



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194



Contractor Certification Initial/Upgrade/Renewal Application

Underground Storage Tank (UST) Program

Doc Type: Compliance Certification

RECEIVED
SEP 18 2017
Minnesota Pollution Control Agency
Duluth, MN

I. Business Information (Please print or complete electronically)

Company name: Carl Bolander and Sons, LLC

Mailing address: 251 Starkey Street

City: St. Paul State: MN Zip: 55107

E-mail address: mark@bolander.com

Telephone: 651-224-6299 Owner name: Mark R. Ryan

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 Underground Storage Tanks (USTs) 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

| MPCA Use Only | |
|-----------------------|--|
| Contractor No.: | <u>89</u> |
| Discipline: | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure |
| Upgrade: | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure |
| Renew: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Fin. Assurance: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Check No.: | <u>9953</u> |
| Expiration date: | <u>9-1-2019</u> |
| Date approved/issued: | <u>9-21-17</u> |
| Date entered: | <u>9-21-17</u> |
| Date mailed: | _____ |

II. Type(s) of Certification Requested

- Installation:** Work involved in placing a UST in position and preparing it to be placed in service.
- Repair:** Work involved as the correction, restoration, or upgrading of a tank system or related equipment (e.g., repairing a hole in a tank or relining a tank).
- Closure:** Permanently taking a UST out of service by 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 (mm/dd/yy) | Cost | MPCA Use Notified |
|---|--|-----------------------------------|-----------------|----------|--|
| MUL Tank Removal 2201 Blaisdell Ave. Minneapolis, MN 55404 | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure | Removal of one 2000 gallon UST | 10/31/2016 | \$16,050 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Hmong Academy UST Removals 1530 Brewster St. St. Paul, MN 55108 | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure | Removal of two 12,000 gallon USTs | 12/22/2016 | \$21,890 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Boeser Site Cleanup 2901 4 th St. SE Minneapolis, MN 55414 | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure | Removal of two 10,000 gallon USTs | 07/01/2016 | \$10,000 | <input checked="" 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 that the Minnesota Pollution Control Agency (MPCA) has certified to perform/supervise UST projects. (Use a separate sheet if necessary.)

| Employee's full name | MPCA Certification number | Discipline | Expiration date (mm/dd/yy) |
|----------------------|---------------------------|--|----------------------------|
| Timothy Zastrow | 1123 | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure | 3/17/2018 |
| Jim Pratt | 7772 | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Closure | 1/30/2019 |
| | | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure | |
| | | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure | |
| | | <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure | |

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 | MPCA Use Certified |
|--------------------------------------|---|--------------|---|
| MidAmerica Technical & Environmental | 6989 55 th Street N., Suite C2, St. Paul, MN 55128 | 651-779-1900 | <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*.

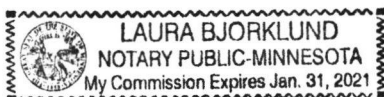
V. Affidavit - I hereby certify that:

- I am an active officer, partner, owner, or other designated managerial representative of the applicant firm.
- 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 Minn. R. 7105.0070.
- 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.
- 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 P. Ryan Date 9/1/17
 Sworn before me this 1st day of SEPT., 2017
 Signed (Notary Public) Laura Bjorklund
 Notary Stamp below:

Mail completed application to:
 Minnesota Pollution Control Agency
 Joann Henry
 520 Lafayette Road North
 St. Paul, MN 55155-4194
 joann.henry@state.mn.us

Questions? Contact:
 Joann Henry 651-757-2429
 Jeff Brandon..... 218-302-6610
 Toll free..... 800-657-3864
 Fax..... 651-205-4593





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/14/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|---|-----------------------|
| PRODUCER Cobb Strecker Dunphy & Zimmermann 150 South Fifth Street Suite 2800 Minneapolis MN 55402 | CONTACT NAME: Cindy Koch | |
| | PHONE (A/C, No, Ext): 612-349-2448 | FAX (A/C, No): |
| E-MAIL ADDRESS: ckoch@csdz.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Hartford Underwriters Insurance Co | | 30104 |
| INSURER B : Hartford Fire Insurance Company | | 19682 |
| INSURER C : Hartford Casualty Insurance Company | | 29424 |
| INSURER D : Twin City Fire Insurance Company | | 29459 |
| INSURER E : Crum & Forster Specialty Ins Co | | 44520 |
| INSURER F : Allied World Assurance Company | | 22730 |

