAID	OCUMENT WITHRESPEC DHEREIN IS SUBJECT TO DICLAIMS.	TTOWHICHTHIS
LTR	TYPE OF INSURANCE	PÓLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMN	
	ļ. <u> </u>	B00000400#	0.00.00	0.100.100	GENERAL AGGREGATE	\$ 2000000
С	X .COMMERCIAL GENERAL LIABILITY	BCG000130*	9/30/96	9/30/98	PRODUCTS-COMP/OP AGG	\$ 2000000
	OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY EACH OCCURRENCE	\$ 1000000 \$ 100000
	OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire)	1000000
					MED EXP (Any one person)	\$ 50000 \$
В	AUTOMOBILE LIABILITY X ANY AUTO	F3Y02046200	9/30/97	9/30/98	COMBINED SINGLE LIMIT	\$ 1000000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
	X HIRED AUTOS X NON-OWNED AUTOS		:		BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	
İ					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$ 21000000
Α	X UMBRELLA FORM	SUM02002001300	9/30/97	9/30/98	AGGREGATE	\$ 21000000
	OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND	Self Insured St. of MN			X STATUTORY LIMITS	
	EMPLOYERS' LIABILITY	W-1184			EACH ACCIDENT	\$ 100000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE X	SW05503289	10/1/97	10/1/98	DISEASE - POLICY LIMIT	\$ 500000
	OFFICERS ARE: " EXCL				DISEASE - EACH EMPLOYEE	\$ 100000
	OTHER					
DE	SCRIPTION OF OPERATIONS/LOCATIONS/	VEHICLES/SPECIAL ITEMS				
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE						
S	AMPLE SAM	MPLE SAMPI	EXPIRATION	DATE THEREOF, TH	E ISSUING COMPANY WILL	ENDEAVOR TO MAIL
s	AMPLE SAN	MPLE SAMPI	BUT FAILURE	TO MAIL SUCH NOT	O THE CERTIFICATE HOLDER TICE SHALL IMPOSE NO OBLIC	ATION OR LIABILITY
s	AMPLE SAN	IPLE SAMPL	OF ANY KI	PRESENCATIVE	OMPANY, ITS AGENTS OR	
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STATE OF MINNESOTA



Department of Commerce

The Undersigned
COMMISSIONER OF COMMERCE
for the State of Minnesota
hereby certifies that

CARL BOLANDER & SONS CO.

has made application, paid the fees required and in all other respects complied with the laws of the State of Minnesota and is hereby authorized to transact the business of self-insurance for liability under the Workers' Compensation Laws of Minnesota pursuant to Minnesota Statutes Sections 176.181, 79A and Minnesota Rules Chapter 2780.

251 Starkey St., St. Paul, MN 55107

unless this authority be suspended, revoked, or otherwise legally terminated.

This certificate shall be in effect until <u>further order of the Commissioner</u>



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department of Commerce, of the State of Minnesota at my office in the City of St. Paul,

Minnesota, this 23rd day of

July 19 96

Commissioner of Commerce

Minnesota Underground Storage Tank Contractor Certificate

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Company Name:	Carl Bolander and Son	al domany Co	7 3pires: 03/30	/2000
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Address: 251 S	Starkey Street	June 1	Saint Paul	
The company issue			Mina Kules Chapt	
	unaerground storage tank	voin in the Cotata	of Ulinnesota in the	discipline(s) of
•	Certification #:	89		

Minnesota Pollution Control Agency For more information call (612) 297-8679 or 1(800) 657-3864

