



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

Tanks/UST #4.10, April 2003

Office Use Only	
Contractor No.	89
Discipline:	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure
Upgrade:	<input type="checkbox"/> Install/Repair <input type="checkbox"/> Closure
Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Financial Assurance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check No.:	5937
Expiration Date:	4-3-2006
Date Approved/Issued:	
Date Entered:	3-12-2004
Date Mailed:	3-16-2004

I. Business Information (please print or complete electronically)

Company Name: Carl Bolander & Sons ✓
 Company Mailing Address: P.O. Box 7216 ✓
(Street)
St. Paul Minnesota 55107 ✓
(City) (State) (Zip Code)
 Telephone: (651) 224-6299 Owner: David Bolander ✓
 Has this company done business under other name(s) during the last five years? Yes No
 If yes, please list the name(s): _____

Have you applied for UST Contractor Certification with the Minnesota Pollution Control Agency (MPCA) before? Yes No
 If yes and you were certified, what is your:
 Minnesota UST Contractor Certification No.: 89 ✓
 Disciplines: Install/Repair Closure
 If yes, and you were not certified, what was deficient? _____

4-3-2004

II. Type(s) of Certification Requested

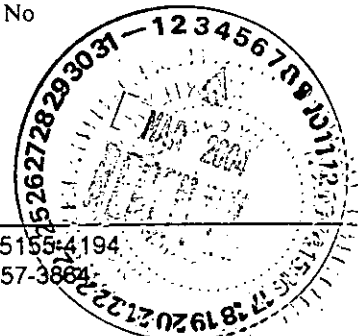
- Installation/Repair (Work involved in placing a UST in position and preparing it to be placed in service, as well as the correction, restoration or upgrading of a tank system or related equipment, for example, repairing a hole in a tank or relining a tank)
- Closure (Permanently taking a UST out of service by either closing it in place, removing it from the ground or converting it to store a nonregulated substance.)

III. Work History

A. Summarize the company's UST project history for the three most recent tank jobs in Minnesota. Include the largest storage tank project and its cost. (Do not include any remedial action costs.)

Site Name, Address, City	Type of Project	Description of Work	Date	Cost	Office Use
3M 751 Mendota St. Paul, Mn	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	Remove and dispose of six UST's	10/21/03	9,000	Notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wells Fargo 2710 -th Ave W Minneapolis, Mn	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	Cleanout and dispose of previous closed tank filled with sand	8/2003	\$8,000	Notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Spelling Bus St. Anthony at Snelling - St. Paul	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	Remove 10 UST 10 - 30K Gal	7/2002	\$30,000	Notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

B. Has your certification, license, or other authorization to perform tank services ever been revoked or suspended, or are/were enforcement actions related to tank services pending against you in any jurisdiction? Yes No
 If yes, briefly explain (use a separate sheet, if needed): _____



III. Work History – continued

C. List employees MPCA certified to perform/supervise underground storage tank projects. Use a separate sheet if necessary.

Employee's Full Name	MPCA Certification Number	Discipline	Expiration Date
Thomas Skluzacek ✓	5712	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	2-7-07
Dennis Biermaier ✓	5262	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	2-7-07
Gary Dean Pasek ✓	5722	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	2-7-07
Howard Eisinger ✓	10522	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	2-13-06
William Scheurer ✓ Scott Flesch ✓	10542 7452	<input type="checkbox"/> Install/Repair <input checked="" type="checkbox"/> Closure	2-13-06

D. Will the company be subcontracting any tank work? Yes No

If yes, list those companies that will be assisting you on a subcontractor basis. Use a separate sheet if necessary

Subcontractor Name	Address	Telephone	Office Use – Certified
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

IV. Required Attachments – Applications with missing attachments will be returned

- A. Photocopy of documents showing comprehensive general liability insurance, surety bonds or liquid company assets that, in combination, represent a value not less than five times the value of the largest storage tank project performed by your company during the last two years.
- B. For renewal or upgrade applications, a copy of the company's current UST contractor certificate issued by the MPCA.
- C. Check or money order in the amount of fifty dollars (\$50.00) made payable to: *Minnesota Pollution Control Agency*.

V. 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 of, read and 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 result in the denial of the application, the suspension or revocation of certification, or civil or criminal penalties under state law.

Signed (Applicant) Mark R. Ryan Date March 3, 2004

Notary Stamp, Mark R. Ryan, President
Sworn before me this 3rd day of March 2004

Signed (Notary Public) Maureen J. Kuba

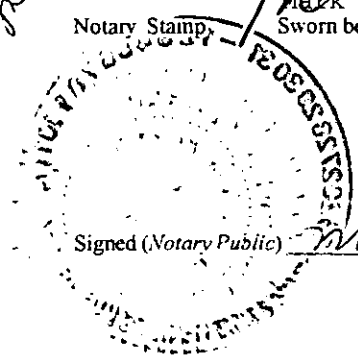
Mail completed application to:

Minnesota Pollution Control Agency
Joann Henry
REM/Metro Region
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions? Contact:

