

OFFICE USE ONLY:

LEAK # 10324 PHASE 2
ENTERED 2/23/98 JL

FEB 20 1998

DEPT. OF COMMERCE

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
APPLICATION FOR REIMBURSEMENT

I. APPLICANT INFORMATION

Name Mayer Oil Company of Mayer, MN, Inc.Mailing Address 308 Ash AvenueCity Mayer State MN Zip 55360Contact Person (if different from above "Name") Richard CohrsDay Phone (612)657-2273 Ext: _____ Fax (612) 657-2574**Check One:** Responsible Person Volunteer Non-Responsible Person*(see Application Guide)***Check One:** Corporation Partnership Individual Municipality State, federal, or other public agency1985 to 6 / 10 / 97 Dates applicant owned or operated tank(s) [complete if "Responsible Person" box is checked]

____ / ____ / ____ to ____ / ____ / ____ Dates applicant owned property [complete if "Volunteer" box is checked]

II. LEAK SITE INFORMATION

10324 Petrofund Leak Number Elizabeth Clysdale MPCA Project ManagerTank Facility Name Mayer Oil Company of Mayer, MN, Inc.Address 308 Ash AvenueCity Mayer MN Zip 55360Day Phone (612)657-2273 County of Leak Site: Carver6 / 10 / 97 Date petroleum leak detected6 / 11 / 97 Date petroleum leak reported to MPCA Yes No Is tank leak on personal residential property?0 cubic yards Total amount of contaminated soil excavated at this site0-34 ppm(TPH as Gas) Range of soil contamination concentration (total hydrocarbons)0-380 ppb(GRO) Range of groundwater contamination concentration (total hydrocarbons)

III. ASSIGNMENT CERTIFICATION / TERMINATION

CHECK ALL THAT APPLY:

 Petrofund Assignment Agreement for this application has been executed (*attach original of new assignment form*) Assignment form is already on file with the Department of Commerce

List Assignees: _____

 Not applicable

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

IV. APPLICATION PHASE

Check appropriate box and complete the information requested for the box checked (*see Application Guide for further information*)

 Preremoval site assessment

____/____/____ Date of assessment report
 ____/____/____ Date of property sale, if applicable

 Phase 1 Soil Corrective Action Costs or Remedial Investigation Costs

NA Date of MPCA soil treatment letter (*attach copy*)

 Phase 2 Installation Costs of MPCA-approved Soil or Groundwater Comprehensive Corrective Action Design System (CCAP/CAD) or Groundwater Monitoring and System Maintenance Costs

____/____/____ Date of CCAP/CAD approval letter (*attach copy*)
 12 / 30 / 97 Date of MPCA site closure letter (*attach copy*)

V. SOURCE AND CAUSE

What was the source of the petroleum release at this site? (*see Application Guide*) Spills and overfills of 2,000 gallon gasoline UST.

How was the release discovered? During removal of UST.

If the release was not reported to the MPCA within 24 hours of discovery, state the reason why: N/A

To the best of your knowledge, list all persons other than the applicant who were owners or operators of the tank during or after the petroleum release: N/A

Yes No Did any of the persons listed above incur corrective action costs related to this petroleum release?

If yes, list name(s) and address(es) if known: _____

VI. TYPE OF REMEDIATION SYSTEM

Please check the type of soil or groundwater remediation system used at this site or projected for it.

Soil Remediation Technologies

- Biopiles Bioventing Incineration Landfarming
 Low-temperature thermal desorption Soil vapor extraction
 Soil washing Natural attenuation

Groundwater Remediation Technologies

- Air sparging Biosparging Dual phase extraction
 In-situ groundwater bioremediation Natural attenuation

VII. COMPETITIVE BIDDING

List all written bids/proposals obtained to perform corrective action at this site (*attach additional sheets if necessary*).

Attach copies of all signed and dated bids/proposals.

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	<input checked="" type="checkbox"/>	<i>Nova Environmental Services, Inc.</i>	<i>\$345.00</i>	<i>7/30/97</i>	<i>UST Removal Ass.</i>
	<input checked="" type="checkbox"/>	<i>Nova Environmental Services, Inc.</i>	<i>\$2,600.00</i>	<i>7/30/97</i>	<i>Initial Site Ass.</i>
	<input type="checkbox"/>	<i>Legette, Brashears & Graham, Inc.</i>	<i>\$5,836.00</i>	<i>8/11/97</i>	<i>Initial Site Ass.</i>
	<input checked="" type="checkbox"/>	<i>Nova Environmental Services, Inc.</i>	<i>\$1,300.00</i>	<i>7/30/97</i>	<i>RI/CAD Report</i>
	<input type="checkbox"/>				
	<input type="checkbox"/>				

*If lowest bid/proposal was not selected, explain that decision on a separate sheet.

