



STATE BANK OF BIRD ISLAND
205 So. Main
Bird Island, MN 55310
Fax: (612) 365-4129

*Fax
Cover
Sheet*

Company Name:	VPIC Program - MPCA
Contact Name:	Laurie Kania
Fax Number:	612 297-8676

Sender:	SBB1 - Jerry Wohler
Description:	APPLICATION/REQUEST FOR ASSISTANCE FROM

Number of pages:	3
Date Sent:	4/22/96
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at (612) 365-4111 ⁴¹¹² immediately.	

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offered by the VPIC Program or this form, please contact Laurie Kania at (612) 297-8600 or Bassou Outgout at (612) 297-8597. The MPCA can also be reached toll free at 1-800-657-3864.

Mail or fax the completed form to: Laurie Kania
VPIC Program
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194
fax: (612) 297-8676

Applicant*

Name State Bank of Bird Island
Organization State Bank
Address 205 S Main
City Bird Island,
State MN ZIP code 55310
Phone 320-365-4112
State Taxpayer ID 8164023
Federal Employer ID 410556670
Social Security # _____
(if an individual)

* The applicant is the individual seeking technical assistance and/or a liability assurance letter from the VPIC Program. The applicant is responsible for payment of MPCA costs to provide services as requested by application.

Subject Property

Name Wels Oil Company / Dittmer Oil
Address Hwy 4 & 19 / 600 E Lincoln
City (or Township) Fairfax, MN
ZIP code 55332 County Renville
MPCA ID # Leak 00001940

Current Property Owner (if different from applicant)

Name Wels Oil Company
Organization Corporation
Address 440 S 4th St. P.O. Box R
City Bird Island, MN 55310
State _____ ZIP code _____

(continued on back)
Also, please forward Verification Letter to: Mr. Mark Lautenschlager
Small Business Administration
610-C Butler Square
100 N. 6th St.
Minneapolis, MN 55403

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FORM 724 - MPCA 96, 67 2/94

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Applicant's Interest

Property owner

Considering purchasing property

Responsible party (as defined under Minn. Stat. 115C)

Mortgage interest in property

Renting or leasing property

Other (explain)

Service applicant is requesting

Expedited review of a petroleum contamination investigation and/or cleanup.
MPCA ID# LEAK0000 _____

Review of a development response action plan.
MPCA ID# LEAK0000 _____

Leak site Tank Removal Verification letter.
MPCA ID# LEAK0000 1740 _____

Leak site File Closure Confirmation letter.
MPCA ID# LEAK0000 _____

Off-site Tank Release Determination letter.
Suspected source MPCA ID# LEAK0000 _____

General Liability letter.

Other technical assistance not specified above (please describe on a separate sheet).

Authorization and Agreement to Pay for Services

I hereby request the MPCA VPIC staff to provide services to me and the company/organization I represent, as requested by this application. I understand that if an expedited review of a leak site is the required service, VPIC staff will retain review authority until the site file is closed or until the date they receive a written request from me to cease VPIC review. I understand that I will be billed for these services at the rate of \$60.00 per hour and that I am required by Minn. Stat 115C.03, subd. 9 (as amended by Minn. laws, 1994) to reimburse the MPCA for the Agency's costs, as determined by the MPCA Commissioner. I further understand that legal or administrative action may be initiated against me by the State of Minnesota if I do not reimburse the MPCA.

I hereby agree to pay the costs of the MPCA to provide services to the applicant as requested in this application. Furthermore, I hereby certify that I have the authority to submit this application on behalf of the applicant named herein.

Name David Wohler _____

Signature _____

Title Gen. Office _____

Date 4-22-96 _____

 Minnesota Pollution Control Agency