Joann Henry (651) 297-8664
Toll free (800) 657-3864
Fax (651) 282-6247

*Previous
Dustin
Gagne*



ACORDTM**CERTIFICATE OF INSURANCE**

ISSUE DATE

10/21/2003

PRODUCER

MCGRIFF, SEIBELS & WILLIAMS, INC.
P. O. Box 10265
Birmingham, AL 35202-0265

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

Company A Liberty Surplus Insurance Company

Company B U.S. Fire Insurance Company

Company C St. Paul Surplus

Company D Lexington Insurance Company

Company E

INSURED

Carl Bolander & Sons Co.
251 Stakey Street
St. Paul, MN 55107

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input checked="" type="checkbox"/> Policy Cap \$8,000,000 <input type="checkbox"/> General Aggregate Limit applies per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Location	EGLB0200140013	09/30/2003 09/30/2004	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE	\$ 50,000
				MEDICAL EXPENSE	
				PERS. AND ADVERTISING INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS AND COMP. OPER. AGG.	\$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input checked="" type="checkbox"/> Hired Automobiles <input checked="" type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>	1336698513	09/30/2003 09/30/2004	COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per person)	
				BODILY INJURY (Per accident)	
				PROPERTY DAMAGE (Per accident)	
				COMPREHENSIVE	
				COLLISION	
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	EMPLOYERS LIABILITY ONLY SW05515380 Subject to \$25,000 Ded	10/01/2003 10/01/2004	WC Statutory Limit	Other <input checked="" type="checkbox"/>
				EL EACH ACCIDENT	\$ 500,000
				EL DISEASE (Each employee)	\$ 500,000
				EL DISEASE (Policy Limit)	\$ 500,000
C	EXCESS LIABILITY <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retention/deductible \$10000	QZ06812029	09/30/2003 09/30/2004	EACH OCCURRENCE	\$ 10,000,000
				AGGREGATE	\$ 10,000,000
D	COMBINED INLAND MARINE Real & Personal Prop; Contractors Equip; Cargo; Rigger Liability/Installation Floater Subj to \$5,000 Ded except 2% of Values with 5,000 Min/20,000 Max on Cranes and \$2,500 on Real & Personal Prop	7476009	09/30/2003 09/30/2004	Real & Personal Property	\$ 5,590,000
				Schedule Equipment	\$ 10,300,709
				Leased/Rented/Borrowed Equip.	\$ 500,000
				Cargo/Storage in Transit	\$ 250,000
				Riggers Liab/Installation Floater	\$ 1,000,000

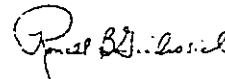
CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT A FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ISSUER, COMPANY, ITS AGENTS OR REPRESENTATIVES.

Authorized Representative

Proof of Insurance

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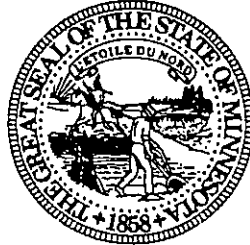


Certificate ID # 1Y2P6IHJ

No. W-1184

RENEWAL LICENSE

STATE OF MINNESOTA



Department of Commerce

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

CARL BOLANDER & SONS COMPANY
(Including Attachment "A")

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 further order of the Commissioner

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,

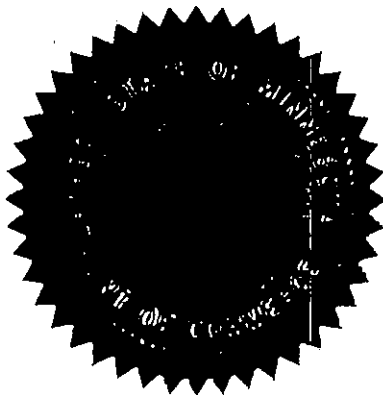
Minnesota, this 21st day of

May

2002

A handwritten signature in cursive script, appearing to read "James C. Bolander", written over a horizontal line.

Commissioner of Commerce



CARL BOLANDER & SONS COMPANY
State of Minnesota Self-Insured Workers' Compensation

Attachment "A"
Effective May 2, 2000

<u>Name</u>	<u>Effective Date</u>
SKB Environmental, Inc.	4/1/90
Bolander, Inc.	4/1/90
TKD, LLC	5/2/00



Minnesota Pollution Control Agency

March 16, 2004

David Bolander
Carl Bolander & Sons
PO Box 7216
St Paul, MN 55107

Dear Mr. Bolander:

The Minnesota Pollution Control Agency (MPCA) has reviewed your recent application titled, "Underground Storage Tank (UST) Contractor Certification," and it has been determined that you have satisfied the requirements of Minn. R. ch. 7105. Please find enclosed your Minnesota UST Contractor Certificate.

As a certified UST service provider your company is licensed to perform tank service projects, in the discipline(s) indicated on the application form, on regulated UST in the state of Minnesota. The period of certification for contractors is two years, and should be reflected in the certificate's expiration date. Please review the certificate for accuracy.

Minn. R. ch. 7105 requires that a copy of the current certificate be posted conspicuously at each work site. The rule also requires that the MPCA be notified in writing within thirty days of any change of address, ownership, supervisor status or loss of certification.

Please be aware that it is the responsibility of the contractor to ensure that their certification does not lapse.

If you have any questions regarding your Contractor Certification feel free to contact me at (218) 327-4718, or if your calling long distance at (800) 657-3864.

Sincerely,

Keith Friesen
Certification Coordinator
Grand Rapids Office/Duluth Subdistrict

KF:kt

Enclosure

*Minnesota Underground Storage Tank
Contractor Certificate*

Company Name Carl Bolander & Sons Expires 4/3/2006

Address PO Box 7216 City St Paul

*The company issued this certificate has met the requirements of Minnesota Rules
Chapter 7105, and is certified to perform underground storage tank work in the
State of Minnesota in the discipline(s) of*

Closure

Certification No.

89



Minnesota Pollution Control Agency