VIII. MPCA TANK INFORMATION AND COMPLIANCE

Yes No **Have you submitted an underground storage tank audit?**

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 documents "Do Underground Storage Tank 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 requirements.

If you are unsure how tank rules apply to your tanks, please call the UST Compliance and Assistance Unit at (612) 297-8679. Please tell the receptionist you have questions about this form.

(List all tanks at the site. Please attach additional sheets if necessary.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (if applicable)
1	Diesel	1,000 gal.	Coated Steel	1985	3/18/86	6/10/97
2	Diesel	8,000 gal.	Coated Steel	1985	3/18/86	6/10/97
3	Gasoline	6,000 gal.	Coated Steel	1985	3/18/86	6/10/97
4	Gasoline	2,000 gal.	Coated Steel	1985	3/18/86	6/10/97
5						

TANKS

Tank #	Leak Detection (select method below)	Corrosion Protection (select method below)	Spill Bucket (Yes/No)	Overflow Protection (select method below)
1	Manual Tank Gauging	None	No	None
2	Manual Tank Gauging	None	No	None
3	Manual Tank Gauging	None	No	None
4	Manual Tank Gauging	None	No	None
5				
Leak detection method (select all that apply): 1. None 2. Inventory control plus annual tightness testing 3. Inventory control plus tightness testing every 5 years 4. Manual tank gauging 5. Manual tank gauging plus annual tightness testing 6. Manual tank gauging plus tightness testing every 5 years 7. Statistical inventory reconciliation (SIR) 8. Automatic tank gauging 9. Interstitial monitoring 10. Vapor monitoring 11. Ground water monitoring 12. Other (specify): _____		Corrosion protection method: 1. None 2. Fiberglass, jacketed steel or composite tank 3. STI-P 3 tank 4. Anodes installed 5. Impressed current system 6. Lined tank 7. Other (specify): _____		Overflow protection method: 1. None 2. Ball float valve 3. Automatic shutoff 4. Audible alarm 5. Other (specify): _____

If tank tightness tests were performed, indicate dates of all tests: _____

PIPING

Tank #	Pressurized Piping Leak Detection		Suction Piping Leak Detection	Corrosion Protection (select method below)
	Continuous Leak Detection (select method below)	Periodic Leak Detection (select method below)	Check valve located at: <input type="checkbox"/> Tank <input type="checkbox"/> Pump (select method below)	
1			None	None
2			None	None
3			None	None
4			None	None
5				
Continuous method:		Periodic method:	Suction leak detection method:	Corrosion protection method:
1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	1. None 2. Steel with anodes 3. Coated steel with anodes 4. Impressed current 5. Fiberglass or flexible piping

If piping tightness tests were performed, indicate dates of all tests: _____

Boiler Service, Inc. Identify MPCA-certified tank removal contractor who performed tank excavation

0012 Tank removal contractor's MPCA certification number

B. Aboveground Storage Tanks. Complete the following information to reflect the status of all aboveground tanks at this site at the time the release was discovered. *N/A*

In describing your secondary containment, specify:

- ◆ materials used to construct both the base and the walls, including type and thickness of materials (e.g., 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- ◆ how material specifications are known (e.g., permeability tests/dates, installation specifications)
- ◆ whether the volume of the secondary containment area is adequate for the contents of the largest tank (Yes/No)

Tank #	Contents	Capacity	Date Installed	Registered (Yes/No/Unk)	Description of Secondary Containment			Volume (Yes/No)
					Walls	Base	Verification	
1								
2								
3								

IX. ELIGIBLE COSTS

8 / 25 / 97 to 12 / 10 / 97 Dates of work covered by invoices submitted with this application

- Yes No Does this application contain costs listed as ineligible under Minn. Rule 2890.0071? (see Application Guide)
- Yes No Are any of the costs included in this application in dispute? If so, describe the disputed issue(s) on a separate sheet.
- Yes No Are ongoing corrective action costs expected at this site? If so, explain briefly below.