INSURED **BOLASONI**
 Carl Bolander & Sons Co.
 251 Starkey St
 St Paul MN 55107

COVERAGES **CERTIFICATE NUMBER: 642373888** **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-----------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Cont Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 41UEAQI0434 | 9/30/2016 | 9/30/2017 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 41UEAQI0435 | 9/30/2016 | 9/30/2017 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | 41HHAQI0437 | 9/30/2016 | 9/30/2017 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A | | | 41WEAQI0436 | 9/30/2016 | 9/30/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER Stop Gap Liab-ND E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| E F | Prof Liab-Claims Made Poll Liab-Per Occurrence Self Ins'd-WC-Statutory Lmt in MN | N | N | EEO101990 03103300 | 9/30/2016 9/30/2016 | 9/30/2017 9/30/2017 | Ea Claim: \$2,000,000 Ea Loss: \$5,000,000 Eff Dates: 1/1/16-17 Ded: \$25,000 Ded: \$25,000 WCRA #30337-2016 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Underground Storage Tank Removal

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---|---|
| Minnesota Pollution Control Tanks & Spills Section; 520 Lafayette Rd St. Paul MN 55155-0000 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|

© 1988-2014 ACORD CORPORATION. All rights reserved.

STATE OF MINNESOTA



Department of Commerce

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

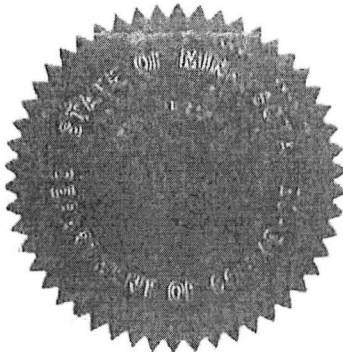
CARL BOLANDER & SONS CO.

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.
at 251 Starkey St., St. Paul, MN 55107

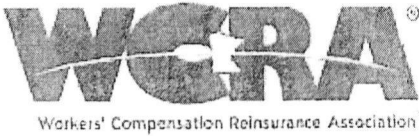
unless this authority be suspended, revoked, or otherwise legally terminated.
This certificate shall be in effect until further order of the Commissioner

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 23rd day of
July, 1996



[Signature]
Commissioner of Commerce



2016

Certificate of Reinsurance

This certifies that the entities named below are members of the Workers' Compensation Reinsurance Association (WCRA) and that the WCRA reinsures the members' Minnesota workers' compensation liability during the indicated coverage period for benefits pursuant to Minn. Stat. Ch. 176 in excess of the members' retention limit for the period indicated below. This certificate provides for coverage in accordance with the terms and conditions of the WCRA Reinsurance Agreement dated January 1, 2015, approved by the Commissioner of the Minnesota Department of Labor and Industry on December 12, 2014. This certificate shall not be valid for any portion of the indicated period during which an entity is not a member of the Association.

| POLICY NUMBER | RETENTION | INSURED | POLICY COVERAGE | |
|---------------|-----------|------------------------------|-------------------------------------|----------|
| | | | START (12:01 a.m. Standard Time) | END |
| 30337-2016 | \$500,000 | Carl Bolander & Sons Company | 1/1/2016 | 1/1/2017 |

James A. Heer
President and Chief Executive Officer

WCRA Contact Information

400 Robert Street North, Suite 1700
St. Paul, MN 55101-2026
651-293-0999
Process Date: December 6, 2015

*Minnesota Underground Storage Tank
Contractor Certificate*

Company Name Carl Bolander & Sons Expires 9/1/2017

Address 251 Starkey Street PO Box 7216 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

**Minnesota Underground Storage
Tank Supervisor Certificate**

Name: Timothy M. Zastrow
Certificate Number: 1123
Expires: 03/17/2018
Discipline(s): Install/Repair Closure
Signature: _____

9820

6842

Minnesota Underground Storage Tank Supervisor Certificate

Name: Jim Pratt
Certificate Number: 7772
Expires: 01/30/2019
Discipline(s): Install/Repair Closure
Signature: _____

The bearer of this card has met education and experience requirements as per Minn. Rules ch. 7105, and is certified to perform underground storage tank work in the State of Minnesota in the disciplines as specified on the front of this card.

This card is nontransferable.

Issued by:

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194
651-296-6300 or 1-800-657-3864



**Minnesota
Pollution
Control
Agency**

Minnesota Underground Storage Tank Contractor Certificate

Company Name Carl Bolander and Sons, LLC Expires 9/1/2019

Address 251 Starkey St 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

December 1, 2017

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

Dear Mr. Mark Ryan

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 218-302-6610.

Sincerely,

Jeff Brandon

This document has been electronically signed.

Jeff Brandon
Environmental Specialist 3
Land & Air Compliance Section
Industrial Division

JB:lam

cc: Contractor No. 89