Type of Work	Approximate Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide a chronological description (including dates) of the clean-up activities covered on this application, including any special circumstances (attach additional sheets if necessary):

- Yes No Has the applicant made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? If so, attach a separate sheet identifying all third parties and provide a copy of all correspondence between the applicant and third parties.
- Yes No Is the applicant aware of any action the applicant committed or of any action committed by a consultant or contractor which may have caused or aggravated the contamination at this site? If so, please explain:

X. INSURANCE

- A. Yes No Did the applicant have in effect one or more insurance policies at the time of the release?
If "No," skip to question D. If "Yes," proceed to the next question.
- B. Yes No Was a claim filed for coverage of any of the costs for which the applicant is seeking reimbursement in this application? *If "Yes," skip to question C.*

If "No," please explain why no claim was filed: _____

_____ (Skip to question D.)
- C. Yes No Did the insurer agree to cover your claim?
If "Yes":
 - State the amount of benefits received (or to be received) \$ _____
 - Provide a copy of the insurance policy and the insurer's explanation of benefits.
 If "No":
 - Provide a copy of the insurance policy and the insurer's letter explaining the reasons for denying your claim.
- D. Yes No Is the applicant aware of any other insurance policy, whether held by the applicant or another person, that could cover any of the eligible costs in this application? If so, please explain: _____

XI. CONSULTANTS/CONTRACTORS

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this site and **whose work is covered by invoices included in this application.** (See Application Guide.)

Describe any relationship, financial or otherwise, between the applicant and anyone who performed work at this site: _____
Nova is the Principal Consultant for Mayer Oil. Interpoll Labs was subcontracted by Nova for Mayer Oil.

Land Farmer/Compost Site or Thermal Treatment Facility

_____ Petrofund Registration Number County _____
Name of individual or firm: _____
Mailing Address: _____ (City) (State) (Zip)
Contact Person: _____ Day phone #: () _____

Consultants/Contractors (ATTACH ADDITIONAL PAGES IF NECESSARY)

1218 Petrofund Registration Number
Name of individual or firm: Nova Environmental Services, Inc.
Mailing Address: 1107 Hazeltine Boulevard, Suite 400 Chaska MN 55318
(City) (State) (Zip)
Contact Person: Artie Dworak Day phone #: (612) 786-6020

1239 Petrofund Registration Number
Name of individual or firm: Interpoll Laboratories, Inc.
Mailing Address: 4500 Bell Road Northeast Circle Pines MN 55014-1819
(City) (State) (Zip)
Contact Person: David Schneider Day phone #: (612) 786-6020

_____ Petrofund Registration Number
Name of individual or firm: _____
Mailing Address: _____ (City) (State) (Zip)
Contact Person: _____ Day phone #: () _____

_____ Petrofund Registration Number
Name of individual or firm: _____
Mailing Address: _____ (City) (State) (Zip)
Contact Person: _____ Day phone #: () _____

XII. CERTIFICATION PAGE (see Application Guide)

APPLICANT SIGNATURE and NOTARIZATION (SIGNATURE AND NOTARIZATION REQUIRED)

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

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 gathered and evaluated 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, then 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.

I further certify that I am authorized to sign and submit this application on behalf of Mayer Oil Company of Mayer, Inc.
Corporation / Partnership / Municipality / Public Agency

Signature Richard A. Cohrs

NOTARIZATION
Subscribed and sworn to before me this 19th day

Name (print/type) Richard Cohrs of Feb, 1998

Title President



Date Signed 2-19-98

Pamela J. Terveen
Notary Public - Minnesota
My Commission Expires Jan 31, 2000

CONSULTANT SIGNATURE (SIGNATURE REQUIRED)†

I, Artie Dworak, confirm that all costs claimed by Nova Environmental as a part of this application are a true and accurate account of services performed. I further confirm that no costs submitted for inclusion on this application by my consulting company are ineligible as listed in Minn. Rule 2890.0071.

Artie Dworak
Consultant Signature

Project Manager
Title

2/16/98
Date

†Duplicate this section if more than one consultant signature is required.

APPLICATION PREPARER'S SIGNATURE (SIGNATURE REQUIRED)

Artie Dworak
(Preparer's name)
Artie Dworak
Preparer's Signature

Project Manager
Title

2/16/98
Date

* NOTE: SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.

Please send this application and accompanying documents to:
MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND
133 EAST SEVENTH STREET
ST. PAUL, MN 55101-2333
(612) 297-1119, (612) 297-4203

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

ATTACHMENT A STANDARDIZED INVOICE SUMMARY

Please use this form if the costs you are submitting for reimbursement have been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. **This attachment must accompany your application if you entered into a contract on or after October 6, 1995.**

For each standardized invoice form you are submitting with this application, enter the Grand Total from the Actual Invoice Amount column on the corresponding line in the box below. Add these numbers together, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

STANDARDIZED INVOICE SUMMARY	
Preremoval Site Assessment.....	\$ _____
Underground Storage Tank Removal Assessment	\$ <u>275.00</u> _____
Initial Site Assessment.....	\$ <u>2,680.15</u> _____
Additional Site Assessment	\$ _____
Remedial Investigation / Corrective Action Design Report	\$ <u>1,050.00</u> _____
Remedial Design / Maintenance.....	\$ _____
Contractor Services.....	\$ _____
 TOTAL	 \$ <u>4,005.15</u> _____
Insurance Reimbursement (subtract) -	\$ (<u>0</u>)
	= \$ <u>4,005.15</u> _____
	x 90%*
TOTAL REIMBURSEMENT REQUEST =	\$ <u>3,604.64</u> _____
* If a different reimbursement rate applies, calculate at that rate. See Application Guide.	

☞ Please attach a copy of a site map that shows the former tank basin, the excavation area, and any on-site structures. If new tanks were installed, the map also should show their sizes and location(s).

ATTACHMENT B ITEMIZED COST WORKSHEETS

Please note: This form should not be used if you entered into a contract on or after October 6, 1995.

This attachment must accompany your application if you entered into a contract on or before October 5, 1995 and the costs you are submitting for reimbursement have not been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. **If you entered into a contract on or after October 6, 1995, you must submit Attachment A with your application.**

Enter the total of each itemized cost worksheet on the corresponding line in the box below. Add these numbers together, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

ITEMIZED COST WORKSHEET SUMMARY					
A \$ <u>1,200.00</u>	B \$ <u>162.80</u>	C \$ _____	D \$ _____	E \$ _____	F \$ _____
G \$ _____	H \$ _____	I \$ _____	J \$ <u>2,642.35</u>	K \$ _____	
TOTAL ELIGIBLE COSTS				\$ <u>4,005.15</u>	
Insurance Reimbursement (subtract) -				\$(<u>0</u>)	
				= \$ <u>4,005.15</u>	
				x 90%*	
TOTAL REIMBURSEMENT REQUEST =				\$ <u>3,604.64</u>	
* If a different reimbursement rate applies, calculate at that rate. See Application Guide.					

Please note the following before completing the eligible cost worksheets:

- * Invoices must be submitted for each cost listed on the itemized cost worksheets.
- * In the "Description" column, enter a word or phrase that specifically describes the work performed. Employee titles alone will not suffice.
- * Please attach a copy of a site map that shows the former tank basin, the excavation area, and any on-site structures. If new tanks were installed, the map also should show their sizes and location(s).

E. WATER TREATMENT					
Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					\$0.00

F. TRUCKING					
Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					\$0.00

G. EMERGENCY and TEMPORARY HAZARD CONTROL					
Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					\$0.00

H. SITE RESTORATION and CLOSURE					
Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					\$0.00

I. OTHER CLEAN-UP COST R INTEREST

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					\$0.00

J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

Specific Task Description *	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
2.1, 2.3, 2.4, 2.7, 2.9, 2.14, 2.15, 2.18	Nova	972648	14.0	\$55.00	\$770.00
Mileage (2.19)	Nova	972648	50.0	\$0.25	\$12.50
Vehicle Cost (2.20)	Nova	972648	50.0	\$0.25	\$12.50
PID (2.22)	Nova	972648	1.0	\$50.00	\$50.00
Miscellaneous Supplies (2.22)	Nova	972648	1.0	\$50.00	\$50.00
Sample Shipping (2.29)	Nova	972648	1.0	\$22.35	\$22.35
2.1, 2.23, 2.23, 4.1, 4.28	Nova	973218	6.0	\$75.00	\$450.00
1.6, 4.28	Nova	973218	19.0	\$55.00	\$1,045.00
2.16	Nova	973218	2.0	\$50.00	\$100.00
4.28	Nova	973218	1.0	\$40.00	\$40.00
4.28	Nova	973218	3.0	\$30.00	\$90.00
*For numbers listed in this column, refer to Task Nos. on Petrofund Proposal/Invoice Forms.					
Total					\$2,642.35

K. MARK-UP

Specific Task Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Total					